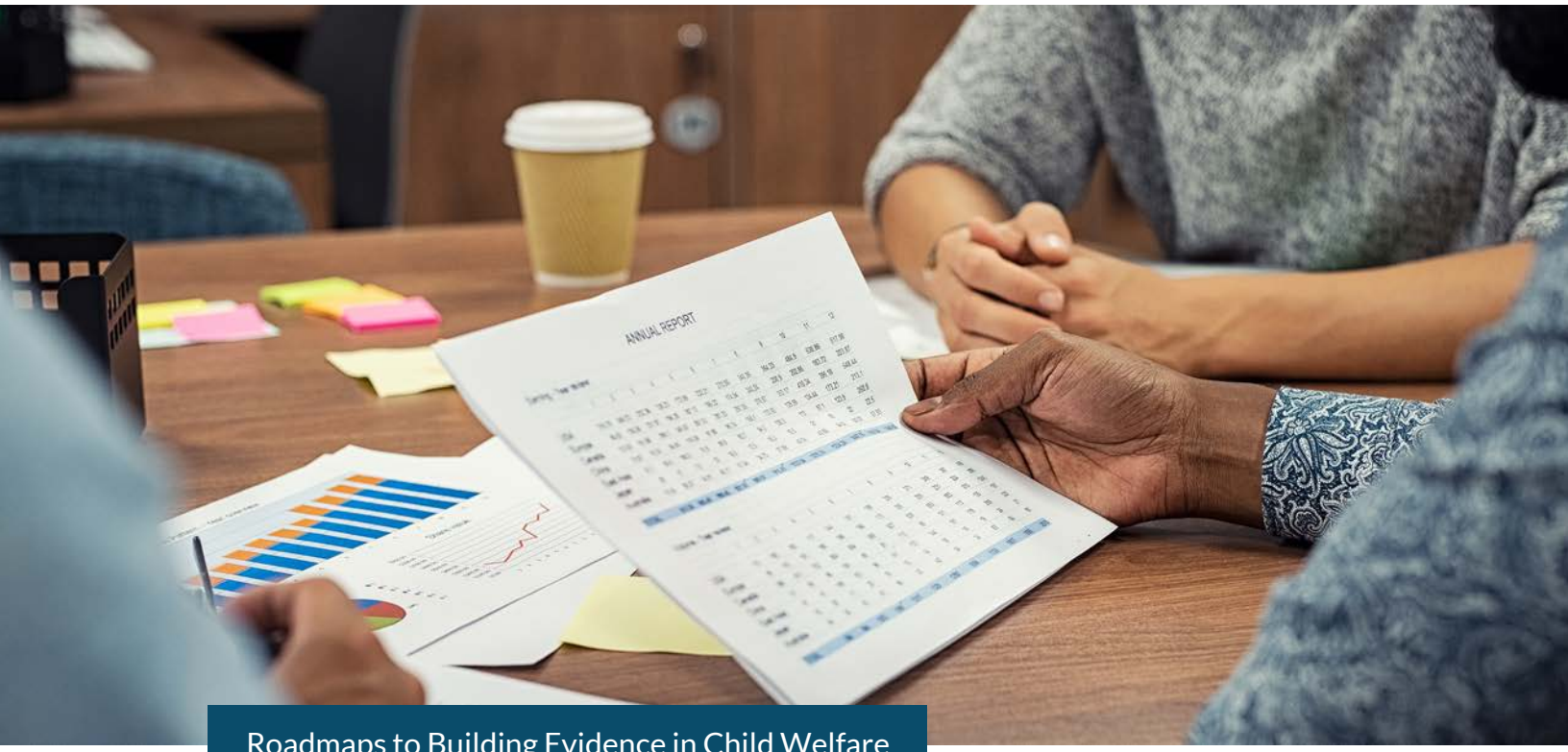


Roadmaps to Building Evidence in Child Welfare

RESEARCH REPORT

How to Develop a Theory of Change and Logic Model for Your Kinship Navigator Program

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CHILD TRENDS

OPRE Report #2022-130

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CWEST | CHILD WELFARE EVIDENCE STRENGTHENING TEAM

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SUBMITTED TO

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Executive Summary

Introduction

Kinship Navigator Programs (KNPs) were developed to help kinship caregivers learn about, find, and use programs and services. These programs also partner with public and private agencies to serve kinship caregivers and families. KNPs are unique because they do not necessarily provide direct services to kinship families. This characteristic can make it hard to define the KNP and evaluate how effective it is at helping families. To date, few KNPs have shown they are effective using rigorous evaluation. Without this evidence, KNPs can neither ensure nor demonstrate that their services support the well-being of kinship caregivers and families. To define the model and prepare for rigorous evaluation, KNPs should develop a strong theory of change and logic model.

Purpose

The purpose of this guide is to help program developers and evaluators write a theory of change and develop a logic model for KNPs. A theory of change and logic model will support the development of new KNPs by assisting program staff and other stakeholders in checking existing assumptions and determining whether program modifications are needed. They are also two necessary ingredients of a rigorous program evaluation.

Key Highlights

Though writing a theory of change and developing a logic model may seem challenging, this guide can help make the process easier. In this guide, we describe the following:

- four steps to follow when writing a theory of change
- how the theory of change can be used to create a logic model
- how to test the theory of change and logic model through program evaluation

A theory of change describes how and why your KNP works and provides the information needed to develop a logic model. The logic model describes what is needed to implement the KNP and how you will know if it was successful. Both the theory of change and logic model allow evaluators to select

appropriate study samples from the target population, develop research questions to test assumptions, and select tools to measure the effects of the program.

Recommendations

KNP program developers and evaluators should have a theory of change and logic model before they evaluate their program. We recommend that developers and evaluators of KNPs use this guide to write their own theory of change and logic model that match their target population and local context. Developers and evaluators should continue to make changes to their theory of change and logic model as the program is evaluated and they learn more about what works or should be improved.

Overview

Kinship Navigator Programs (KNPs) were created more than two decades ago, with at least 70 KNPs across the country currently.[1] However, some developers have had a hard time defining their program models (Rushovich, McKlindon, and Vandivere 2021). One reason for this difficulty is that KNPs are different from many other programs. They weren't designed to provide direct services to kinship families. Instead, they refer kinship families to other resources in their communities.

It's difficult to evaluate programs that don't have clearly defined models. As a result, evaluations of KNPs have not been rigorous, and they must be rigorous to say whether the program works. The lack of rigorous evidence means KNPs can't ensure they support kinship families' well-being as intended. It also means most KNPs can't be reimbursed with federal funding.[2] To receive Title IV-E federal funding, KNPs must be rated as "promising," "supported," or "well-supported" by the Title IV-E Prevention Services Clearinghouse (PSC; see box 1 for more information).

Clearinghouses like the PSC help others know how effective programs are by reviewing evaluation reports and studies. The PSC assigns an evidence rating of "promising" to programs with some evidence and a higher evidence rating ("supported" or "well-supported") to programs with more evidence. The PSC has reviewed three KNPs,[3] only one of which has been rated because the other studies submitted to the PSC did not meet the PSC's review standards.

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1 Casey Family Programs identified 70 programs being implemented across 26 states in April 2018. See Casey Family Programs (2018).

2 The Consolidated Appropriations Act of 2021 authorized temporary programmatic flexibility and enhanced federal funding during the COVID-19 public health emergency from April 1, 2020, through September 30, 2021. This flexibility included temporarily waiving the evidence-based standard requirements in section 471(e)(4)(C) of the Social Security Act, normally applicable to the Title IV-E Kinship Navigator Program. Beginning October 1, 2021, Title IV-E KNPs may qualify for Title IV-E reimbursement only if they are rated as either promising, supported, or well-supported by the Title IV-E Prevention Services Clearinghouse.

3 As of October 2021 programs included the Children's Home Society of New Jersey Kinship Navigator Model (see "Children's Home Society of New Jersey Kinship Navigator Model," Title IV-E Prevention Services Clearinghouse, accessed September 23, 2021, https://preventionservices.acf.hhs.gov/programs/383/show); the Kinship Interdisciplinary Technologically-Advanced Model (KIN-TECH) (see "Kinship Interdisciplinary Navigation Technologically-Advanced Model (KIN-Tech)," Title IV-E Prevention Services Clearinghouse, accessed September 23, 2021, https://preventionservices.acf.hhs.gov/programs/212/show); and Ohio's Kinship Supports Intervention/ProtectOHIO (see "Ohio's Kinship Supports Intervention/ProtectOHIO," Title IV-E Prevention Services Clearinghouse, accessed October 31, 2021, https://preventionservices.acf.hhs.gov/programs/319/show). The Title IV-E Prevention Services Clearinghouse rated Ohio's Kinship Supports Intervention/ProtectOHIO as Promising in October 2021.

