



Florida Guardianship Assistance Program Implementation Evaluation Final Report

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Executive Summary

To fulfill the objectives of § 39.6225 Fla. Stat. (2019) Guardianship Assistance Program (GAP) for an implementation evaluation, the Florida Institute for Child Welfare contracted with the University of Florida to complete the evaluation. The statute requires, at a minimum, that the evaluation include:

- 1) "Information about the perspectives and experiences of program participants, individuals who applied for licensure as child-specific foster homes or program participation but were determined to be ineligible, and individuals who were likely eligible for licensure as a child-specific foster home or for the program but declined to apply. The institute shall collect this information through methodologies including, but not limited to, surveys and focus groups.
- 2) An assessment of any communications procedures and print and electronic materials developed to publicize the program and recommendations for improving these materials. If possible, individuals with expertise in marketing and communications shall contribute to this assessment.
- 3) An analysis of the program's impact on caregivers and children, including any differences in impact on children placed with caregivers who were licensed and those who were not.
- 4) Recommendations for maximizing participation by eligible caregivers and improving the support available to kinship caregivers."

After one year of implementing the GAP, there were 22 cases closed to permanent guardianship and 1,508 Level 1 licensed homes on June 29, 2020. Three months later, on September 27, 2020, those numbers increased to 83 and 2,204 respectively. Among the caregiver respondents included in this evaluation, almost 80 percent reported having cases that remained open. This could be partially explained by the 2019 implementation (i.e., the short-time frame limited the number of caregivers who could potentially close to the GAP), as well as case plan delays related to the pandemic.

This evaluation report compiles data from five surveys and includes respondents who are Department of Children and Families (DCF, Department) regional and Office of Child Welfare (OCW) headquarter staff; child protective investigation staff; case management staff; licensing and program administrative staff, and caregivers. In addition, listening sessions were conducted with Level 1 licensed caregivers and caregivers who had cases close to permanent guardianship while in the GAP.

Similar key findings were noted across multiple respondent groups. Resources for the caregiver and child were overwhelmingly identified across the surveys for both staff and caregivers as the primary strength of the GAP. Resources include items such as financial assistance, medical benefits for the child, and tuition for the child. Staff also identified some strengths regarding process and policy, including the availability of licensing waivers to allow greater flexibility, specifically for minor non-safety waivers; the simplicity of Level 1 licensing process compared to other licensing levels; and the availability of funding to caregivers prior to adjudication of the child by the court.

The following is a summary of key challenges and recommendations:

The lack of statewide guidelines on the GAP referral processes contributes to confusion among staff, hinders staff collaboration, and results in permanency delays for children and sometimes the inability to close cases to permanent guardianship under the GAP. In addition, staff shared numerous concerns about the administrative process and policies related to Level 1 licensing and the GAP. The process was described as "burdensome", "tedious", and "repetitive".

Interestingly, most caregivers reported that, while the process was long, it was not difficult.

Recommendations: The DCF should identify the process steps for Level 1 licensing and the GAP. Creating a workflow diagram for staff to show process steps by position type and time frame will better clarify the necessary procedures. Roles and responsibilities for each position type should be included in the diagram. Since community-based care (CBC) lead agencies develop their own local referral process, the DCF should also create workflow charts by CBC lead agencies and regions to identify process efficiencies and inadequacies.

There is much confusion among staff regarding waivers for Level 1 licensing. While some staff appreciated the flexibility of waivers, several staff noted inconsistent application of waivers, no guidance, and concerns about safety issues. This confusion could lead to staff making decisions that could not only increase the risk of liability for the CBC agency and the state but, more concerning, place the child at risk for harm.

Recommendations: The DCF should reevaluate the waiver process and further examine staff concerns about safety issues. After evaluation of the process, the DCF should provide clear guidance on the acceptable use of waivers.

Some staff had not heard of the GAP prior to completing the survey for this evaluation. In addition, some staff who had heard of the GAP reported having not been trained on the GAP. Among those who had not been trained, a general theme of learning on the job emerged. In addition, staff consistently noted the need for additional trainings and requested hands-on application examples and role clarification and expectations.

Recommendations: The DCF should provide additional training by role of staff and DCF/CBC specific trainings with hands-on application examples that address role-specific information and responsibilities.

