# Kinship Therapeutic Foster Care Pilot Implementation: Final Evaluation Report

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Child TRENDS

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# Executive Summary

## Overview

Kinship care is the care of youth by relatives or person with a strong kin bond (e.g., Godparents, church members) when the parents are unable or unwilling to care for them.[i,ii] In the child protective services system, there has been a growing focus on ensuring that youth and youth who are not able to live with their parents are placed with kinship caregivers instead of with non-relative foster parents. There are many benefits to kinship care when compared to non-kinship foster care, including greater stability,[iii,iv] stronger feelings of family belonging and connectedness,[v] better permanency outcomes,[vi,vii] decreased behavior problems,[viii] and increased sibling co-placements.[ix] Furthermore, research indicates that youth who reside in kinship care have higher academic performance than youth in non-kin foster care.[x] The Family First Prevention Services Act of 2018 sought to provide support for keeping youth out of congregate or group care and support family-based placements wherever and whenever possible. The Kinship Therapeutic Foster Care (KTFC)[1] program is based on the Family Focused Treatment Association's (FFTA) philosophy that all youth belong in families, preferably their own families. FFTA's vision is that youth in out-of-home care with treatment needs can have those needs met by relatives or those with whom they have a family-like relationship (referred to as kin). These youth are more likely to stay safe, achieve permanency, and thrive when their kinship caregivers have access to the full array of training, services, and supports, including financial support, available through treatment foster care. Kinship treatment foster care can help states and counties limit the use of federal funds for residential treatment, helping to meet their federally mandated performance outcomes. From January 2020 through December 2022, FFTA, with funding from the Duke Endowment, implemented a pilot of KTFC in three counties in North Carolina. The pilot was led by FFTA with Child Focus and the University of North Carolina at Chapel Hill (UNC) as project partners and with Child Trends serving as the evaluator of the pilot.

[1] Kinship Therapeutic Foster Care (KTFC) is sometimes referred to as Kinship Treatment Foster Care. The terms refer to the same intervention. KTFC is based on the same principles as Therapeutic Foster Care (TFC), just tailored for relative caregivers.

Three public and private child welfare agency pairs in three counties implemented the KTFC pilot. The primary goal of the KTFC pilot was to examine what supported and hindered implementation of the program, including the relationships between pairs of agencies; the process of identifying youth and kinship caregivers eligible for the program; the success of the KTFC training for staff and kinship caregivers; and staff and caregiver perceptions of KTFC. A secondary goal was to examine outcomes for the kinship caregivers and youth they cared for as they relate to caregiver well-being, child well-being, and child placement stability and safety as well as knowledge caregivers gained about kinship therapeutic foster care.

Our evaluation included both process and outcome studies. We used a mixed methods approach, including surveys to examine staff and kinship caregiver knowledge, caregiver and youth well-being, collaboration among partner agencies, and the level of fidelity to which the program standards were followed. We reviewed administrative data collected by the county child welfare agencies to examine placement stability and future allegations of maltreatment. We conducted interviews and focus groups to gather staff and caregiver impressions of KTFC. In this report, we discuss the facilitators and barriers faced by the pairs of agencies while working in partnership, factors that supported and hindered the program's implementation, and how youth and kinship caregivers were selected, trained, and engaged in KTFC.

## Key Findings

Below we discuss the key findings in two spheres: 1) those related to the importance of building an effective partnership among public and private child welfare agencies and 2) those related to implementation of the KTFC pilot, which includes the role of leadership; the need for adequate resources, including staffing; the influence of a program champion; the importance of technical assistance; training needs for staff and kinship caregivers; attitudes and beliefs around kinship care; contextual factors that influence implementation; the need for robust search and engagement; trends in outcomes for youth and kinship caregivers, and cost-savings associated with KTFC.

- **Importance of effective partnership and collaboration**
  KTFC requires regular communication among staff at the partner agencies. Transparent, consistent, and frequent communication, shared responsibility, trust and established process and procedures, is key to establishing a clear understanding of staff roles and responsibilities and the goals central to the implementation.

- **Commitment of leadership**
  Middle managers are able to successfully implement KTFC when they feel supported by top leadership and are given the latitude to make decisions, create expectations, and support their staff.

- **Adequate resources, including staffing**
  Given the unique needs of kinship caregivers and their families, having adequate agency resources, including workers dedicated to kinship care support without competing demands on their time, creates the conditions for success.

- **Influence of a program champion**
  As with any innovation, a staff member who has the passion, ability, influence, and support to promote and champion KTFC is helpful. This person does not have to be at the top level of leadership but does need the explicit support of top leaders to be effective.

- **Technical assistance**
  Technical assistance (TA) is a crucial part of this implementation, including training staff, providing coaching both individually and in pairs, and offering opportunities to learn together as a community. TA should be an integral part of any attempt to replicate or scale-up KTFC in other jurisdictions.

- **Training for staff and kinship caregivers**
  Staff and kinship caregivers gained knowledge and skills in kinship care and the family system through their respective KTFC trainings. Effective trainers are open to adjusting materials based on feedback given to strengthen the content and presentation of future trainings.

- **Attitudes and beliefs about kinship care**
  While most staff saw the benefits of KTFC, some staff and court personnel are still skeptical of the need for supports and services, including financial support, for kinship caregivers. More work needs to be done to counteract these attitudes and combat the stigma that kinship caregivers face when they seek assistance.

- **Context, including size of the county and support of other agencies**
  A medium-sized agency—one with sufficient staff to take on additional responsibilities—is the optimum environment for successful implementation compared to a large agency with staff in different units without regular contact. Taking the time to meet with and educate staff on KTFC across the agency and outside the agency promotes the importance of supporting kinship caregivers and their families.

- **Need for robust search and engagement**
  Robust search and engagement of kin for youth in care is essential; KTFC provided tools and training for staff to bolster their skills in this work. Additional work is needed to ensure this is routinely done at the start of a case and at frequent intervals when a youth is in out-of-home placement. More work is also needed to help public and private agency staff partner on effective search and engagement practices.

- **Increase in youth placed with kin who are trained in KTFC**
  The number and percentage of youth identified as eligible for KTFC increased over the course of the pilot, indicating a shift to increased consideration of kinship care as an option. In addition, 23 kinship families were trained in KTFC. Kinship caregivers who participated in KTFC reported satisfaction with the program and believed they and their families will benefit from what they learned. A larger sample of kinship caregivers is needed to rigorously assess differences in outcomes for kinship caregivers from pre- to post-KTFC, but initial findings are promising.

- **Costs of KTFC**
  More information is needed regarding the costs associated with KTFC specifically; however, it appears that KTFC is a cost-effective option for youth needing therapeutic levels of out-of-home care.

In conclusion, findings from the evaluation of the KTFC pilot showed promising trends for a program that can be successfully implemented through public/private partnerships at the county level. Anecdotal evidence indicates staff and kinship caregivers who were invested in the program were satisfied with their experiences and recommended continued offering of the KTFC program. Further study is needed to establish an evidence base for the practice.