BOX 1

The Role of Clearinghouses

Clearinghouses use standardized criteria to review a program's studies and evaluation reports and rate whether the program is effective. Ratings help others know whether programs are effective. Ratings may also result in increased opportunities for funding. KNPs rated by the Title IV-E Prevention Services Clearinghouse[a] as at least "promising" are eligible for Title IV-E funding through the Family First Prevention Services Act.[b] To be rated, a program's evaluation must meet specific standards.[c]

To learn more about how to design program evaluations and write high-quality evaluation reports that meet clearinghouse standards, see

- *Ten Key Design Elements for Rigorous Impact Evaluations in Child Welfare: A Desk Reference for Evaluators*,[d]
- *A Guide to Writing High-Quality Evaluation Reports*,[e] and
- Evaluation Plan Development Tip Sheet.[f]

To learn more about other requirements for funding, see

- "Requirements for Participating in the Title IV-E Kinship Navigator Program,"[g] which require KNPs to operate as defined in Section 427(a)(1) of the Social Security Act[h] to be eligible for funding.

[a] "Review Process," Title IV-E Prevention Services Clearinghouse, accessed September 23, 2021, https://preventionservices.acf.hhs.gov/review-process.
[b] "Requirements for Participating in the Title IV-E Kinship Navigator Program," Children's Bureau, Administration for Children and Families, US Department of Health and Human Services, last updated June 16, 2020, https://www.acf.hhs.gov/cb/policy-guidance/pi-18-11. The Consolidated Appropriations Act of 2021 temporarily waived this evidence requirement and reimbursed 100 percent of services through the duration of the COVID-19 public health emergency (April 2020–September 2021).
[c] Sandra Jo Wilson, Cristofer S. Price, Suzanne E. U. Kerns, Samuel R. Dastrup, and Scott R. Brown, *Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures, Version 1.0* (Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, US Department of Health and Human Services, 2019), https://www.acf.hhs.gov/sites/default/files/documents/opre/psc_handbook_v1_final_508_compliant.pdf.
[d] Brewsaugh and Prendergast (2022).
[e] Prendergast and Brewsaugh (2022).
[f] See "Evaluation Plan Development Tip Sheet," Children's Bureau, Administration for Children and Families, US Department of Health and Human Services, last updated June 25, 2020, https://www.acf.hhs.gov/cb/policy-guidance/im-19-04; and Brewsaugh and Prendergast (2022).
[g] "Requirements for Participating," US Department of Health and Human Services.
[h] "Compilation of the Social Security Laws: Family Connection Grants," Social Security Administration, accessed September 23, 2021, https://www.ssa.gov/OP_Home/ssact/title04/0427.htm.

It can be easier to define and evaluate a program model if you first develop a strong theory of change and logic model. A theory of change and a logic model are important tools for supporting program development and fueling ongoing improvements. They are best developed through a collaborative process involving program staff and other stakeholders including kinship families. This collaborative exercise can help program partners develop a common language and vision for the program, which can strengthen development and implementation. A theory of change describes how and why your KNP works. It also provides the information needed to develop a logic model. The logic model describes what is needed to implement the KNP and how you will know if it was successful. The theory of change is like a compass that guides a program in the direction you want it to go. The logic model is like a map that provides step-by-step instructions to get there.[4] In other words, the logic model shows how the theory of change works in practice. It also describes information necessary to evaluate your program, including the following:

- resources required to implement the KNP, known as "inputs"—inputs are things like staff and funding
- services that your program offers, known as "activities"—your KNP services may include activities like weekly support groups, resources, and referrals
- benchmarks to find out how well your program is implemented, known as "outputs"—outputs tell you how to count or measure the services you're providing, such as the number of kinship caregivers served; you can think of it like this: inputs are things that go into your KNP, and outputs are the things that come out of (or result from) your KNP
- improvements you expect kinship caregivers and families to get out of your program, known as "outcomes"—the outcomes of your program may include metrics like increased financial security or improved social connections

A carefully developed theory of change and logic model can help you accomplish the following:

- ensure the KNP is designed to support the well-being of kinship families as intended
- connect program inputs, activities, and outputs with expected outcomes
- prepare for a rigorous evaluation

[4] For more information on developing a theory of change, see *Evidence Building Academy: Introduction to Evaluation for Program Administrators* (Washington, DC: Urban Institute, Office of Planning, Research and Evaluation, Children's Bureau, 2020).

Throughout this guide, we take you through each step of writing a theory of change and developing a logic model. You can follow along as we write an example theory of change and logic model. You can then follow the steps we've described to write your own.

Kinship caregiving arrangements can be defined in different ways. In box 2, we define the types of arrangements we refer to throughout this guide.

BOX 2

Defining Different Types of Kinship Caregiving Arrangements

Family members or other adults with close bonds to children might become kinship caregivers for many reasons. Throughout this guide we define formal kinship caregivers as those who are involved with public child welfare agencies. For example, when children are reported to a public child welfare agency, the agency may place the children with a relative, who then becomes a kinship caregiver. These kinship caregivers have similar roles, responsibilities as nonrelative foster caregivers.[a]

Other kinship caregiver arrangements are voluntary but still involve the child welfare agency. For instance, a public child welfare agency may determine that a parent is not able to safely care for a child and works with the family to identify a suitable kinship caregiver. The agency will also facilitate the child going to live with the kinship caregiver. These families generally do not have ongoing agency involvement.[b]

Kinship caregiver arrangements also can be informal. For example, a family makes a decision without involving the public child welfare agency.[c] Still other kinship caregivers may fall between formal and informal kinship. For these caregivers, the public child welfare agency may not be involved, but kin may obtain either a legal guardianship or custody of the child(ren).

[a] CWIG (Child Welfare Information Gateway), "Kinship Caregivers and the Child Welfare System" (Washington, DC: US Department of Health and Human Services, Children's Bureau, CWIG, 2016).
[b] Karin Malm, Kristin Sepulveda, and Sam Abbott, "Variations in the Use of Kinship Diversion among Child Welfare Agencies: Early Answers to Important Questions" (Bethesda, MD: Child Trends, 2019); and CWIG, "Working with Kinship Caregivers" (Washington, DC: US Department of Health and Human Services, Children's Bureau, CWIG, 2018).
[c] CWIG, "Kinship Caregivers and the Child Welfare System."

How to Develop a Theory of Change and Logic Model

How to Write Your Theory of Change

Writing your theory of change and logic model may feel like a big task. It can be helpful to separate it into small steps. You should begin with defining the reason for your KNP. In other words, what challenges do kinship families experience that your program can address? Your final step will be what you expect the program to achieve. That is, how will kinship families' lives improve?

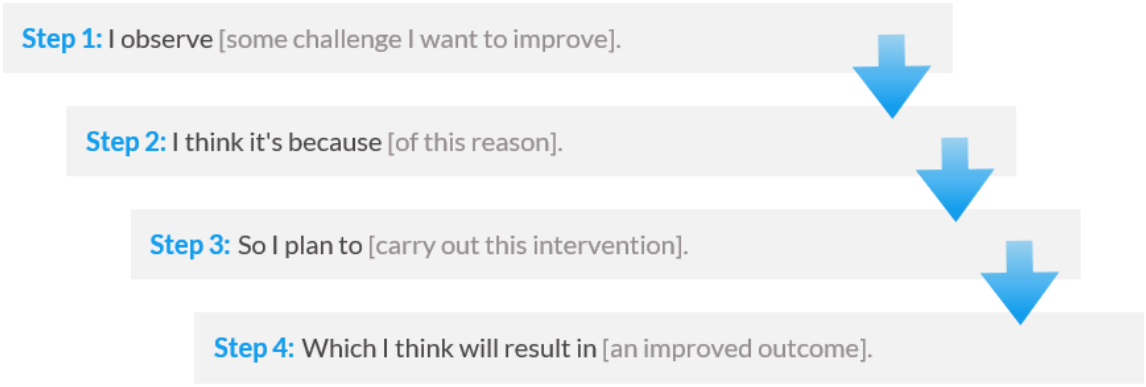
There are different ways to write a theory of change. We guide you through one approach you can use based on the four steps shown in figure 1. We use these four steps in the following sections to help you write a theory of change.

As you write your theory of change, consider the unique experiences of the families in your program (your target population) and within your local context. If you don't, your KNP may not have an impact on kinship caregivers and their families. We recommend that you complete steps 1–4 with your community in mind (figure 1).