Staff are frequently obtaining and providing tangible resources to caregivers to meet the home study requirements for Level 1 licensing. The availability of resources is a challenge and can sometimes delay the licensing process which in turn, can delay permanency.

Recommendations: The DCF and CBC lead agencies should provide staff access to resources for caregivers. Exploring the possibility of using the one-time payment funds (up to \$2,000; non-recurring expenses) that are available to assist caregivers with the costs of establishing permanent guardianship will greatly enhance successful outcomes for these families.

Staff noted concerns about the evaluation of permanency options and sometimes saw adoption not being adequately considered before proceeding to a goal of permanent guardianship.

Recommendations: The DCF should clarify permanency options and requirements and provide guidance to staff to better facilitate implementation of the requirements.

The GAP promotional/informational materials that are shared with caregivers have inconsistent messages about the GAP and inconsistent branding, which contributes to confusion among caregivers.

Recommendations: The DCF should conduct message testing in order to develop a consistent and effective message. The DCF should develop a brand for the GAP and encourage more diverse communication mediums such as social media, video clips, or webinars to make the program more widely known.

Discussion and detailed recommendations are provided at the end of the report.

Introduction

Child welfare systems attempt to keep children in the care of their biological or primary caregiver in instances of substantiated maltreatment; however, there are situations that may call for the removal of the child from their natal home due to the level of safety concern. A kinship home, which may include fictive kin/non-family members who are familiar to the child, is the first priority and preferred placement type for children who enter out-of-home care, as kin provide connection and stability for a child during a tumultuous time.¹ In addition, states must prioritize kinship placement in order to receive funding from the federal government through the Title IV-E program.² Kin placements may take the form of a) informal foster care (no child welfare involvement); b) temporary guardianship (custody arranged with an attorney); c) voluntary kinship care (child welfare system is involved but the child is not considered a ward of the state); or d) formal kinship care (the child lives with family but custody belongs to the state).³ Consequently, there are different degrees of resources offered to kinship caregivers depending on their level of involvement and/or special training or certification within the state, and policies can vary from state to state.³

Most children start with the goal of reunification or a concurrent goal of reunification and adoption. Permanent guardianship is typically considered once there are no other viable permanency options that are deemed to be in the child's best interest by the court. Per CWIG (2018a),⁴ guardianship placements are frequently used in cases where:

- "The child has been in a stable placement with the caregiver for a period of time.
- The child is unwilling to be adopted.
- Parental rights cannot be terminated.
- The child continues to benefit from the relationship with the birth family.
- The caregiver is able and willing to provide a permanent home for the child but is unwilling or unable to adopt the child." (p. 2)

In the state of Florida, there are approximately 22,650 children living in out-of-home care.⁵ Nearly 44 percent of these children live in a kinship placement with an approved relative or non-relative, while the remaining children live in licensed foster homes (45%), group care (7%), residential treatment (1%), or some other type of placement (4%).⁵ Although children in out-of-home care, particularly kinship care, represent a relatively small group, the needs of both the children and caregivers warrant attention by policymakers and relevant stakeholders. Specifically, kinship caregivers often need

tangible or economic support in meeting the care needs of the child(ren) placed in their home; even more so than licensed homes for various reasons.¹ The purpose of this report is to describe the implementation evaluation of the Florida Guardianship Assistance Program,⁶ as dictated in § 39.6225, F.S. The specifics of the program are described below.

§ 39.6225 Fla. Stat. (2019) Guardianship Assistance Program⁶

The Florida Guardianship Assistance Program (GAP, 2019) provides monthly monetary compensation and access to other concrete resources to relatives and fictive kin to take care of children who meet one of the above-mentioned criteria. Specific benefits include:⁷

- "Increased financial support for the child in the form of guardianship assistance payments;
- Medicaid until the child reaches 18 years of age;
- Nonrecurring assistance to assist with reaching the goal of permanent guardianship for the child;
- College tuition exemption voucher [for the child], and
- Increased community-based supports for caregivers and children." (para. 2)