# Introduction

Kinship care is the care of youth by relatives or person with a strong kin bond (e.g., godparents, church members) when the parents are unable or unwilling to care for them.[xi,xii] In the child protective services system, there has been a growing focus on ensuring that youth who are not able to live with their parents are placed with kinship caregivers instead of with non-relative foster parents. There are many benefits to kinship care when compared to non-kinship foster care, including greater stability,[xiii,,xiv] stronger feelings of family belonging and connectedness,[xv] better permanency outcomes,[xvi,xvii] decreased behavior problems,[xviii] and increased sibling co-placements.[xix] Furthermore, research indicates that youth who reside in kinship care have greater academic performance than youth in non-kin foster care.[xx] The Family First Prevention Services Act of 2018 sought to provide support for keeping youth out of congregate or group care and support family-based placements wherever and whenever possible. The Kinship Therapeutic Foster Care (KTFC) program is based on the Family Focused Treatment Association's (FFTA) philosophy that all youth belong in families, preferably their own families. FFTA's vision is that youth in out-of-home care with treatment needs can have those needs met by relatives or those with whom they have a family-like relationship (referred to as kin). These youth are more likely to stay safe, achieve permanency, and thrive when their kinship caregivers have access to the full array of training, services, and supports, including financial support, available through treatment foster care. Kinship treatment foster care can help states and counties limit the use of federal funds for residential treatment, helping to meet their federally mandated performance outcomes. From January 2020 through December 2022, FFTA, with funding from the Duke Endowment, implemented a pilot of KTFC in three counties in North Carolina. The pilot was a collaboration among FFTA and Child Focus and the University of North Carolina at Chapel Hill (UNC) with Child Trends serving as the evaluator of the pilot.

In each of three counties in North Carolina, a public child welfare agency partnered with a private child placing agency to implement the KTFC pilot. The three counties selected for the pilot varied in population size and poverty rate in 2020, as well as number of youth with initial placements into foster care in 2021. The largest county had a population of just over a million people with an 8 percent poverty rate and about 200 youth with an initial placement into foster care in 2021. The other two counties had populations of about 225,000, but one had a 9 percent poverty rate and 61 youth with an initial out of home placement in 2021, and the other had a 15 percent poverty rate with 169 youth with initial placement in 2021.[xxi]

The partnership between the public and private agencies is a unique aspect of the program. The primary goal of the pilot was to examine what supported and hindered the implementation, including the relationships between partners; the process of identifying youth and kinship caregivers eligible for the program; the success of the KTFC training for staff and kinship caregivers; and staff and caregiver perceptions of KTFC. A secondary goal was to examine outcomes for the kinship caregivers and youth they cared for as they relate to caregiver well-being, child well-being, and child placement stability and safety as well as knowledge caregivers gained about kinship therapeutic foster care.

Our evaluation included both process and outcome studies. We used a mixed methods approach, including surveys to examine staff and kinship caregiver knowledge, caregiver and youth well-being, collaboration among partner agencies, and program fidelity. We reviewed administrative data collected by the county child welfare agencies to examine placement stability and child safety. We conducted interviews and focus groups to gather staff and caregiver impressions of KTFC.

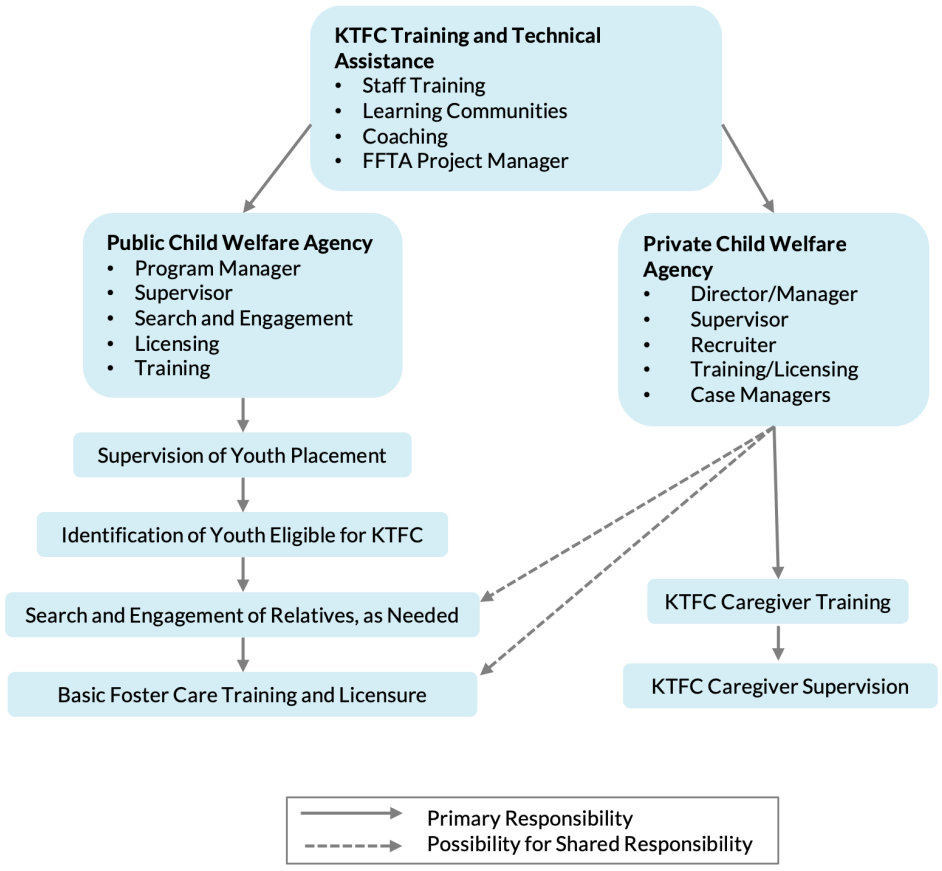
In this report we discuss the facilitators and barriers faced by the pairs of agencies while working in partnership, factors that supported and hindered the program's implementation, and how youth and kinship caregivers were selected, trained, and engaged in KTFC. Since there were only two kinship caregivers who completed post-services surveys and only assessments for five youth, we were unable to report on youth and caregiver well-being. We include findings pertaining to youth placement stability for the two counties

for which we were able to obtain data. For more information, please see our (Rushovich and Sun, 2021) interim report.[xxii]

# Kinship Therapeutic Foster Care Overview

As part of this pilot in North Carolina, KTFC requires a partnership between public and private child welfare agencies with both agencies responsible for a different aspect of the implementation as shown in Figure 1 below. The public agencies are responsible for identifying youth who could benefit from a KTFC placement and providing case management. In addition, public agencies identify kin who are interested in participating in the KTFC pilot and refer them to the private agency. The private agencies, at the request of the public agencies, can assist with searching for and engaging kinship caregivers, as well as training, licensing, and supervising kin caregivers providing KTFC.

**Figure 1:** KTFC Partner Roles




The KTFC model requires collaboration between agency partners, especially around data sharing and communication about the needs of the youth and kinship caregivers. The model fully supports kinship caregivers through addressing their relative youth's treatment needs and providing financial support so the caregiver can provide a safe, stable, and permanent home for the youth. When KTFC has been implemented in the past, FFTA found that jurisdictions are most successful under the following circumstances:

- A strong public-private partnership with equal involvement from the public and private partners in planning and execution of KTFC

- Support from a network of providers, as well as state and local child welfare leaders who believe in and are committed to kinship care
- Partners are open and willing to learn from each other
- Partners are open to exploring, understanding, and overcoming barriers to the partnership approach of KTFC, and
- Partners work together to develop a concrete plan for implementation of the KTFC approach.[xxiii]

## Training and Technical Assistance (TTA)

FFTA, in conjunction with Child Focus and UNC, developed a comprehensive approach to implementation of KTFC including training and coaching of staff and kinship caregivers, and supervision of kinship caregivers. This approach was designed to provide the necessary expertise to guide staff so that they implement KTFC with fidelity and create optimal conditions for a culture of kinship support at the public and private agencies. TTA included training, learning communities, and coaching for staff and training and supervision for kinship caregivers The goal of the TTA is to encourage placement of youth with well-trained and supported kinship caregivers, so that the family is safe, stable, and nurturing.