We wrote this guide for readers across all stages of KNP development, from those just beginning to develop their KNP to those who have implemented their KNP for years. However, you'll notice we use phrases like "my KNP *will* implement" or "I *plan to*." This is because we encourage all readers to participate in the steps we describe as if you were developing a KNP for the first time. Even if you have implemented your KNP for years, this process can help you check your previous assumptions about the program and think about whether you need to make changes.

FIGURE 1

The Four Steps of a Theory of Change



Source: Lily Alpert and Fred Wulczyn, "EDGE: A Framework for Organizing Service Improvement" (Chicago: University of Chicago, Chapin Hall, n.d.).

Step 1. What Challenges Do Kinship Families Experience? "I Observe…"

The first step is to think about kinship families. Begin by asking yourself this question:

- What challenges do the kinship families in my community experience?

Kinship families face unique challenges. Your KNP theory of change should focus on these challenges because they emphasize the need for the program and its purpose. As you'll see in later steps, these challenges tell you what outcomes your KNP can try to improve.

Keep in mind the particular experiences of kinship caregivers in your community. Kinship caregivers and their families may confront challenges that vary depending on whether they have formal, voluntary, or informal caregiving arrangements (box 2). Challenges can also vary by children's characteristics (their age, whether they are separated from their siblings or other family members) and prior experiences (whether they have experienced maltreatment). In step 1, be clear about who experiences the challenges you're identifying: this group is your target population. The rest of your theory of change should focus on this group, and their voice can be important as you work through your theory of change.

Next, ask yourself

- How do I know these challenges exist?

In other words, what evidence do you have that the challenges you've identified are real? Evidence helps ensure your program matches kinship families' needs in your community. Evidence can come from data you

or others collect, published research articles and reports, internal reports from your KNP or partners, observations from working with kinship families, or the voices of kinship caregivers and their families.

To get you started, we take you through step 1 using a fictional example in box 3.

BOX 3

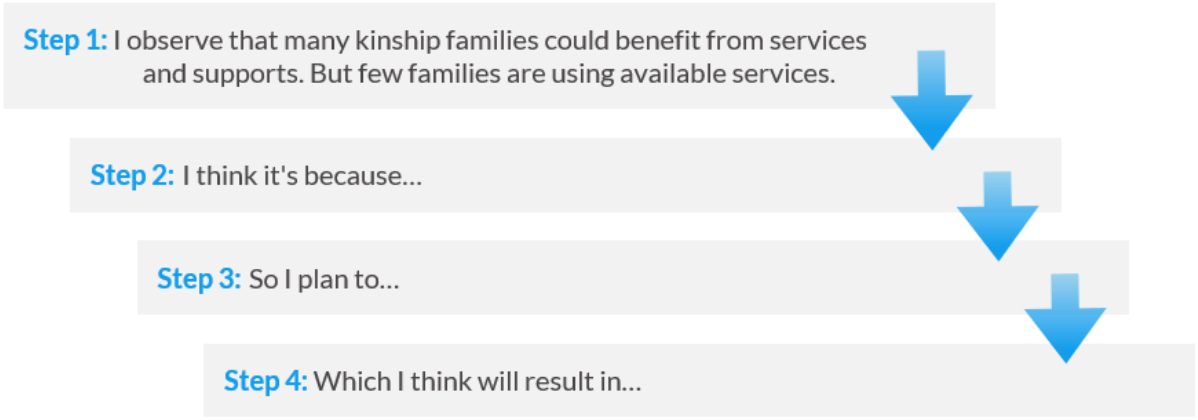
Step 1 Example

What challenges do kinship families in my community experience?

- I observe that many kinship families could benefit from services and supports. But few of these families are using available services.[a]

How do I know this challenge exists?

- I know this challenge exists because of the following evidence:
  - Research shows that most kinship caregivers are eligible for Temporary Assistance for Needy Families (TANF) child-only payments, but only 12 percent receive them.[b] I've heard from the kinship caregivers I work with that many do not receive these payments even though they are eligible to.
  - Research also shows that kinship caregivers and their children need services, but few use them.[c] I interviewed kinship caregivers in my community and found that many caregivers and children are not receiving services they say they need.



[a] Lily Alpert and Fred Wulczyn, "EDGE: A Framework for Organizing Service Improvement" (Chicago: University of Chicago, Chapin Hall, n.d.).

[b] Jane Mauldon, Richard Speiglman, Christina Sogar, and Matt Stagner, *TANF Child-Only Cases: Who Are They? What Polices Affect Them? What Is Being Done?* (Chicago: University of Chicago, Chapin Hall, 2012), https://cfpic.org/wp-content/uploads/2020/12/TANF-Child-Only-Cases-The-Report-0113.pdf.

[c] Kanisha L. Coleman and Qi Wu, "Kinship Care and Service Utilization: A Review of Predisposing, Enabling, and Need Factors," *Children and Youth Services Review* 61 (February 2016): 201, https://doi.org/10.1016/j.childyouth.2015.12.014.

We know that kinship caregivers and their families experience other challenges in addition to the one in our example. A theory of change often includes more than one "I observe" statement. We include a list of additional challenges you might consider in appendix A. Some of the observations we include in appendix A also specifically identify the target population.

Step 2. Why Do Kinship Families Experience These Challenges? "I Think It's Because…"

The next step is to look at the statement from step 1 and think about why it might occur. Begin by asking yourself this question:

- Why don't kinship caregivers and their families access the services and supports they need?

Next ask yourself

- How do I know this is true?

As in step 1, you should support your reason with evidence. Again, this evidence could include data you or others collect, research evidence, what you've learned by working with kinship families, or the lived experiences of kinship caregivers and their families.

If the reasons you select aren't based on evidence, they might not reflect kinship families' experiences. Evidence also helps ensure the services you select in step 3 will have an impact on kinship families' lives.

We take you through step 2 using our fictional example in box 4.

BOX 4

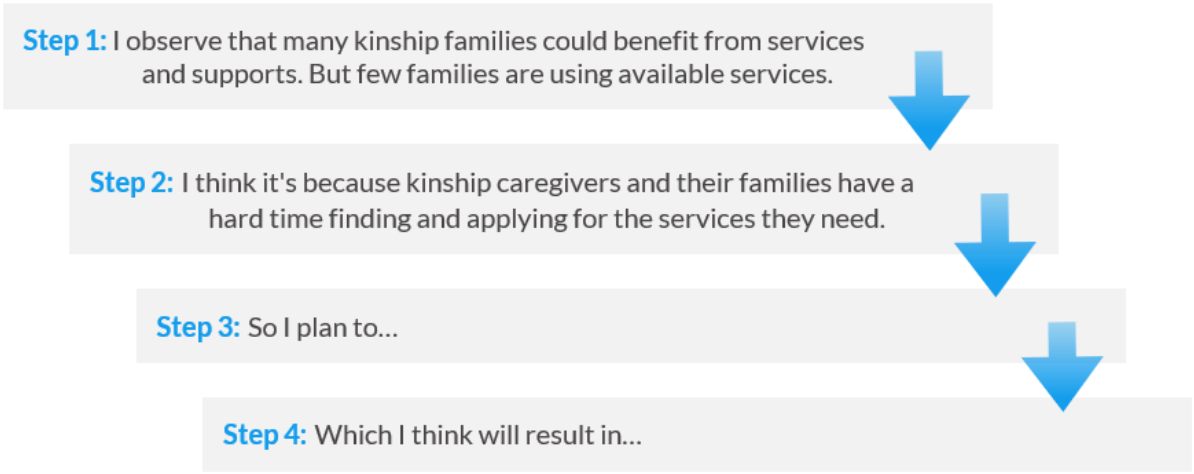
Step 2 Example

Why don't kinship caregivers and their families access the services and supports they need?

- I think it's because kinship caregivers and their families have a hard time finding and applying for the services they need.

How do I know this is true?

- I know this is true because I have observed that the kinship caregivers I work with ask for help applying for services and supports.



Source: Lily Alpert and Fred Wulczyn, "EDGE: A Framework for Organizing Service Improvement" (Chicago: University of Chicago, Chapin Hall, n.d.).