Although private guardianship arrangements can be made, they often come at a cost to families. Florida's Guardianship Assistance Program covers the legal fees and provides free training to caregivers who are seeking guardianship. Eligibility for GAP benefits may also be extended to young adults (up to age 21) who meet the program eligibility criteria.⁸ To participate, caregivers must obtain a Level 1 license, which in the state of Florida is specifically for relative and non-relative caregivers who have a prior relationship with a child and are seeking guardianship with that specific child.⁹ Other levels of licensure are for foster parents who did not have a prior relationship to a child or who obtain training to care for a child with specific or more intensive caregiving needs. If the caregiver maintains a Level 1 license for six months and the case then closes to permanent guardianship under § 39.6221 F.S.,¹⁰ the case is eligible for the GAP under § 39.6225 F.S. It is important to note that the average length of a case in the state of Florida is approximately 13 months (compared to the United States average length of 20 months).¹¹ This is reflected in this report, as the GAP started in July 2019 and there is a sizeable proportion of cases that are still open (almost 80% at the time data was collected), as evidenced by the responses from caregivers in this evaluation. However, pertinent information can be gleaned by examining both open cases and closed permanent guardianship cases.

Staff Survey Report

Data were collected using four Qualtrics surveys: 1) DCF regional and OCW staff survey (11 questions); 2) child protective investigation staff survey (18 questions); 3) case management staff survey (22 questions); and 4) licensing and program administrative staff survey (63 questions). The surveys included both open-ended and close-ended questions. The surveys were reviewed and approved by the Florida Institute for Child Welfare (FICW) and the DCF Office of Child Welfare (OCW), including the GAP committee that included CBC staff. The purpose of the surveys was to explore staff understanding of the GAP, confidence in explaining the GAP, access to the GAP materials, local processes for the GAP, and perceptions of the GAP including Level 1 licensing.

METHODOLOGY

There are staff in six DCF regions in addition to the OCW headquarters. The DCF regional and OCW staff survey and child protective investigation staff survey included unique survey links by region for each respective survey. The survey links were emailed to the DCF regional points of contact on June 24, 2020. The DCF regional points of contact distributed the child protective investigation staff survey to staff in their respective region. The DCF regional points of contact also distributed the DCF regional staff survey in their respective regions. The surveys closed July 31, 2020.

There are 17 community-based care lead agencies, and out of those, two CBC lead agencies (ChildNet and Eckerd Connects) have two contracts each for separate circuits. The CBC lead agency case management staff survey and licensing and program administrative staff survey included 19 unique survey links by CBC for each respective survey. The respective survey links were emailed to the CBC points of contact on June 24, 2020. The CBC points of contact then distributed the survey links to their respective staff groups (case management staff and licensing and program administrative staff). The staff surveys closed on July 31, 2020.

SURVEY RESULTS

Across all four staff surveys, a total of 1,123 surveys were completed. Respondents included DCF regional and OCW staff ($n = 36$), child protective investigation staff ($n = 331$), case management staff ($n = 612$), and licensing and program administrative staff ($n = 144$). Refer to Appendix A for additional information on sample response rates by location.

The Guardianship Assistance Program Processes

There are no statewide guidelines for how CBC agencies recruit caregivers for the GAP. For example, the CBC agencies establish their local processes for sharing information on the GAP with caregivers. Respondents were asked to share information about their local CBC processes. It is important to note that respondents may have shared incomplete information. Some staff were able to robustly articulate their processes for referring caregivers to the GAP, while others shared very little or no information on their processes. Some differences were noted in who introduces the GAP to caregivers, when and how information is shared with caregivers, what materials are shared with caregivers, and what information is shared with caregivers.

Who Introduces Caregivers to the Guardianship Assistance Program

Approximately 50 percent of the case managers who responded reported that they introduce the GAP to caregivers. Case management staff who do not introduce the GAP to caregivers reported that CPIs, licensing staff, and/or GAP staff introduce the program to caregivers. Almost 50 percent of the licensing and program administrative staff responded that they introduce caregivers to the GAP, compared to 24 percent who stated the case manager does this and 21 percent who stated the CPI provides the introduction.

When and How Information on the Guardianship Assistance Program is Shared with Caregivers

Approximately 50 percent of the licensing and program administrative staff who responded indicated that caregivers are first introduced to the GAP at or soon after the shelter hearing, followed by during Level 1 licensing. Almost 8 percent reported waiting until the goal changed to permanent guardianship and

3 percent waiting until after six months of Level 1 board payments are received. Approximately 7 percent reported that they did not know when caregivers are introduced to information on the GAP. Of the respondents who introduce caregivers to the GAP, over 50 percent introduced the GAP to the caregiver via the phone, 36 percent face-to-face at the caregiver's home, 8 percent a combination, 3 percent face-to-face at the respondent's office, and 2 percent via email.