## Staff Training

Staff at both the public and private agencies were trained in the model. Agencies could decide which staff should be trained, although it was recommended that as many staff as possible take the training to help ensure agency wide understanding and adoption of a culture in support of kinship care. See Table 1 for the learning objectives for staff training

**Table 1:** Staff Training Learning Objectives

| Session | Training Topics |
|---|---|
| **Session 1** | • Define kinship care and articulate the benefits for youth and youth in foster care<br>• Articulate the values and beliefs that guide attitudes and action on behalf of kinship families<br>• Understand how implicit bias and structural racism may impact efforts to achieve positive and equitable outcomes for youth and youth of color<br>• Identify how personal mindsets and organization's culture impact engagement of kinship families |
| **Session 2** | • Articulate the differences between traditional foster care and kinship care<br>• Name the policies and practices that help address the unique needs of kinship families and those that might impede engagement with the kinship triad (the youth, birth parents, and kinship caregivers) |
| **Session 3** | • Identify the unique dynamics of the kinship triad and how it is impacted by the new caregiving relationship<br>• Articulate strategies to identify and address changing family dynamics of kinship care to mitigate risk<br>• Assess unconscious and conscious biases related to the kinship triad<br>• Recognize and articulate how trauma impacts the caregiving relationship and how kinship families engage with the agency and how family members engage with one another |

| Session | Training Topics |
|---|---|
| **Session 4** | • Identify and describe the providers in the region that engage and offer services and supports to meet the holistic needs of kinship families as well as informal community stakeholders who can offer support<br>• Identify methods used to engage kinship families, which include personal perspectives, experiences, and ideas, in the co-design of services and supports<br>• Identify the benefits and barriers of a public/private partnership and articulate strategies to mitigate challenges |

## Learning Communities

In order to reinforce and extend what staff learned during the KTFC training, FFTA, Child Focus, and UNC planned and facilitated learning communities. These were attended by all staff involved in KTFC at both the public and private agencies. Initially, in 2021, the learning communities were offered four times during the year and lasted for seven hours. Staff found it hard to accommodate seven hours in their schedules, so in 2022 the learning communities were shortened to two hours and offered eight times throughout the year. See Table 2 for topics covered during the learning communities.

**Table 2:** Learning Community Sample Topics

| Session | Learning Community Topics |
|---|---|
| **2021** | |
| **Session 1** | Partnership<br>KTFC Train the Trainer<br>Search and Engagement |
| **Session 2** | Understanding and Engaging the Kin Voice<br>KTFC Train the Trainer Consultation<br>Search and Engagement Consultation |
| **Session 3** | Kinship Triad Dynamics |
| **Session 4** | Assessing Kin and Youth Needs |
| **2022** | |
| **Session 1** | Implementation Challenges/Successes |
| **Session 2** | Focus on TFC Interventions and managed care organizations as a critical partner |
| **Session 3** | Begin conversation about being successful with KTFC and sustainability |
| **Session 4** | Success/challenges for licensing families and managing risk |
| **Session 5** | Expanding kinship culture, examining funding, and staffing approaches |
| **Session 6** | Generational Trauma/supporting youth, and incorporating kin caregivers in program design |
| **Session 7** | Sustaining a kinship culture and review of marketing materials to support kin in your agency |
| **Session 8** | Sustaining work beyond the project – review of the year and celebration of successes |

## Coaching

Each public/private agency pair was assigned a coach who worked with the key staff to develop an individualized coaching plan, using the outline in Table 3. The coaches and pairs met every other month and reviewed the plan, documented success, and addressed barriers to meeting the goals, and adjusted the plan as needed. Meetings were conducted virtually via video conferencing.

**Table 3:** Individualized Coaching Plan Guide

| Individualized Coaching Plan | |
|---|---|
| **Goal** | What is one overarching goal to assist with effective implementation of KTFC? |
| **Action Steps** | What are the steps that need to be completed to achieve this goal? |
| **Responsible Person** | Who are the staff that can assist with meeting this goal? |
| **Measures of Success** | How will you measure success? |

Sample goals for coaching developed by the agency partners, in collaboration with the coach, included:

- Create a culture shift within both the public and private organizations that allow for kinship placement to become the initial placement option for youth and youth, and for KTFC to become part of their kinship continuum.
- Identify youth and families for the KTFC program earlier, to increase the potential impact on youth and family outcomes.
- Improve engagement of youth identified as eligible for KTFC.
- Identify barriers to documentation and licensing of kinship caregivers and completion of paperwork.
- Create a sustainability plan for implementation of KTFC beyond the pilot period.

## FFTA project manager

The FFTA project manager was instrumental in coordinating the training and technical assistance and ensuring that each component is implemented as intended, with fidelity. The manager also met with each agency individually as well as with the partner pairs together, to answer questions, help resolve conflicts, offer suggestions, and generally support the agencies in whatever way is needed for successful implementation of KTFC.

## Determining Youth and Caregiver Eligibility and KTFC Model Components

For a KTFC placement to succeed, agencies needed to fully understand each eligible youth and caregiver's needs. The public child welfare agency was responsible for determining which youth were eligible for consideration for KTFC placements. They were also responsible for searching and engaging kinship caregivers; however, they could also include their private agency partner in the search and engagement. The KTFC model has specific components which, when implemented as intended, provide the training and support needed for families to stay together safely and thrive. See Table 4 for the criteria used, and the model components.

**Table 4:** Eligibility and Model Components

| **Eligibility Criteria** | |
|---|---|
| **KTFC Youth Eligibility Criteria** | **KTFC Kinship Caregiver Eligibility Criteria** |
| • Any age<br>• Currently in DSS custody<br>• May already be in kinship care, and need additional supports to prevent disruption<br>• Have needs on one or more areas: emotional, psychological, and social<br>• May have medical needs<br>• Can benefit from the close relationships within a family setting | • Meet criteria for foster care licensure<br>• Willing to take an additional 10-hour KTFC training<br>• Participate in weekly supervision<br>• Complete all therapeutic foster care requirements |
| **KTFC Model Components (Responsibilities of the Private Providers)** | |
| • KTFC families maintain a therapeutic foster care license through DHHS<br>• KTFC families maintain the ongoing responsibilities under NC licensing regulations<br>• KTFC agencies implement an evidence-based or well-supported intervention<br>• Qualified professionals supervise 8-10 youth and complete KTFC training<br>• KTFC parents and private agency staff have weekly face-to-face contact<br>• 24/7 crisis support is available<br>• Staff provide families with linkages to medication management as needed<br>• Weekly 1-hour team supervision is provided by the Program Manager and/or Clinical Director<br>• Coordinated access to specialized therapeutic services and respite services is available as needed<br>• KTFC private agency staff participate in the service planning process | |

## Kinship Caregiver Training and Supervision

To be eligible for a KTFC placement, kinship caregivers needed to complete the basic foster parent training and be licensed as therapeutic foster parents.[2] In addition, they needed to take a 10-hour KTFC training and participate in weekly supervision sessions with the private agency KTFC staff. See Table 5 for details about the KTFC training and supervision topics. In addition to the topics listed below, the KTFC staff spent time during each training module and supervision talking about the importance of kinship caregiver self-care and assessing the caregiver's ability to care for their own needs in addition to the needs of their kin child.