As you can see in our fictional example above, we supported our reason with an example from our work with kinship families. It is important to support your reasons with multiple forms of evidence. When evidence is not available or not specific to your program's context or population, you should explore other sources (e.g., collect your own data, talk to kinship caregivers and families). It's best practice to work closely with kinship families as you complete these steps. One way to do this is to use community-engaged research methods.[5] These methods (e.g., advisory boards) will help you to

[5] "Community-Engaged Methods," Urban Institute, accessed September 23, 2021, https://www.urban.org/research-area/community-engaged-methods.

effectively engage kinship families and your community as you define your KNP. For more information, see examples from evaluations of child welfare programs and other types of initiatives.[6]

There are other reasons kinship caregivers and their families don't access services and supports. You can include multiple reasons in step 2. In appendix B we list other reasons you might consider as you write your theory of change.

Step 3. How Can We Address These Challenges? "So I Plan to…"

The next step is to think about what your program can do to address the challenges you've identified. Ask yourself this question:

- How can my KNP address these challenges?

You should develop a solution based on the reason(s) developed in step 2. For example, in our fictional example for step 2 we said, "I think it's because kinship caregivers and their families have a hard time finding and applying for the services they need." This reason suggests that your KNP could offer services that help kinship caregivers apply for and access services and supports.

We take you through step 3 using this fictional example in box 5.

Offering kinship caregivers help in obtaining services is an example of one type of service or support ("activity") that KNPs might offer to address kinship families' challenges. KNPs may offer many different services and supports, including those required for Title IV-E reimbursement.[7] Any services your KNP provides should link to a challenge (step 1) and its cause (step 2) you identify in your theory of change.

Although the overarching goal of KNPs is to increase access to and use of services provided by other organizations (such as therapy or parenting classes), some KNPs also provide direct services (e.g., support groups). Local policies, funding, and available services provided by other organizations could impact the types of services your KNP offers. Depending on the local context, a KNP might offer direct services (e.g., parenting classes) that are not provided by other organizations in their community or

[6] "Community-Engaged Methods," Urban Institute; and "Evaluating Youth Programs," US Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Child Welfare Information Gateway, accessed September 23, 2021, https://www.childwelfare.gov/topics/systemwide/youth/outcomes/evaluating-youth-programs/.

[7] "Compilation of the Social Security Laws: Family Connection Grants," Social Security Administration, accessed September 23, 2021, https://www.ssa.gov/OP_Home/ssact/title04/0427.htm.

I observe…	How Do I Know? Research evidence	Other forms of evidence
Kinship caregivers have a hard time keeping up with child welfare agency oversight and requirements.		Formal kinship caregivers must figure out the child welfare system and follow agency policies and court rulings, while voluntary and informal caregivers do not (CWIG 2016).
Some kinship caregivers have a hard time making decisions on behalf of their kin children.		I've heard from kinship caregivers that they have a hard time enrolling children in school, getting medical care for the child, and making other important decisions because they are voluntary or informal kinship caregivers who have different legal situations than formal caregivers (CWIG 2016).
Children often need support transitioning to the kinship arrangement.	Research shows that children who have experienced maltreatment may need more intensive support because of the long-lasting impacts of trauma (e.g., Felitti et al. 1998).	I've observed that the kinship children I work with are very different from one another. Some children have experienced child maltreatment. Some children may be separated from their siblings or other family members, and some might live in new neighborhoods or go to new schools.

- Short-term outcomes are changes you expect to see in kinship caregivers and their families at the end of your program, or shortly after. In other words, what will be different about kinship caregivers and their families when they leave your program? What will they have gotten out of it? Some examples include changes in knowledge and skills.
- Intermediate-term outcomes are outcomes that might take a bit longer (e.g., six months after the program ends) to see change in. In other words, six months after the program ends, what will be different about kinship caregivers and their families? Examples include increased applications for services and supports or an increased number of families receiving the services and supports they need. Intermediate-term changes might lead to change in long-term outcomes.
- Long-term outcomes are those that might take longer (e.g., 12 months after the program ends) to see change in. In other words, what will be different about kinship caregivers and their families a year after they have left your program? Examples include increased adult or child well-being.

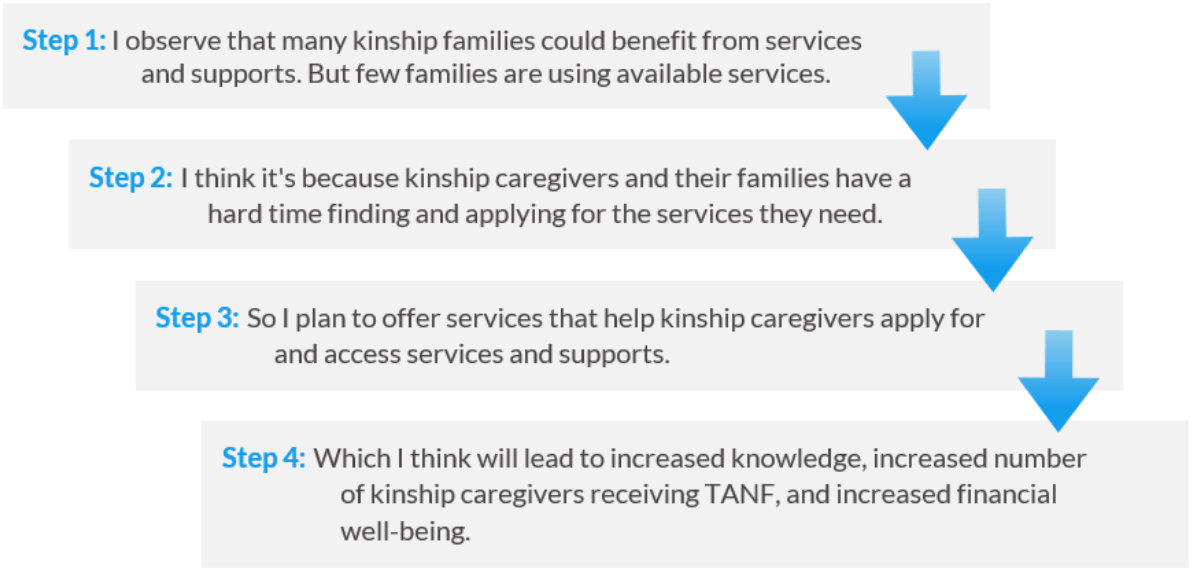
We take you through step 4 using our fictional example in box 6.

BOX 6

Step 4 Example

What outcomes do I expect to improve?

- To help families access the services and supports they need (step 2), my KNP will offer services that help kinship caregivers apply for and access services and supports (step 3). These services will increase kinship caregivers' knowledge about the services and supports available to them (short-term outcome), increase the number of kinship caregivers in my program receiving TANF (intermediate-term outcome), and increase their financial well-being (long-term outcome).



Source: Lily Alpert and Fred Wulczyn, "EDGE: A Framework for Organizing Service Improvement" (Chicago: University of Chicago, Chapin Hall, n.d.).

Outcomes must be connected to activities implemented by your program. The example above is only one example of an outcome that can be included in a theory of change. Many more outcomes can be tied to specific activities that your KNP theory of change addresses. We provide examples of other types of outcomes that you can connect to additional activities in appendix D.

The outcomes you select also depend on the type of kinship caregivers and families participating in your program. For example, you might wish to include child welfare outcomes in your theory of change because the families in your program have been involved with child welfare agencies. It is important to

decide whether the outcomes you select for your KNP will match the goals of various kinship caregiving arrangements. Below, we take you through some reasons why this is important:

- **Permanency and reunification.** The goal of some kinship caregiving arrangements might be reunification with the child(ren)'s parents. The goal of other kinship caregiving arrangements might be permanent placement with the kinship caregiver. A child obtaining permanency through kinship guardianship or adoption would represent a positive outcome, but only if reunification with the child's parent was no longer a goal.
- **Reduced substantiated child maltreatment.** KNPs may engage kinship caregivers raising kin children who have experienced prior child maltreatment with the goal of preventing future child maltreatment. However, KNPs may also engage kinship caregivers raising children who have not experienced prior child maltreatment. Your program may see little change in child welfare outcomes like substantiated abuse and neglect if the children being cared for by kinship caregivers in your program are not at risk for maltreatment.[8]

Putting It All Together: Writing Your Theory of Change

Once you have completed the four steps described above, you are ready to write your theory of change. You can begin by combining all the statements from the four steps into a summary paragraph. A summary paragraph of the theory of change we developed for our fictional example appears below. We do not intend for this theory of change to apply to all KNPs.

Continue to keep in mind that you should develop a theory of change that fits your local needs. As we mentioned, it's important to include kinship caregivers and their families throughout this process. You should also review the final theory of change with them to check whether it reflects their personal experiences. In addition, you should make sure the theory of change matches other forms of evidence you've gathered. You can revisit each step of the process and make changes to your theory of change as many times as is necessary.