Materials about the Guardianship Assistance Program Shared with Caregivers

Of the staff who had heard about the GAP, 59 percent of the child protective investigation staff and 65 percent of case management staff received formal materials such as brochures about the GAP to share with caregivers. Of those who received no materials, 77 percent of child protection investigation staff and about 80 percent of case management staff were not aware that the DCF had a brochure on the GAP. Most of the licensing and program administrative staff (78%) reported that their CBC agency provides formal materials on the GAP that can be shared with caregivers. The DCF GAP brochure was the most frequently mentioned material, followed by CBC agency specific information, and a resource guide. Child protective investigators indicated they were responsible for sharing the DCF brochure (66%) and information on eligibility requirements (34%) and payments (15%) with caregivers.

Process for Sharing Information about the Guardianship Assistance Program

CBC agency licensing and program administrative staff were asked to describe their CBC agency process for sharing information on the GAP with caregivers, as well as how they explain the GAP payment process to caregivers. Based on the responses, some similarities across some CBC agencies were noted. It is important to note that other CBC lead agencies may be sharing the GAP information with caregivers but failed to report it when completing the survey.

Process for Sharing Information with Caregivers

Similarities for the local process for sharing information on the GAP with caregivers were noted among some of the CBC agencies. Sixteen CBC agencies noted that a home visit is scheduled, at which point Level 1 licensing/the GAP are usually discussed. If they are not discussed during that first visit, they are discussed early in the child's placement. Eight CBC agencies noted that someone from the CBC (usually a Level 1/Kinship staff member) makes initial contact with the caregiver via phone within 48 hours. Four CBC agencies' processes include the CPI informing the custodian of the GAP program/Level 1 licensing at initial placement and/or submitting a referral to the CBC lead agency. Four CBC agencies noted that the GAP is further explained as the case progresses to permanent guardianship. One CBC agency noted that they do not want to overwhelm the caregiver and will only discuss the GAP if they feel the case will go to permanent guardianship.

CBC lead agencies differed in the level of detail they provided regarding how they explained benefits to caregivers. Those who expounded on their process shared varying techniques, such as highlighting to caregivers the purpose of the GAP to provide relative and non-relative caregivers with support, sharing all information about the GAP at the first meeting prior to sending over paperwork to the caregiver, and encouraging caregivers to contact the licensing specialist if and when the case goal changes to permanent guardianship. Some CBC lead agencies utilized a brochure in explaining this process, and some continued to discuss the GAP throughout the Level 1 licensing process. Some CBC lead

agencies indicated that they introduced or put further focus on the GAP at goal change to permanent guardianship when the child had been with a caregiver or non-relative for more than six months. One CBC lead agency sent both a letter and the GAP brochure once the family had been Level 1 licensed. Another indicated that the program was explained over the phone (instead of at the first home visit like most indicated) and then an email was sent with the Level 1 licensing packet, along with a link to the online training.

Process for Sharing Payment Information with Caregivers

Similarities in information shared with caregivers across CBC agencies included that when the caregiver qualified for Level 1 licensure, the caregiver would begin to receive board rate payments of \$333 per month starting from their license approval date for the specific child in their home, as long as the child remained in their home or until they turned 18. It was also explained to caregivers that if their case closes out to permanent guardianship, they will continue to receive the same board rate, as long as they had received Level 1 payments for at least six consecutive months prior to the permanent guardianship closure date.

Other information shared was also noted but not consistently across the CBC agency responses. Examples include:

- Explaining the differences between the GAP and relative/non-relative caregiver
- Explaining to caregivers that, as a Level 1 licensed home, they would not be required to cooperate with Child Support Enforcement against biological parents to receive the monthly board rate.
- Encouraging caregivers to participate in the temporary cash assistance while they wait to be approved for Level 1 licensure
- Explaining to caregivers that relative/non-relative caregiver funds would stop when the GAP payment started
- Discussing negotiation of rates at the time of permanent guardianship.
- Explaining that if the child was coming from a Level 2 placement, then the caregiver could continue the same board rate or negotiate a rate.
- Discussing/negotiating the payment the family would desire and, if appropriate, the process entailed if the caregiver wanted to request more funding than what they were currently receiving
- Going into details of what would be needed for the home study when discussing the placement.