**Table 5:** Kinship Caregiver Training Learning Objectives and Supervision Topics

| Module | Kinship Caregiver Training Objectives |
|---|---|
| **Module 1: The Role of the Kinship Therapeutic Foster Parent** | • The roles and responsibilities of a KTFC provider<br>• The Kinship Triad<br>• The Treatment Team<br>• The Person-Centered Plan |
| **Module 2: Safety Planning** | • The importance of safety plans<br>• Establishing rules and setting boundaries<br>• Utilizing Safety Plans |

[2] Agencies used different training models for the basic foster parent training, including Caring for Our Own, Deciding Together, and Trauma Informed Partnering for Safety & Permanence- Model Approach to Partnerships in Parenting (TIPS-MAPP) https://www.childally.org/mapp.

| Module | Kinship Caregiver Training Objectives |
|---|---|
| **Module 3: Trauma Informed Behavior Management** | • Therapeutic kinship care is different parenting<br>• Adverse childhood experiences (ACEs)<br>• How trauma impacts child development<br>• Signs of trauma at different ages<br>• Identifying triggers<br>• Positive reinforcement |
| **Module 4: Trauma and Mental Health: Common Diagnoses, Treatment and Behavior Management** | • Mental health stigma prevents help<br>• Your role as an advocate<br>• Trauma informed professionals<br>• Treatments and Behavior Management of: Attachment; Anxiety; Depression; Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder; Oppositional Defiant Disorder; Conduct disorders; PTSD |
| **Module 5: Substance Misuse** | • The prevalence of substance misuse<br>• The stigma of substance misuse<br>• The effects of substances on the brain<br>• Commonly misused substances and their effect on parenting<br>• Effective Treatment<br>• Supporting Family Members |
| **Module 6: Crisis Intervention** | • What is a crisis<br>• Recognizing the warning signs<br>• Escalation and the crisis event (maintaining safety)<br>• De-escalating the crisis<br>• Processing our response |
| **Kinship Caregiver Supervision Topics** | |
| **KTFC caregiver supervision topics** | • Partnership among team members and the kinship triad<br>• Kinship caregiver participation in shared parenting activities<br>• Behavior management techniques for positive and problematic behaviors<br>• Safety measures to address any unsafe behaviors<br>• Interventions needed to meet the youth's mental health diagnosis<br>• Trauma triggers for the youth<br>• Treatment goals for the youth and the crisis plan<br>• Interventions to de-escalate crises the youth experiences, per the crisis plan<br>• Self-care for kinship caregivers<br>• Interventions related to substance use of the youth and caregiver, if applicable |

# Presentation of Findings

## KTFC partnership: Facilitators and barriers

For KTFC to be successful, one of the key elements is a need for a strong working relationship between the county child welfare agency, which is responsible for identifying eligible youth and kinship caregivers to enroll in the program, and the private child welfare agency, which is responsible for training kinship caregivers in KTFC and supervising the placement. We learned about facilitators and barriers to a productive and effective partnerships. These include the quality of the relationship, such as transparency, trust, and clear communication between agencies; approaches to the work; and commitment of leadership.

## Quality of the relationship

In our interviews with public and private agencies, we found the most successful partnership pairs had a collaborative and trusting relationship, mutual respect, role clarity, supportive and committed leadership, shared goals, joint meetings, and similar approaches to the work.[3] When staff and leaders were familiar with each other from prior successful collaborations, they were more able to translate that successful working relationship to the KTFC pilot.

> "The transparency piece is definitely important, having the focus and understanding of the purpose of the program, the goals and where you're headed. I think all staff need to be on board and have that understanding or else you're going to end up with only a few staff or certain staff … vested in doing most of the work for the bulk of the work, and then you end up having burnout." - **Staff**

Private agencies discussed the importance of communication, transparency, and finding common ground with their partnering county agency as the main component that fostered a positive working relationship. For example, one private agency described how having open, transparent conversations with their partners about their capacity and limitations, thoughts about youth and families referred, and anticipated challenges, were helpful in establishing values of trust and open-mindedness, leading to a supportive working relationship. They noted that establishing this foundation at the beginning of their partnership assisted with clarity of roles, responsibilities, and goals and reduced burnout.

Poor communication created barriers between partners. One pair of partners discussed how a lack of constant, honest, and transparent communication was a challenge, which made implementation efforts difficult. Staff interpreted this communication barrier as the result of a lack of open-mindedness and investment in the KTFC pilot program from their partners, preventing the relationship to grow and evolve over time while also increasing levels of misunderstanding and decreasing optimism and engagement.

## Approaches to the work

Differences in approaches to work, attitudes, beliefs, and level of interest in the pilot created challenges for partners. Different experiences and approaches to working with kinship caregivers made it more difficult to establish common ground of practices and norms. In one partnership, philosophical differences around the supports that kinship caregivers need hindered collaboration. Staff at the public agency did not always promote KTFC to all eligible kinship caregivers. Some families who were eligible for KTFC, therefore, were not offered the opportunity for financial assistance, supportive supervision, and licensure and training, provided by the KTFC program.

## Commitment of leadership

To successfully implement KTFC with the proper resources and supports, there needs to be ongoing dedication, buy-in, and commitment of leadership to provide services and supports to kinship caregivers. Leadership does not only include those at the very senior levels of the agencies, but also those in middle management and supervisory levels throughout the agency. When supervisors are involved in planning and implementing team meetings, the work was more successful. The role of the person most closely involved with implementation made a difference in the success of the partnership. For example, at one public agency, the Placement Supervisor also led the KTFC pilot team; in their role of overseeing child placements, they were able to promote the pilot whenever a new child came into care. Without accountable leadership, implementation and information flow can be inhibited.

[3] Findings from the Wilder Collaboration Factors Inventory, as reported in our interim report, aligned with findings from our interviews with staff.

| Effective partnership strategies |
|---|

- Ensure leadership is committed to the partnership and address concerns as they arise.
- Select staff who have the time, energy, and desire to work collaboratively.
- Quickly develop a schedule of regular meetings to foster open, transparent conversation.
- Discuss roles and responsibilities from the outset and revisit periodically.
- Share responsibility for tasks, such as relative search and engagement, whenever possible.
- Honestly evaluate capacity and limitations and discuss challenges as they arise.
- Share attitudes and beliefs about kinship care and find areas of common ground.

# Process of implementation

We learned about factors that were significant and beneficial to successful implementation as well as factors that presented barriers to implementation. These factors included agency supports and resources needed; importance of a program champion; the role of technical assistance in supporting implementation; garnering support from other institutions involved with child placements; inclusion of youth and caregiver voice; the size and structure of the agencies; staff turnover; and stigma and permanency pressures kinship caregivers face.

## Supports and resources needed for successful implementation

Overall, all the agencies expressed that they had the resources needed to support the KTFC program within their agency and the ability to incorporate KTFC into their day-to-day responsibilities. Current staff felt they were equipped with the knowledge to implement the program and were willing to do so because of their passion for the work. They described kinship as a unique area of work, with kinship caregivers' needs distinct from traditional foster families. While staff had the necessary support to implement the program, several highlighted a need for more staff or a restructuring of the agency's organizational structure to include a dedicated staff member or team with expertise, knowledge, and passion specific to kinship care.

> "I would like to have a licensing worker devoted to kinship because… if you have a MAPP class [of] foster parents who say "I'd like to foster, I might take a class" and then 3-6 months down the line they get a child…that's not how kinship works, kinship is "okay we need to do this [training] NOW" and sometimes those higher up don't understand that urgency and so these placements disrupts because we couldn't implement the service quick enough so that frustrates me." **- Staff**

## The importance of a program champion

All staff emphasized the importance of having one individual within their team or agency who is passionate about kinship care and has the expertise, skillset, and willingness to champion the project and take on the leadership role in the implementation of KTFC. This includes tenacity and drive to promote the program to others in the agency repeatedly, to remain undeterred by setbacks, and continually encourage others as they begin implementing the new program. Such a program champion can keep staff accountable, ensure the program is at the forefront of everyone's minds so that staff remain engaged and committed to the program across all levels, and identify areas of improvement and problem-solving strategies as challenges arise. Staff discussed the program champion as being an individual with ambition and willingness to lead the team through the program and partnership. In turn, the program champion had the trust and support of other members and was able to motivate them to implement KTFC.