[8] To learn more about how to assess child maltreatment risk, see "Safety and Risk Assessment," US Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Child Welfare Information Gateway, accessed September 23, 2021, https://www.childwelfare.gov/topics/responding/iia/investigation/safety-risk/.

I observe *that many kinship families could benefit from services and supports. But few of these families are using available services.* ***I think it's because*** *kinship caregivers and their families have a hard time finding and applying for the services they need.* ***So I plan to*** *offer services that help kinship caregivers apply for and access services,* ***which I think will result in*** *increased knowledge about services and support like TANF, increased receipt of TANF, and increased financial well-being.*
—example KNP theory of change

How to Write Your Logic Model

Once you have developed a theory of change that matches your KNP's target population and local context, you can turn it into a logic model. A logic model describes the theory of change in more detail by outlining specific inputs, activities, outputs, and expected outcomes. Recall that

- *inputs* are the resources required to implement the KNP;
- *activities* are the services your program offers;
- *outputs* are benchmarks to find out how well your program is implemented; and
- *outcomes* are improvements you expect kinship caregivers and families to get out of your program.

The theory of change is a general overview; in contrast, the logic model must contain enough detail that it can be tested through evaluation. In other words, it must be able to be proved wrong. Evaluators can't test logic models that don't clearly define inputs, activities, outputs, and outcomes. When evaluators can't test these things, it can be impossible to say whether the logic behind the model (i.e., inputs and activities will lead to outputs and outcomes) is correct.

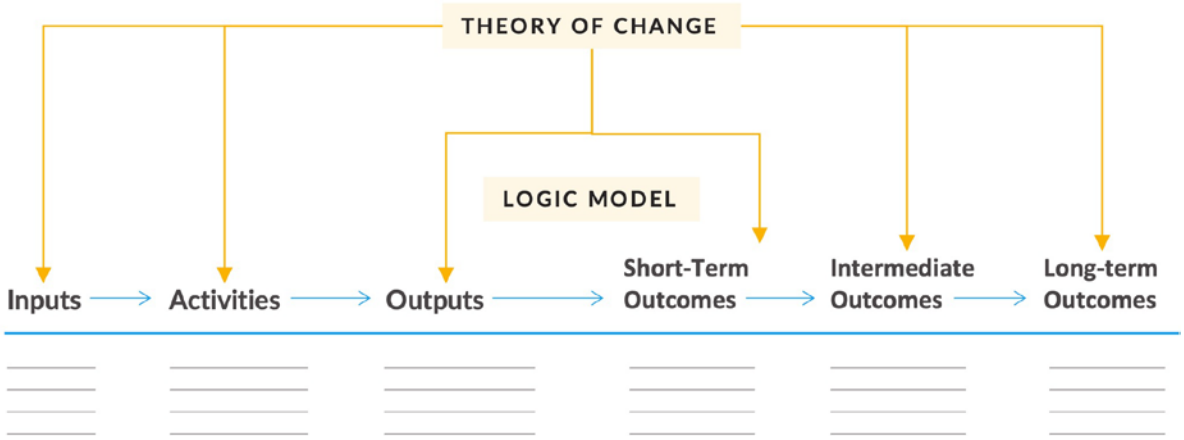
For example, the fictional theory of change we wrote above says that the KNP will offer navigation and mentoring services to kinship caregivers. We wrote that the long-term goal is for kinship caregivers to achieve financial well-being. But we also specify that after the program ends, we should see increased knowledge about services and supports like TANF, and in the intermediate term we should see an increased number of eligible families who receive TANF. By listing the short- and intermediate-term outcomes, we have provided the details an evaluator needs to test whether our thinking—our logic—is

correct. In other words, does offering families navigation and mentoring support first increase their knowledge, then increase the number of families who receive TANF, and then increase their financial well-being?

To create your own logic model, you'll first need to find a logic model template or create your own. As long as all elements are clearly described, you can either use a logic model that follows a traditional logic model format (figure 2) or get more creative. We expand on the elements of the basic logic model below.

FIGURE 2

Transforming the Theory of Change into a Logic Model



Source: Author's representation of how a theory of change connects to the creation of a logic model.

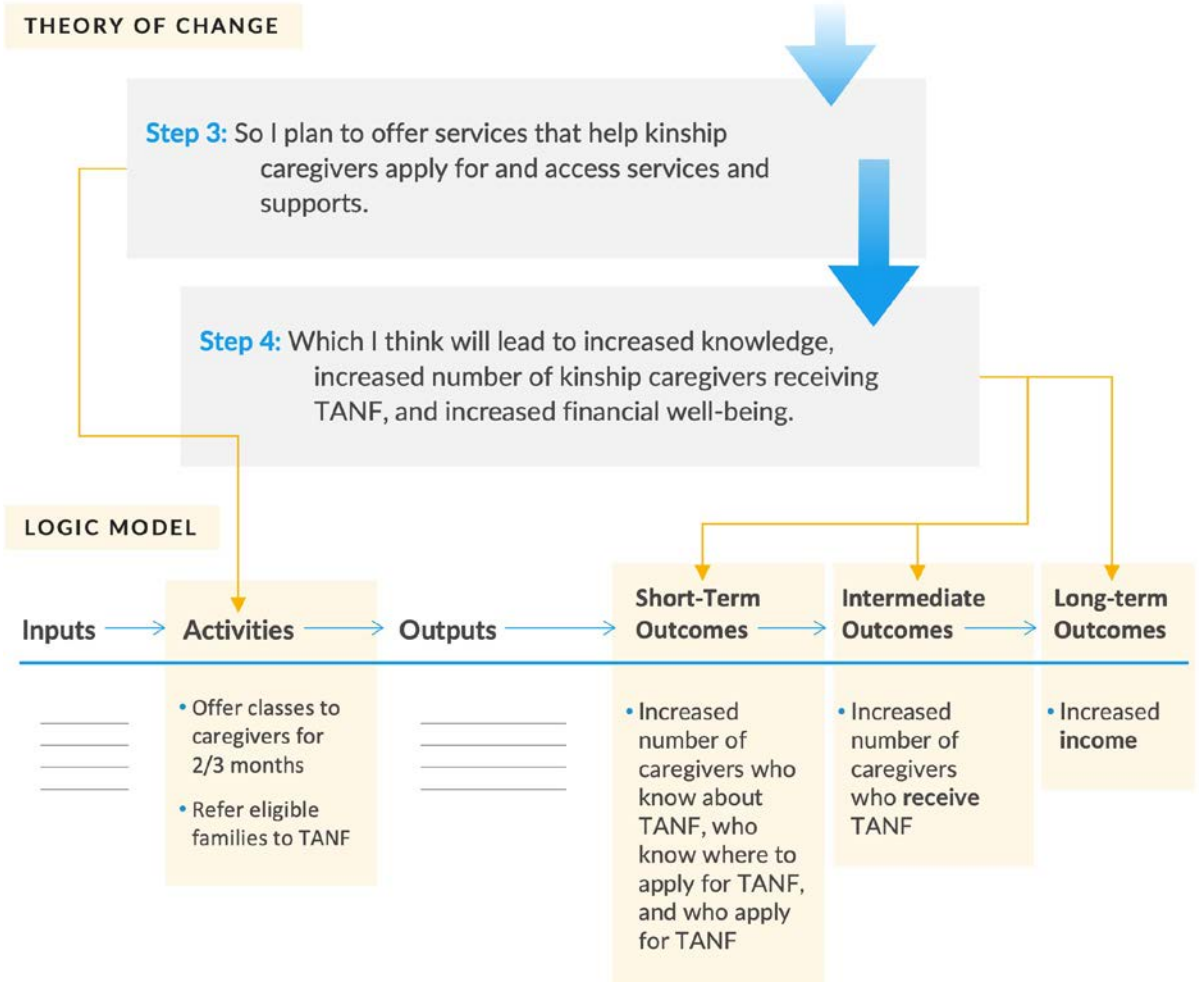
Writing Your Logic Model: Adding Activities and Outcomes

To get started, you will first put the activities (step 3) and outcomes (step 4) from your theory of change into the logic model. Be sure to expand on the theory of change by including more details about the specific activities you plan to offer and the short-, intermediate-, and long-term outcomes you expect. You could say whether you think an outcome will increase, improve, or decrease and list a specific measure you expect to see change in. For some outcomes, the measure might be whether something happened (e.g., kinship caregivers applied for TANF), and for others it might be a specific measurement instrument (e.g., decrease in stress as measured by the Parenting Stress Index).

We show you how to add activities and outcomes to a logic model using our fictional example in box 7.