Strength Themes of Level 1 Licensing and the Guardianship Assistance Program


Common strength themes across the surveys included benefits to the caregiver and child and process/policy strengths (Table 1). Staff across the surveys overwhelmingly noted benefits to the caregiver and children as a primary strength of the GAP. These benefits included financial assistance, which was most frequently reported, and other benefits such as Medicaid for the child, tuition for the child, extension of benefits for the child if qualifications are met, childcare funding assistance, long-term placement location where the child knows the caregiver, tangible resources, and agency support for the caregivers.

Process and policy strengths included the availability of licensing waivers to allow greater flexibility specifically for minor non-safety waivers, the Level 1 licensing process being simpler compared to

other licensing levels, and funding being available to caregivers prior to adjudication of the child by the court.

Table 1: Strength Themes of Level 1 Licensing and the GAP

	Theme—Strengths	f
	Benefits to the caregiver and child	240
	Process/policy strengths	34



"It definitely helps with the ability to care for the children in the home without the financial strain."




"I believe the strength is the benefit for the children who are often able to stay with people who already love them."

"It helps the family support the child and be able to provide health care and college tuition for the child they are now caring for."

Weakness Themes of Level 1 Licensing and the Guardianship Assistance Program

Common weakness themes by staff across the surveys included process/policy challenges, inadequate number of staff and collaboration among staff, caregiver challenges, the need for additional staff training, and evaluating permanency options (see Table 2).

Table 2: Weakness Themes of Level 1 Licensing and the GAP

	Theme—Weaknesses	f
	Process/policy challenges	163
	Inadequate number of staff and collaboration among staff	49
	Need additional staff training	37
	Challenges between staff and caregivers	37
	Evaluation of permanency options	16

"Like most new initiatives, there are procedural and process pieces that continue to be worked on and adjusted. I have also learned that the overall process has been relatively slow out of the gate in terms of licensing a lot level 1 homes. It appears with conversations around the region that the struggles are getting the information out to caregivers in the front lines with CPI and Case Management which in turns impacts licensing's ability to get the information and process the licenses timely."



"I think there needs to be more focus on ACTUALLY supporting these families. I am saddened that it is only about the numbers and not about actually helping these families. We are so overwhelmed with getting the homes licensed (high caseloads) that we cannot actually help the families with needs, support, or other things once they are licensed. It is way more than just giving them money."

"Also the flexibility and autonomy that we have given to our CBC partners over the years is valuable, but when the state is dependent on this process to back fill funds that are no longer available to us, we may need to have a stronger stance in the roll out and structure of their program details."

Staff shared various concerns about the administrative process and policies related to Level 1 licensing and the GAP. The Level 1 licensing process was described as "tedious and repetitive", "cumbersome" and "not as easy to license a family as was presented." Issues with time around policy/process were noted, including the length of time needed to license caregivers, as well as the need for caregivers to be licensed as Level 1 for at least six months prior to closing to permanent guardianship under the GAP, and the need to allow more time to implement the GAP before evaluating (i.e., the evaluation due date is mandated by § 39.6225 F.S.) Staff noted the need for waiver guidelines, as several staff felt that some issues, such as criminal backgrounds, crossed into safety issues. Staff noted that approving those types of waivers places a burden and unnecessary risk on them as an employee and could create liabilities for them, the CBC lead agency, and the state of Florida, as well as place the child at increased risk for harm. The DCF staff also described some discomfort with licensing caregivers who have criminal histories due to concern for child safety:



"I have also learned that level 1 licensing puts both the level 1 licensing staff at risk. I am expected to make decisions, issue licenses, and assume responsibility for individuals with criminal records that make me uncomfortable. In theory I believe it is a good program because it does offer additional supports to the caregivers but the liability of approving and licensing someone with a questionable criminal record is risky, even if the child is known to the caregiver."

"Lack of unity among regions in how they handle situations/what they waive/what they approve/etc. That get discussed on statewide calls and lead to confusion."