**Effective program champion strategies**

Key strategies that were effective in the program champion's work included sending periodic emails to agency staff to remind them of the KTFC program, implementing anonymous quality assurance checks with families, advocating for supports for staff members, offering training on the project to other staff and units, and taking on cases to reduce caseload burdens on other staff.

**Program champion role within the agency**

The effectiveness of the program champion seemed to be related to the primary role and responsibilities of the champion. Initially, program implementation was led by those in administrative positions, but overtime, mid-level staff (e.g., supervisors and licensing staff) took over the implementation. Given closer interactions with frontline staff, supervisors and licensing staff were more effective as program champions than administrators. Furthermore, the champion role aligned more closely with their primary roles and responsibilities (i.e., to engage with families, youth, and other staff and agencies directly).

## Technical assistance can support implementation

FFTA, UNC, and Child Focus staff provided technical assistance (TA) and implementation tools through email and phone, trainings, learning communities, and coaching sessions. The FFTA staff communicated with agency partners regularly—through group emails as well as attending their partner meetings and communicating with agencies individually—discussing a range of subjects with the most common being planning for the learning communities, following up on agency lists of eligible youth and study enrollment, connecting agency partners with resources, and asking what was discussed in coaching sessions (see Figure 1 and Table 4 for more details). This TA was instrumental in fostering positive relational dynamics and growth among the pairs of agency partners (i.e., public and private child welfare agency pairs in each county). The frequency of communication was not as important as the openness and transparency with which partners communicated.

Technical assistance included training and coaching. Staff in each pair of agencies participated in training sessions provided at the start of the pilot (see KTFC Population/Training section for more details). In the beginning, similar coaching was provided to each agency pair and focused on providing pairs an opportunity to build relationships, enhance commitment, and raise topics for discussion. During the second year, coaching focused more on individual needs of pairs and customized to pair-specific challenges. Additionally, several staff highlighted how having the FFTA project manager's support and assistance during staff meetings, roundtables, and coaching sessions was vital to agency partnerships' improving and thriving.

Staff described how the coach's attendance in meetings provided space and opportunity to vent about challenges and ensured that partners were working together towards the same goal. The coaches also provided guidance when there were shifts or differences in approaches to work and communication obstacles, and gave advice based on observations of effective strategies other partnerships implemented. This ensured that all individuals felt recognized and validated, potentially resulting in more buy-in, willingness to continue, and increased interest in the work. Conversely, when leadership and staff were reticent to fully participate in coaching sessions, their staff lacked clarity regarding agency roles and responsibilities.

> "Staff are putting out fires constantly so if they can, and it's not guaranteed with court and visits and everything, they will … sit down for a specific time this day, for this hour training. But if you can make something virtual recorded where they can access [it anytime], that I think would be beneficial."
> **- Staff**

Some staff members found it difficult to incorporate coaching sessions and learning communities, which were key opportunities for strategic planning and partnership building, along with training sessions into their busy schedules. They would have preferred to have more resources and supports available in various formats (as opposed to only offered once and in real time) and at varying times to allow staff to readily incorporate KTFC responsibilities into everyday work obligations.

**TA provided useful resources**

Staff mentioned that resources provided by TA staff such as information about apps to assist with family finding, presentations by experts in kinship care, and procedural manuals and spreadsheets organizing information about youth in care and their families, helped them be more efficient and effective during meetings and discussions. These resources also clearly explained the KTFC program to other agency staff not directly involved with KTFC. TA included support in formulating concrete plans and instituting regular meetings, which helped ensure KTFC was implemented with fidelity.

## Garnering institutional support important

Building networks and garnering support from judges, legal teams, and child protective service workers were easier for some partners than for others. Staff noted difficulties with interacting and fostering relationships that supported implementation when staff at these other agencies were not as supportive of kinship care or held biases surrounding kinship care. Staff used various strategies to increase support for KTFC, such as organizing informational meetings and luncheons that promoted KTFC and kinship care and educating a child protective services liaison who could provide information about the program to workers serving youth with higher needs. This approach produced positive results, including changing staff opinions about and recognition of the importance of kinship care that facilitated implementation.

## Inclusion of youth and caregiver voice and feedback

Public and private agency staff utilized a mixture of formal and informal measures to incorporate youth and caregiver voice and feedback into their practice and procedures. Most agencies sought feedback during individual check-ins where staff asked kinship caregivers and youth how they were feeling, what additional supports they need, and how staff could better support them. Most agencies also conducted general satisfaction surveys of caregivers and youth regarding their experiences with services received for quality assurance purposes. Several staff and some kinship caregivers acknowledged a need for better strategies to incorporate caregiver and youth voice into agency planning, such as on an advisory board comprised of kinship families to help set kinship care policy and to inform search and engagement processes and procedures.

| Effective implementation strategies |
| --- |
| • Support staff who are passionate about kinship care and give them the authority to champion the program.<br>• Develop small teams with specific assignments and clear roles.<br>• Ensure staff have the resources they need to do their work, including training, dedicated time, support of leadership, supervision, and coaching.<br>• Collaborate with outside expert technical assistance providers who can help facilitate and guide the work.<br>• Encourage open dialogue about attitudes and beliefs around kinship care and educate all staff about the importance of supporting kinship caregivers and youth in their care.<br>• Work collaboratively with partners around caregiver engagement to facilitate easy transitions to training and licensure.<br>• Ensure adequate training opportunities, in multiple formats, are available for kinship caregiver training.<br>• Include kinship caregivers and youth in decision making and planning around kinship care supports and services. |

## Size of the public agencies

The size of the public agencies in which KTFC was piloted affected program implementation. The public agency with the largest number of staff had more layers of bureaucracy and leadership, leading to more diffusion of responsibility and weaker relationships among staff. However, they also had more flexibility and could dedicate staff to KTFC specifically, relieving them of other duties. The mid-sized public agency had more direct relationships among supervisors and project leads and less layers of leadership. The public agency with the smallest number of staff who, by necessity, assumed multiple roles, which led to staff feeling overburdened with limited time to implement a new practice.

## Staff turnover hindered implementation

All three paired agency partnerships experienced challenges with staff turnover, which meant that some staff took on multiple roles and new staff were not trained in the same way as the initial staff. Newly hired staff had the option of listening to recorded sessions, which were not as engaging as the initial real-time virtual training. These staffing challenges resulted in delays in search and engagement and kinship caregiver training. One county experienced significant changes in staff and leadership during the pilot. As a result, staff struggled to meet the needs of youth and families served with reduced manpower. These staff shortages were exacerbated during the COVID-19 pandemic.

## Stigma and permanency pressures influenced implementation

Several staff described the stigma surrounding kinship care as well as expectations among some staff and court personnel that kinship caregivers should be willing to assume caregiving responsibilities without support (financial and emotional) because "it's family." One staff expressed the belief that paying kinship caregivers denigrated their caregiving as it then became a financial transaction. This attitude among staff contributed to a reluctance to promote KTFC to kinship caregivers and most likely slowed enrollment into the program. The stigma is an attitude that takes time to modify and was specifically addressed in coaching. When partner agencies had similar philosophies about kinship care and the importance of support for families, there tended to be more referrals to KTFC.