BOX 7

Adding Activities and Outcomes to Your Logic Model: Example



Source: Author's representation of how theory of change steps 3 and 4 connect to elements of the logic model.

Writing your Logic Model: Defining Outputs

Next, you will add outputs for each activity your KNP offers. You can think of outputs as benchmarks of successful implementation. In other words, to test the logic model, an evaluator needs to know whether the activities were actually offered to kinship caregivers and families.

Ask yourself this question:

- How will I know if my KNP's activities are being implemented as I want them to be?

Each activity can have more than one benchmark. Benchmarks should be measurable (or detailed enough) that an evaluator can test whether the benchmark was met.

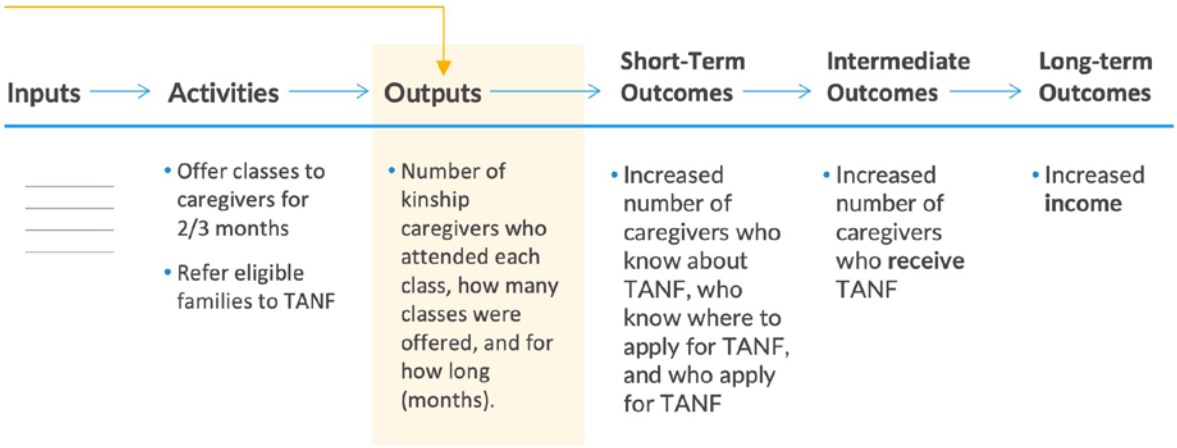
We show you how to add outputs to a logic model using our fictional example in box 8.

BOX 8

Adding Outputs to Your Logic Model: Example

How will I know if my navigation and mentoring services are being implemented as I intend them to be (classes are offered twice a month for three months)?

- I could measure whether the navigation and mentoring services are being implemented as I intend them to be by counting the number of kinship caregivers who attended each class, the number of classes that were offered, and how long classes were offered.



Source: Author's representation of where to measure services being implemented within a logic model.

Writing Your Logic Model: Defining Inputs

The next step is to figure out what inputs you need—that is, what resources you need—to accomplish the goals listed in your logic model. Inputs might include funding, staff, materials and equipment, and office space.

Ask yourself this question:

- What resources do I need to be able to offer my KNP's services?

You might consider things like staff, office or meeting space, financial resources, and partnerships with community organizations.

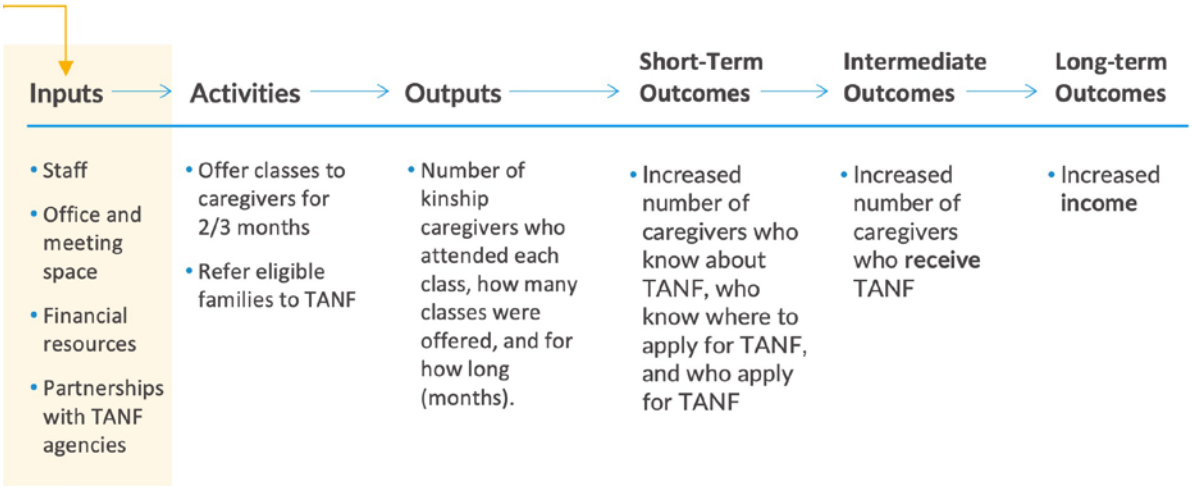
We show you how to add inputs to a logic model using our fictional example in box 9.

BOX 9

Adding Inputs to Your Logic Model: Example

What resources do I need to be able to offer my KNP's services?

- To offer kinship caregivers classes twice a month for three months and refer eligible families to TANF, I need to hire and pay staff, find office or meeting space, get financial resources, and form partnerships with agencies that administer TANF.

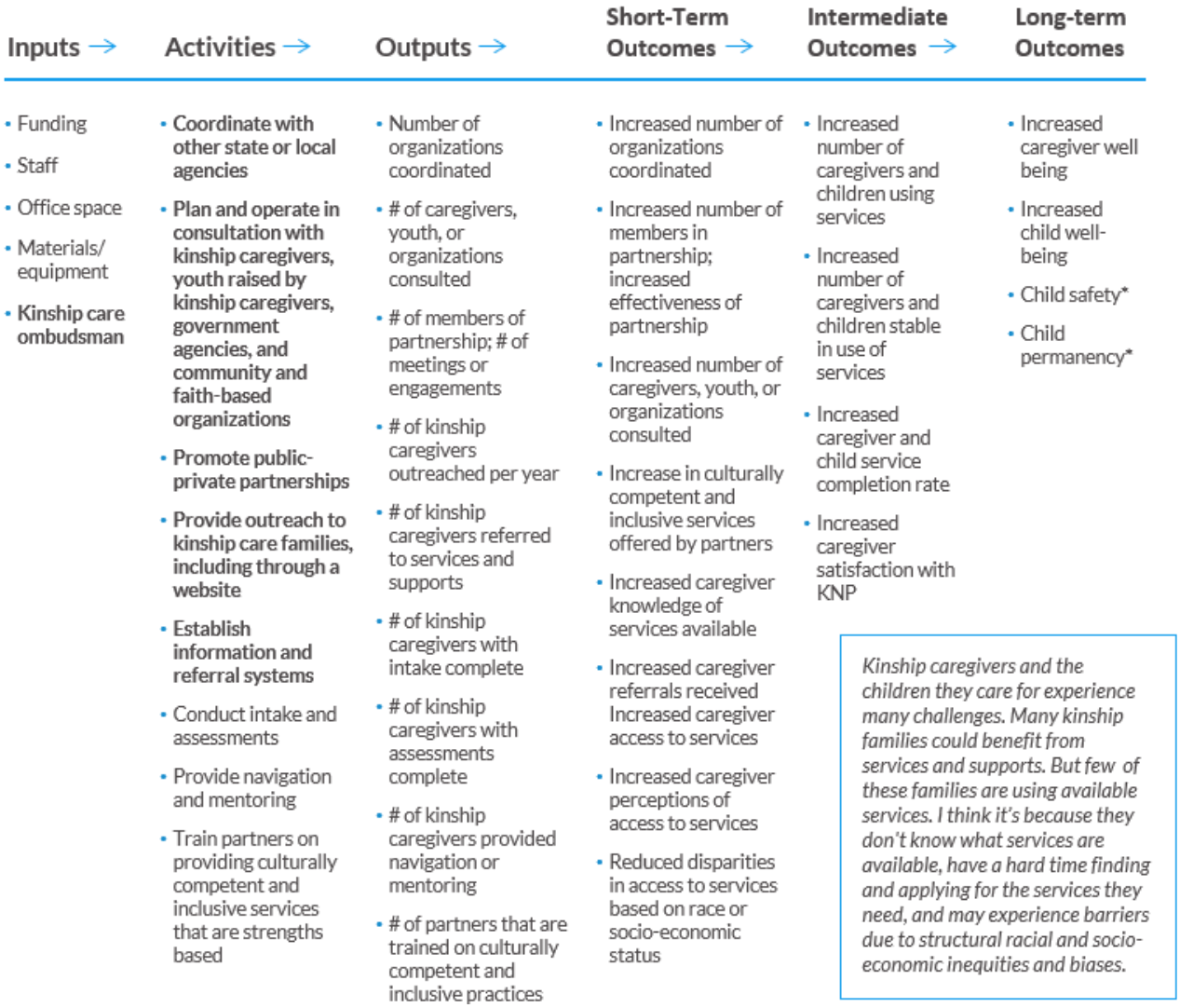


Source: Author's representation of where to add inputs within a logic model.