> "Just the concept of … formalizing families …I think that one of the big things … I have seen … if you listen to the youth, a lot of times they don't feel the connections [with kin caregivers] if it's being done for money and money is the biggest motivator … I think there is a number of tension and pressure points that maybe take away from the overall value of it. Um, I just worry that kids may feel like this is not genuine …"
> **- Staff**

Other factors that hindered implementation included permanency mandates and pressures on kinship caregivers to reach permanency which did not align with the goal of the KTFC pilot. In one county, both staff and kinship caregivers described kinship caregivers being pressured by judges and social workers to assume permanent custody through guardianship or adoption before they were ready to do so. Kinship caregivers wanted to complete KTFC and receive the full six months of supervision, which they could not do if they accepted legal guardianship or adoption since KTFC services are only provided while the child is in state custody. To counteract these attitudes, leaders had to have additional conversations with child protective

services workers, other social workers, and judges to educate them on the needs of families and benefits of providing support through KTFC.

| Challenges to implementation |
| --- |
| • Staff turnover, burnout, stress, and overload resulting in less search and engagement of kin as potential placements for youth.<br>• Attitudes and beliefs around kinship care, such as family should not need financial support to care for their own, which leads to less supports for kinship caregivers and more stress for caregivers and their families.<br>• Pressure to make placements "permanent" through guardianship or adoption before the kinship caregivers are ready and before they receive the full training and support KTFC offers. |

# KTFC population

## Youth selection

Several steps were followed to identify youth eligible for KTFC. The public agencies began by identifying youth in higher levels of care with no identified permanent options. Staff, including the program manager, supervisor, and social workers responsible for child placement, identified youth in care the longest through permanency roundtables,[4] and searching agency databases to discover who had recently entered care. Agencies shifted their focus over time to identifying youth placed with kinship caregivers who were already licensed, and the youth and kinship caregivers could benefit from the additional support and services offered by KTFC. Agencies also identified youth placed with kinship caregivers who were not licensed and were receiving limited assistance and could benefit from the KTFC training and supervision to better support the youth in their care.

### Decision making regarding youth placement and treatment needs

Staff leads at two of the three agencies mentioned using data in their decision-making processes. This included assessment paperwork used to determine treatment needs as well as information on placement stabilization, permanency rates, increases/decreases in challenging child behaviors, treatment outcomes, and youth well-being. Staff also discussed the importance of data (e.g., number of youths in care, number of unlicensed families, and efforts to engage families through team meeting) to better inform their search and engagement strategies and approaches. Staff used family finding search engines; however, some staff wanted to learn additional strategies for searching and engaging relatives. Staff appreciated gaining ideas from the learning communities regarding data collection methods related to search and engagement.

[4] Permanency Roundtables are being implemented in several counties across North Carolina. The goal of the Roundtable process is to facilitate a targeted approach to permanency, including diligent search, family engagement, strengthening child connections, and services to meet the child's needs. Additionally, the Roundtables address policy, legal, and financial barriers to permanency to support counties achieving permanency timely. https://files.nc.gov/ncdhhs/documents/files/dss/statistics/2020-2024-Child-and-Family-Services-Plan-FINAL-2-2020.pdf#page=61

There was a shift in placement type over the course of the pilot. At the start of the pilot, about a quarter (23%) of youth considered eligible for KTFC were in kinship care. Initially the agencies did not consider youth eligible for KTFC if they were living with a kinship caregiver who was already licensed as a family foster caregiver, even if the youth needed a therapeutic level of care. After training and coaching, agency staff began to consider KTFC for youth in these kinship family foster care placements, as a way of maintaining these placements and providing support to the kinship caregivers. As a result, the percent of youth considered eligible for KTFC who were already in kinship care rose to 50 percent. See Table 6 below for more details.

**Table 6:** KTFC Eligible Youth – by Placement Type

| | 12/8/2020 (*n* = 57) | | 12/7/2022 (*n* = 106) | |
|---|---|---|---|---|
| **Kinship Care** | 13 | 23% | 53 | 50% |
| **Therapeutic Foster Care** | 17 | 30% | 16 | 15% |
| **Foster Care** | 3 | 5% | 6 | 6% |
| **Intensive Alternative Family Treatment (IAFT)** | 3 | 5% | 1 | 1% |
| **Psychiatric Residential Treatment Facilities (PRTF)** | 7 | 12% | 5 | 5% |
| **Hospital In or Out-Patient** | 1 | 2% | 1 | 1% |
| **Group Home** | 9 | 16% | 8 | 8% |
| **Other** | 4 | 7% | 16 | 15% |

**Time and staff constraints on search and engagement**

Staff at the agencies all met regularly to discuss prospective kinship families for identified youth. When the project started, agencies identified 50 youth who were eligible for KTFC. By the end of the project, agencies had identified 106 youth. Of those youth who were eligible, there were 26 initially who did not have a kinship caregiver identified, and this number remained fairly constant, with 27 youth with no kinship caregiver identified. This highlighted the need for additional efforts for search and engagement with kin as potential caregivers. When the public agency included their private partner in search and engagement planning meetings, they were more successful in finding and engaging kinship caregivers and subsequently training them in KTFC. Agencies whose staff lacked the time to devote to extensive relative search and engagement identified fewer kinship placement options for eligible youth than agencies with staff dedicated to the program.

There were limitations in which youth could be considered for KTFC due to youth not meeting TFC criteria and their kinship caregivers not being eligible for the KTFC pilot. Some of the kinship caregivers chose to become licensed and continue caring for the youth as a family foster caregiver. Some youth reached 18 years of age before their kinship caregivers could participate in the KTFC training. Youth over the age of 18 need to choose to participate in KTFC, and it appeared that either they were not offered the option of participating or chose not to participate in KTFC. Several families expressed interest in KTFC, but subsequently decided they did not have the time to pursue training and licensure. Some of these families took portions of training or were referred to another training that could better meet their needs.

## Kinship caregiver engagement

While the participating agencies considered relatives as placement options prior to the KTFC pilot, the pilot encouraged staff to always consider kinship as a solution for placement and to ensure kinship caregivers get the support they need. As discussed above, some staff and caregivers carry a stigma associated with kinship families receiving benefits to support their kin youth; the pilot helped break down this stigma for both staff and families. Staff were more willing to consider kinship caregivers for placement for a youth even when the caregivers cannot meet all the foster parent requirements (allowable under a kinship waiver). Staff were more likely to advocate for a family with state-level licensing staff to secure licensure. In particular, over the

course of the pilot period, private agency staff expressed a more positive attitude toward licensing kin. Staff at several agencies began to consider kin as placement options early in a case, expressing the value of being proactive in prevention of disruption, such as providing more case management services and referring kinship caregivers to KTFC when appropriate.

## Training

Twenty-three kinship caregivers were trained in KTFC. Of those 23, 17 were licensed as foster parents and of those 17, 12 of were licensed as therapeutic foster parents and provided KTFC. Of those 12, six families, representing eight kinship caregivers, completed the six-month KTFC program. An additional two kinship caregivers were committed to KTFC and were waiting to start their supervision. See Table 7 for more details.

**Table 7:** Kinship Caregiver Participation in KTFC Training and Supervision

| As of 12/7/2022 | Grand Total |
|---|---|
| **Caregiver Training** | |
| Completed basic training and KTFC | 23 |
| Completed basic training, need KTFC | 2 |
| Other | 5 |
| **Grand Total** | **30** |
| **Caregiver Supervision** | |
| Not yet started | 8 |
| Other | 2 |
| Started | 4 |
| Did not start/child moved | 1 |
| Youth does not qualify for TFC | 2 |
| Completed service | 6 |
| **Grand Total** | **23** |

As a result of training in KTFC, staff reported better understanding the difficulties kinship caregivers face in acknowledging youth who have endured trauma perpetrated by family members as well as embracing their role as parent as opposed to grandparent or aunt/uncle/other family member.

Staff at both public and private agencies reported having a more comprehensive understanding of the unique situation and experiences that kin face in becoming kinship caregivers. Ultimately, this shared understanding provided an opportunity for collaboration and network building among staff as well as with kinship caregivers and helped ensure youth and families were supported through all stages of their caregiving.

> "The kinship triad [explanation] helped us really get an understanding of why kinship placements are more difficult. So just a more of an understanding of-- Putting yourself in their shoes kind of thing. So I think that was helpful for us to realize when we are calling relatives and they're not calling us back or they're hesitant, it makes us a little more understanding." **- Staff**

### Staff changes

Staff knowledge of kinship care in general and kinship therapeutic foster care increased after participating in the KTFC training. Staff and leadership were more aware of family situations and able to differentiate

between norms for traditional foster parents and kinship foster parents. Furthermore, they had a greater understanding of how to approach trainings to be more inclusive of kinship caregivers and how to incorporate the use of appropriate language in trainings. During learning community sessions, staff expressed the need for ongoing training on search and engagement of kinship caregivers and ways to include youth in the process. They also wanted training on the impact of trauma on youth and ways to support youth in the LGBTQIA community. Other areas of training staff could benefit from include combating stigma around kin seeking help in caring for their relative youth, how to overcome barriers to licensing kin, shifting KTFC and other supportive services to when youth first come into care rather than only after extended stays in care, and how to use existing resources to support kinship care.

**Kinship caregiver changes**

### Training

Over the course of the pilot, 23 kinship caregivers completed basic training and KTFC training, and six completed the six months of KTFC supervision. See the interim report[xxiv] for more details. Kinship caregivers who had already been caring for their kin child were initially reluctant to take additional training and some thought they already knew all they needed to care for their child. However, a majority of kinship caregivers reported positive opinions of the training. Kinship caregivers gained knowledge related to kinship therapeutic foster care because of the training. Many kinship caregivers agreed or strongly agreed that the knowledge and skills learned in training are reinforced by staff; the training addressed training needs and provided skills to use in the home; and the orientation helped them anticipate many of the difficulties later experienced as a kinship caregiver. They felt supported by staff and were satisfied with the support they received as a kinship caregiver since beginning the KTFC training. Please see our interim report[xxv] for more details.

> "The whole experience has really been great for us. I know if I think back to almost two years ago when we first got the kids, it was very different---I just remember feeling so overwhelmed I didn't know what to do at all. And without this program I still don't know where we would be. So I'm very thankful for that." - **Caregiver**

The training provided tools and approaches to caregiving that helped the caregiver feel supported and develop a better understanding of the child's behavior. Private agencies tailored the format of the training to the needs and preferences of the family, offering flexible times and virtual or in-person options. Some training sessions had a mix of kin and non-kinship caregivers, which staff thought provided a sense of support and more room for learning and growth for kinship caregivers. Some kinship caregivers who were trained in "Together Facing the Challenge" basic training thought some of the content of the KTFC training was repetitive, although others thought the KTFC content is unique and particularly pertinent for kinship caregivers, especially topics around shifting from a relative (grandparent, aunt, family friend, etc.) to a primary caregiver role.

> "As a grandmother I assumed responsibility, and through training saw other things that are affecting kids and how other people in the team helped what the kids were going through. It [the training] was pretty thorough." - **Caregiver**

### Supervision

The onset of the pandemic presented an overarching challenge for agencies as resources, strategies, and plans needed to shift and adapt from in-person, routine, strict practices to more virtual, flexible, and unique variations. In general, kinship families met with their KTFC worker weekly, with some flexibility on where and when they met. During meetings, workers reported covering the KTFC essential topics on average 85 percent of the time. Kinship caregivers reported receiving some concrete support from their workers, such as clothes, snacks, and school supplies. The workers were very responsive, and kinship caregivers especially valued knowing there was someone who would always get back to them in a timely manner if they needed assistance. Kinship caregivers described their workers as respectful, helpful, and inspiring confidence in them as kinship caregivers. The workers took the time to

listen, explain, and generally help kinship caregivers handle challenging situations with their youth. Kinship caregivers relied on the expertise of the workers, who were seen as skilled at their jobs. In contrast, kinship caregivers described their relationships with their public agency workers as slow to respond to their requests for assistance and felt unsupported by them. The only negative aspect of KTFC kinship caregivers that was mentioned was the paperwork that needs to be completed to receive the therapeutic payments.

## Placement safety and stability

Two of the three public agencies provided data regarding maltreatment and permanency outcomes for young people in custody who were considered for KTFC. In total, we received information about 35 youth (see Table 8 for more details).

**Table 8:** Administrative data about young people in custody who were considered for KTFC (n = 35)

| | |
|---|---|
| **Race** | |
| Black (Non-Hispanic) | 51.4% |
| White (Non-Hispanic) | 34.3% |
| Other[5] | 14.3% |
| **Age** | |
| 4-12 years old | 63.0% |
| 13 years or older | 38.6% |
| **Reports of maltreatment** | |
| One maltreatment type | 40.0% |
| Two maltreatment types | 28.6% |
| Three or more maltreatment types | 22.9% |
| **Permanency outcomes** | |
| Living with relatives | 11.4% |
| Reunited with parent(s) or caretaker(s) | 5.7% |
| Adopted | 2.9% |
| Still in care | 80.0% |

A majority of young people (56%) experienced 1 to 5 placement changes, and 21 percent experienced 6 to 10 placement changes between 2020 and 2022. Almost 12 percent of young people experienced 16 or more placement changes during this time period. See Table 9 below.

**Table 9:** Percentage of young people who experienced placement changes in 2020 through present (n=34)

| # of placement changes | % of young people |
|---|---|
| **1-5** | 56% |
| **6-10** | 21% |
| **11-15** | 12% |
| **16-20** | 6% |
| **21+** | 6% |

[5] Other includes young people who are White (Hispanic/Latino), or biracial (Black/White, Hispanic/Latino or Black/White, Non-Hispanic/Latino).

## Cost of Implementing KTFC

One of the benefits of KTFC is that the youth is cared for in a family setting rather than in a higher level of care, such as a group home or psychiatric residential treatment facility (PRTF). It is expected that KTFC will cost less than these higher levels of care. According to information from Alliance Health,[6] Treatment Foster Care (which provides the same service as KTFC, but to non-relative caregivers), costs $16,000 less than a Level III Group Home and $58,000 less than a PRTF over a 180-day period, which is the average duration of service of KTFC. See Table 10 for more details.

**Table 10:** Cost Saving of TFC Over Higher Levels of Care

| | Cost of Care | | TFC Savings | |
|---|---|---|---|---|
| | **180 Days** | **Per Day** | **180 Days** | **Per Day** |
| Therapeutic Foster Care | $31,500 | $175 | $0 | 0 |
| **Level III Group Home** | $48,205 | $268 | **$16,705** | **$93** |
| **Psychiatric Residential Treatment Facility** | $90,000 | $500 | **$58,500** | **$325** |

# Discussion of Findings

The primary goal of the KTFC pilot was to examine what supported and hindered implementation of the program, including the relationships between pairs of agencies; the process of identifying youth and kinship caregivers eligible for the program; the success of the KTFC training for staff and kinship caregivers; and staff and caregiver perceptions of KTFC. Overall, everyone involved in the pilot was positive about KTFC and saw the benefits for both kinship caregivers and youth. All the agencies believed they had adopted a more "kin-friendly" culture throughout their practice and were considering kinship placements more consistently than they had prior to the pilot. A majority of agencies believed they had increased their level of engagement with families as a result of involvement with the KTFC pilot. A secondary goal was to examine outcomes for the kinship caregivers and youth they cared for as they related to caregiver well-being, child well-being, and child placement stability and safety as well as knowledge caregivers gained about kinship therapeutic foster care.