Box 9 shows you an example of a basic logic model. Throughout this guide we use only one example to describe how to develop your theory of change and logic model. However, we know most KNPs address multiple challenges. Because of that, they offer multiple activities and expect multiple outcomes for their programs. To support KNPs that implement other activities, we include additional examples for each step of the theory of change in the appendixes. In figure 3, we show you an example of a complete KNP logic model. You can use this example to help you see how to include multiple activities in one logic model.

FIGURE 3

An Example Logic Model for Kinship Navigator Programs



Source: Author's representation of an example logic model for a hypothetical Kinship Navigator Program.
Note: Inputs and activities in bold represent elements that are required or optional for Title IV-E reimbursement.
*Child safety and child permanency are outcomes that KNPs might choose to include in the logic model, as appropriate.

Using the Theory of Change and Logic Model to Prepare for Evaluation

A theory of change and logic model are important for developing and implementing your program. They provide a compass and road map to guide how the KNP works in the real world and, as such, provide an essential input to a strong evaluation. You should include your evaluator to collaboratively develop your KNP's theory of change and logic model. Evaluators understand where programs fail to find impacts because of flaws in the theory of change or logic model. They can help assure the key components of the program are well defined and adequately specified. Evaluators will then use the information in the theory of change and logic model to

1. select a study sample from the target population identified in the theory of change and logic model; and
2. develop research questions to test each assumption that connects activities and outputs to outcomes in the logic model.

Once you have developed a theory of change and logic model, and the evaluator has selected a study sample, and stated your research questions, the next step to prepare for evaluation is to

3. select reliable and valid measurement tools that quantify outputs and outcomes in the logic model.

It is best practice to include measurement tools and data sources that are reliable (measure the same thing consistently) and valid (measure what they say they measure). The Parenting Stress Index (Abidin 1990) is an example of a valid and reliable measurement instrument that measures parenting stress.

Some KNPs might wish to submit evaluation studies to the PSC, which allows KNPs to measure some outcomes using program data (versus reliable and valid measurement tools) (Wilson et al. 2019).

The outcomes you select may rely on the data you have access to (Rushovich, McKlindon, and Vandivere 2021). The type of evidence you use to evaluate outputs and outcomes could vary. It should be related to the outcome you're interested in. For example, to see if kinship families know how to navigate services, you may collect data directly from families. This information could be collected through interviews, focus groups, or a survey. To understand if families can access and use supports, you could look at service data that track families' enrollment and participation.

In appendix E, we provide example outcomes and potential data sources. Make sure that each outcome is based on your KNP's theory of change and target population. Otherwise you likely will not see positive results from an evaluation.

Next you are ready to develop an evaluation plan. Similar to other programs, there are four major types of evaluations that KNPs can use to test their theory of change and logic model:

1. Process evaluations examine the extent to which a program is operating as intended by assessing ongoing program operations and whether the targeted population is being served.
2. Formative evaluations are a type of process evaluation of new programs or services that focuses on collecting data on program operations so that needed changes or modifications can be made to the program in its early stages. Outcome evaluations are designed to assess the extent to which a program or intervention affects participants according to specific variables or data elements.
3. Impact evaluations are a type of outcome evaluation that focuses on the broad, longer-term impacts or results of a program.[9]

For more information on program evaluation, see **The Program Manager's Guide to Evaluation** *and* **Evidence Building Academy: Introduction to Evaluation for Program Administrators**.

If you are testing a new theory of change and logic model, you should begin with a formative evaluation and process evaluation. As you learn more about how your KNP works, you can work with an evaluator to design outcome and impact evaluations. Well-designed impact evaluations are necessary to determine your program's effectiveness. They are also necessary to have your program rated by a clearinghouse.

You may need to move back and forth between stages. A process evaluation might identify problems with the logic model. You would need to address the problems before moving to an outcome or impact evaluation. If an outcome evaluation does not find significant outcomes, you might need to revisit a process evaluation and look at how well your program is being implemented.

[9] US Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Office of Planning, Research, and Evaluation (OPRE), *The Program Manager's Guide to Evaluation, Second Edition* (Washington, DC: HHS, ACF, OPRE, 2010), , https://www.acf.hhs.gov/opre/report/program-managers-guide-evaluation-second-edition.

For more information on how to design program evaluations see **Ten Key Design Elements for Rigorous Impact Evaluations in Child Welfare: A Desk Reference for Evaluators** *(Brewsaugh and Prendergast 2022). For more information on how to write high-quality evaluation reports that meet clearinghouse standards, see* **A Guide to Writing High-Quality Evaluation Reports in Child Welfare** *(Prendergast and Brewsaugh 2022).*

Conclusion

To date, only one KNP has been shown to be effective through rigorous evaluation as determined by the Title IV-E PSC. Without evidence, KNPs are not able to ensure that their services support the well-being of kinship caregivers as intended. You can use this guide to develop a strong theory of change and logic model that connect program inputs, activities, and outputs with expected outcomes. You can use the example logic model we provide as a template for your KNP. You can adapt both documents as you progress through the stages of program development and evaluation.

Appendix A

In table A.1 we provide example observations you might consider when writing your theory of change. If you choose to include any of these observations, you will need to support them with evidence from your community. Statements that refer to specific target populations of kinship caregivers and families are noted in blue font.

TABLE A.1

Additional Step 1 Statements You Can Consider When Writing Your Theory of Change

	How Do I Know?	
I observe…	**Research evidence**	**Other forms of evidence**
Kinship caregivers and their families experience challenging dynamics.		I've seen kinship families I work with struggle to maintain the parent-child relationship, help family members form relationships, and transition to new roles (e.g., from grandma to primary caregiver).
Many kinship caregivers don't have enough financial resources to raise children.	Research shows that kinship caregivers may struggle to pay for things needed to raise kin children and meet their needs (CWIG 2016; Gleeson, Hsieh, and Cryer-Coupet 2016; Vandivere et al. 2012a, 2012b).	
Kinship caregivers may receive little to no support as they adjust to their new role.		I've heard from kinship caregivers that their arrangement happened unexpectedly, and some feel unprepared and/or aren't trained for their new role.
Caregiver's well-being is impacted by becoming a kinship caregiver.	Some research finds that kinship caregivers are stressed, have poor physical and mental health, and don't have social support (Gleeson, Hsieh, and Cryer-Coupet 2016).	
Children's well-being is impacted by the events that lead to the kinship caregiving arrangement or the transition to the new arrangement, or both.	Limited research says that children who are raised by kinship caregivers may have more problems with their behavior or health than children raised by biological parents (Vandivere et al. 2012b).[10]	

[10] Maltreated children raised by kinship caregivers tend to fare better and have fewer disruptions to their living situations than maltreated children raised by nonkin foster care caregivers (Winokur, Holtan, and Batchelder 2014; Xu and Bright 2018). However, differences in child characteristics and circumstances across groups can make comparisons difficult (Font 2015).

	How Do I Know?	
I observe…	**Research evidence**	**Other forms of evidence**
Kinship caregivers have a hard time keeping up with child welfare agency oversight and requirements.		Formal kinship caregivers must figure out the child welfare system and follow agency policies and court rulings, while voluntary and informal caregivers do not (CWIG 2016).
Some kinship caregivers have a hard time making decisions on behalf of their kin children.		I've heard from kinship caregivers that they have a hard time enrolling children in school, getting medical care for the child, and making other important decisions because they are voluntary or informal kinship caregivers who have different legal situations than formal caregivers (CWIG 2016).
Children often need support transitioning to the kinship arrangement.	Research shows that children who have experienced maltreatment may need more intensive support because of the long-lasting impacts of trauma (e.g., Felitti et al. 1998).	I've observed that the kinship children I work with are very different from one another. Some children have experienced child maltreatment. Some children may be separated from their siblings or other family members, and some might live in new neighborhoods or go to new schools.