Below we discuss the key findings in two spheres: 1) those related to the importance of building an effective partnership among public and private child welfare agencies and 2) those related to implementation of the KTFC pilot, which includes the role of leadership; the need for adequate resources, including staffing; the influence of a program champion; the importance of technical assistance; training needs for staff and kinship caregivers; attitudes and beliefs around kinship care; contextual factors that influence implementation; the need for robust search and engagement; trends in outcomes for youth and kinship caregivers, and cost savings associated with KTFC.

### Importance of effective partnership and collaboration

Unsurprisingly, the partners who were able to either build on existing positive working relationships or develop new ones had more success in implementing KTFC. KTFC requires regular communication among staff at the partner agencies. Transparent, consistent, and frequent communication is key to establishing clear understanding of staff roles and responsibilities and the goals central to the implementation.

[6] Email communication received by Erica Burgess from Kate Peterson, MS, PMP, PMI-ACP, Director, Healthcare Network Project Management, Alliance Health, received on December 14, 2022

## Commitment of leadership

Leadership includes both the top administration of the agency as well as managers and supervisors who can set the tone for their staff and support or hinder implementation. Middle managers are able to successfully implement KTFC when they feel supported by top leadership and are given the latitude to make decisions, create expectations, and support their staff.

## Adequate resources, including staffing

It is not possible to implement a program like KTFC without adequate resources, especially staff who are trained and knowledgeable about kinship care and believe in the benefits of such a program. Given the unique needs of kinship caregivers and their families, having adequate agency resources, including workers dedicated to kinship care support without competing demands on their time, creates the conditions for success.

## Influence of a program champion

As with any innovation, a staff member who has the passion, ability, influence, and support to promote and champion KTFC is helpful. This person does not have to be at the top level of leadership but does need the explicit support of top leaders to be effective.

## Technical assistance

Technical assistance (TA) is a crucial part of this implementation, including training staff, providing coaching both individually and in pairs, and offering opportunities to learn together as a community. TA should be an integral part of any attempt to replicate or scale up KTFC in other jurisdictions.

## Training for staff and kinship caregivers

Staff and kinship caregivers gained knowledge and skills in kinship care and the family system through KTFC training. Effective trainers are open to adjusting materials based on feedback given to strengthen the content and presentation of future trainings.

## Attitudes and beliefs about kinship care

Having a widespread kin-friendly mindset can not only facilitate better supports and services for youth and families, but also foster a positive working relationship among staff. Some staff and court personnel are still skeptical of the need for supports and services, including financial support, for kinship caregivers. More work needs to be done to counteract these attitudes and combat stigma that kinship caregivers face when they seek assistance.

## Context, including size of the county and support of other agencies

The size of the county, layers of bureaucracy, and support from other departments internal and external to the agencies, including courts and CPS units, influenced the implementation. A medium-sized agency—one with sufficient staff to take on additional responsibilities—is the optimum environment for successful implementation compared to a large agency with staff in different units without regular contact. Taking the time to meet with and educate staff on KTFC across the agency and outside the agency promotes the importance of supporting kinship caregivers and their families.

## Need for robust search and engagement

Both youth who have been in care for some time and those who have recently come into care can benefit from contact and placement (when possible) with kinship caregivers. Robust search and engagement of kin for the benefit of youth in care is essential. KTFC provided tools and training for staff to bolster their skills in

this respect. Additional work is needed to ensure this is routinely done at the start of a case and at frequent intervals when a youth is in out-of-home placement.

### Increase in youth living with kin trained in KTFC

The number and percentage of youth identified as eligible for KTFC increased over the course of the pilot, indicating a shift to increased consideration of kinship care as an option. Twenty-three kin were trained in KTFC, some of whom were also newly licensed as foster parents, indicating an increase in kin licensure. In four of the six families who completed KTFC, the kinship caregiver assumed guardianship (three through the Kinship Guardianship Assistance Program known as KinGAP). Kinship caregivers who participated in KTFC reported satisfaction with the program and believed they and their families will benefit from what they learned. A larger sample of kinship caregivers is needed to rigorously assess differences in outcomes for kinship caregivers from pre- to post-KTFC, but the initial findings are promising.

### Costs of KTFC

More information is needed regarding the costs associated with KTFC—specifically regarding whether KTFC is a cost-effective option for youth needing therapeutic levels of out-of-home care.

# Study Limitations

We requested data from the public child welfare agencies to examine placement safety and permanency outcomes for youth considered for KTFC. It took over 18 months to secure data use agreements with the public child welfare agencies largely due to privacy and confidentiality concerns and the possibility of identifying youth through triangulation of data. The pilot was implemented in three counties, with a public and private agency pair in each county. We were able to secure data sharing agreements with the three private agencies and two of the public agencies. Therefore, we could only present child safety and permanency data for two counties.

Given that the primary focus of the evaluation is the process study, we have not identified a comparison group who are not participating in the pilot with whom we can compare results. Since this was a pilot study and only implemented in three counties, only a small sample of staff and kinship caregivers participated in the study. Furthermore, we faced limited sample sizes of staff who were trained and worked directly with kinship families as well as youth and caregivers who were eligible for the program. Due to these limitations, we were not able to test for significant changes between pre- and post-training survey results. Any changes we found could be due to chance or other factors unrelated to the KTFC pilot.

# Recommendations

Findings from the evaluation of the KTFC pilot showed promising trends for a program that can be successfully implemented through public/private partnerships at the county level. Due to the time required to establish and implement the program, not many kinship caregivers or youth received the service, which affects our ability to make conclusions about program effectiveness. Anecdotal evidence indicates staff and kinship caregivers were satisfied with their experiences and recommend continuing offering KTFC.

Further study is needed to establish an evidence base for the practice. We recommend the following evaluation activities to learn more about the process of implementation, the outcomes youth and kinship caregivers experience as a result of participating in the program, and what is needed for replication in other sites.

- Involve kinship caregivers and youth in developing research questions and indicators of success for KTFC

  - Seek input from kinship caregivers who participated in KTFC services as well as youth who are or have been in the care of kin on what they think is important to understand and learn about KTFC
  - Include kinship caregivers and youth as early and often as possible to ensure their voice is heard and noted in meaningful ways

- Extend the process evaluation of KTFC
  - Additional interviews with staff and kinship caregivers can help further define factors that create conditions for successful implementation of KTFC, factors that create barriers to implementation, and what is needed to sustain the program
  - Pre- and post-training surveys assess knowledge gains for staff and kinship caregivers

- Measure other wellness indicators
  - Encourage all private agencies to use the same wellness measures for youth to allow for comparison across sites
  - Examine other indicators of wellness and health, such as school performance for youth, hospitalizations, urgent care visits, and use of medications for kinship caregivers and youth

- Consider selecting comparison counties
  - Comparison counties would allow for a quasi-experimental design in which we could compare outcomes for kinship caregivers and youth who participate in KTFC with those who receive "services as usual" in counties who do not offer KTFC

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