Source: Author's representation of statements to consider when establishing step one of your theory of change.

Appendix B

Kinship caregivers and their families might experience challenges for a variety of reasons. In addition to the reasons discussed above, here we list example reasons you might consider when writing your theory of change. If you choose to include either of these reasons, you will need to support them with evidence from your community.

- Kinship caregivers may not know what services are available (Casey Family Programs 2018; CWIG 2018, 2019).
- **Structural racial and socioeconomic inequities and biases in the child welfare system (Dettlaff and Boyd 2020) and society could make kinship caregivers less likely to receive the services and supports they need (Rushovich, McKlindon, and Vandivere 2021).** The type of caregiving arrangement—and the events that lead to the need for the arrangement (e.g., report to child protection services, voluntary kinship decision)—often depend on whether preventive services are available or whether the family's financial means may allow them to avoid various systems. Communities vary in the types of services, financial supports, and other informal supports they offer that can help prevent the need for kinship caregiving arrangements and prevent the challenges faced by kinship caregivers. Kinship caregivers may (1) avoid public services and supports, (2) be discouraged from seeking services and supports, and/or (3) live in communities without access to services or supports.

Little research has explored why kinship caregivers don't access or use the services they need. However, Coleman and Wu (2016) found that researchers think there may be many reasons why people decide to seek services or ask for help. Some reasons include (1) caregiver characteristics (like age, education, and race/ethnicity), (2) caregiver stress and mental health, and (3) how caregivers think about the costs (e.g., limited resources) and benefits (e.g., preserving family ties) of kinship caregiving (Coleman and Wu 2016).

Appendix C

To provide you with examples of activities that KNPs might offer, we reviewed Section 427(a)(1) of the Social Security Act and final reports and evaluation studies from Family Connection grantees.[11] We list and describe common KNP activities below. If you choose to include these activities in your theory of change, you will need to make sure they are tied to the challenges and reasons you came up with in steps 1 and 2.

- **Outreach activities** may include developing and distributing flyers or other outreach materials, building and maintaining a website, community engagement events, and advocacy and public awareness activities.
- **Intake and assessment** refer to any activity families must complete during their time in the program to assess eligibility, fit, or need for services. These activities may include intake forms, interviews, home visits, or other assessments that families complete to be served by the program or to gain access to another service, whether from referral or self-selection.
- **Information and referral activities** give families general information and provide referrals to caregivers. These activities are short lived and are not considered to be sustained, personalized, and/or individualized assistance. Example services include having a telephone hotline or warmline available to caregivers to answer quick questions, providing online resource guides, referring out to other agencies to address familial needs (e.g., legal services, counseling), and offering information sessions.
- **Navigation and mentoring activities** are designed to help caregivers learn how to navigate the various components of the child welfare system, dependency, the adoption process, or other systems that help families meet general needs. These activities could be provided by staff associated with the organizations or by peer kinship caregivers who have experience navigating these systems. Examples include short-term case management, permanency support teams, basic navigation assistance with various service systems, peer-to-peer mentoring, and caregiver support specialists or programs.
- **Coordination activities** involve KNPs sharing information, coordinating, or aligning services with other agencies or organizations to reduce duplication of efforts or fragmentation.

[11] Included are 20 Family Connection grantees and one Title IV-E demonstration project. Not all activities or components stated in the statute may have been included the grantee documentation, so they could be absent in our discussion.

- **Partnership activities** occur when KNPs train, build relationships, and organize with public-private partners to increase their knowledge of the needs of kinship care families to promote better services for those families.
- **Consultation activities** involve KNP staff consulting with kinship caregivers and organizations representing them, young people raised by kinship caregivers, relevant government agencies, and relevant community and faith-based organizations in the planning or operation of the KNP.

Appendix D

In table D.1 we provide you with a set of short-, intermediate-, and long-term outcomes that you can connect to example activities from appendix C if you choose to include them in your theory of change. These outcomes are listed as groups of activities and outcomes, but you will need to connect each individual activity to a specific short-, intermediate-, and/or long-term outcome. This is not a full list of all possible outcomes.

TABLE D.1

Other Kinship Navigator Program Outcomes to Consider

Activities	Short-term outcomes	Intermediate-term outcomes	Long-term outcomes
▪ Provide outreach ▪ Learn about kinship caregiver needs through intakes and assessments ▪ Offer information and referral supports ▪ Provide kinship caregivers with navigation and mentoring support	▪ Increased knowledge of services (access to services) ▪ Increased ability to navigate systems (access to services)	▪ Increased service utilization (access to services) ▪ Satisfaction with services ▪ Reduced disparities in access to services based on race or socioeconomic status	▪ Improved ability to address family dynamics (adult well-being) ▪ Increased financial resources (adult well-being) ▪ Increased caregiver support in new role (adult well-being) ▪ Increased caregiver well-being (adult well-being) ▪ Improved child behavioral and health outcomes (child well-being) ▪ Child safety ▪ Child permanency
▪ Coordinate with other service coordination agencies ▪ Consult with individuals with lived experience and community organizations ▪ Promote public-private partnerships	▪ Increased coordination between KNPs and other organizations that connect people to services and supports ▪ The development or increased effectiveness of partnerships to support kinship caregivers and families ▪ Increased number of kinship caregivers and organizations that support them being consulted by KNPs ▪ Reduced disparities in access to services based on race or socioeconomic status		

Source: Author's representation of outcomes to consider when creating your KNP theory of change.

Appendix E

In table E.1 we provide you with a list of measures and potential data sources to consider for each short-, intermediate-, and long-term outcome from appendix D. This is not a full list of all potential measures and data sources.

TABLE E.1

Example Measures and Data Sources for Kinship Navigator Program Outcomes

Short-term outcomes

	Measure	Potential data source
Access to services	▪ Increase in how much kinship caregivers know about services available ▪ Increase in the percentage of caregivers referred to each service ▪ Increase in total number of referrals received by each caregiver ▪ Increase in caregivers' access to services ▪ Increase in how caregivers think about their ability to access services (e.g., Concrete Supports subscale of the Protective Factors Survey[a]) ▪ Reduced disparities in access to services based on race or socioeconomic status	▪ Caregiver survey ▪ KNP case management or service encounter data
Coordination	▪ Increase in the number of organizations engaged by KNPs to coordinate services	▪ KNP implementation data
Partnership	▪ Development of a partnership to support kinship caregivers and their families ▪ Increased effectiveness of a partnership to support kinship caregivers and their families	▪ Partnership member survey
Consultation	▪ Increase in the number of kinship caregivers, youth, and organizations representing them consulted by KNPs	▪ KNP implementation data

Intermediate-term outcomes

	Measure	Potential data source
Access to services: service utilization	▪ Increase in the percentage of caregivers and children using services ▪ Increase in total number of services used by caregivers and children ▪ Increase in caregiver and child service completion rate ▪ Increase in stable use of services and supports (such as reduced churn)	▪ Caregiver survey ▪ KNP case management or service encounter data ▪ Administrative data (e.g., TANF child-only payment receipt, Supplemental Nutrition Assistance Program, Social Security income)
Satisfaction with KNP	▪ Caregiver satisfaction with services received	▪ Caregiver survey

Long-term outcomes

	Measure	Potential data source
Child well-being	▪ Behavioral and emotional functioning ▪ Physical development and health	▪ Child assessments/survey ▪ Caregiver survey
Adult well-being	▪ Increase in family functioning ▪ Increase in capacity to meet the needs of family members ▪ Increase in economic stability ▪ Increase in mental/emotional health ▪ Increase in physical health	▪ Caregiver assessments/survey
Child safety	▪ Allegation of child maltreatment ▪ Substantiation of child maltreatment	▪ Child welfare administrative data
Child permanency	▪ Abusive or neglectful caregiving (e.g., Parent-Child Conflict Tactics Scales[b])	▪ Caregiver survey

Source: Author's representation of measures and data sources to consider when establishing the outcomes for your KNP.

[a] "Protective Factors Surveys," FRIENDS National Center for Community-Based Child Abuse Prevention, Children's Bureau, Administration for Children and Families, US Department of Health and Human Services, accessed October 1, 2021, https://friendsnrc.org/evaluation/protective-factors-survey/.

[b] Murray A. Straus, Sherry L. Hamby, David Finkelhor, David W. Moore, and Desmond Runyan, "Identification of Child Maltreatment with the Parent-Child Conflict Tactics Scales: Development and Psychometric Data for a National Sample of American Parents," *Child Abuse & Neglect* 22, no. 4 (1998): 249–70, https://doi.org/10.1016/S0145-2134(97)00174-9.

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