Other process challenges noted included: a lack of statewide consistency; FSN creates barriers for home studies; CPIs delay the licensure process; lack of understanding of staff roles; and knowing the distinction between levels of licensure. Additionally, some staff noted concerns about the adequacy of the GAP caregiver monthly financial benefit, as the amount is less than other licensure levels. Challenges in getting home studies and fingerprinting completed in a timely manner were noted by several respondents (e.g., multiple respondents cited using the sheriff's office for fingerprinting as a specific challenge). A number of participants identified that there were some (unspecified) programmatic changes to the GAP from the beginning of the implementation of the GAP to this evaluation, which caused some confusion about the details of the GAP, leading to challenges in communicating clearly with caregivers.



"There is a huge lack of communication and lack of unity regarding Level 1 licensing and GAP - from CBC staff, to CMOs, to CPIs, to state attorneys, to rev max staff, to regional DCF staff, etc. We have ironed out many issues along the way, but there seems to be a general lack of understanding of what the point of licensure/GAP is, how licensing and GAP are intertwined, the GAP process, why a case can't close out without GAP items being in place, differences in how DCF regions are handling it which causes confusion on statewide calls, etc. Training opportunities have been provided to all of these groups but it doesn't appear that those opportunities were taken full advantage of, or the people who attended didn't disseminate the info well, or just the general amount of turnover in this field has made it difficult to keep up with the dissemination of info and processes, I'm not sure."

"The state needs to revamp how fingerprints are done. It is a slow process and folks just don't seem to know what to do, how to do it, or where to get the results...it's frustrating. The reports generated need to be more focused on HOMES licensed rather than children - it takes the same amount of work to license a home with 1 child as it does a home that has 5 children placed and the numbers are becoming skewed. Allow staff to focus on their work rather than just making children a 'number'."

Some staff noted concerns regarding an inadequate number of staff dedicated to the GAP, and others noted that the GAP duties had to be integrated into existing positions that were already full-time positions. The lack of staff collaboration and communication among staff occurred frequently, resulting in permanency delays and sometimes the inability to close cases under the GAP. This highlights the importance of adequate staffing and collaboration among staff. For example, licensing and administrative staff noted permanency delays when not notified by the case manager of a goal change to permanent guardianship. Another communication concern noted was ensuring that the caregiver had received six months of payments as a Level 1 licensed home before closing to permanent guardianship, so the caregiver would be eligible for the GAP. In absence of collaboration, this has been missed. As a potential solution, one CBC agency noted having a shared Excel spreadsheet to track cases and progress. Respondents noted:



"There needs to be a greater understanding with case management staff on what Level 1 Licensing is and what GAP is. We are supposed to be a team for these families but often it feels we are "battling" to get case management to support our efforts."

"Biggest current barrier is case management trying to close cases before mandatory minimum 6 months licensure."

"There are a lot of delays just because of the various requirements for the license and this is not always communicated to the case manager. In the same breath, a case manager may move a child and not notify the Level 1 licensing staff because it such a new process."

"There has been mixed messaging throughout the year and any corrections or clarifications do not typically get to all of the necessary players at the same time or in the same manner."

"We are still learning all the requirements of the program and we will need more staff to be able to do the work."



"Nobody, from the highest level of CBC senior leadership down to the lowest ranking Kinship Navigator, actually understands the program."

"The reality is that most CPLs and case managers are still not aware of the details of the program. Since there are so many individuals discussing the program, there is often inconsistent or incorrect information provided."

"Recommend training for case managers and guardian ad litem workers to help assist licensing specialists with explaining GAP to the caregivers and to support the licensing specialists with the process."

"With turnover in the field, more training needs to be held with lead agencies and all subcontracted companies."

"Not many CBC staff know how level 1 works and how to complete the process."

Additional staff training needs were consistently identified across the surveys. These needs include specific trainings by staff type (i.e., case management and child protective investigator) due to limited staff awareness and understanding of the GAP. Waivers were noted as a specific area to cover in more detail in future trainings, as staff noted confusion and inconsistencies in applying waivers when licensing caregivers for Level 1. Trainings could also help to clarify staff roles and responsibilities as some staff noted uncertainty as to who should explain or address the GAP with caregivers.

All the DCF regional and OCW staff had heard of the GAP and 92 percent reported having been trained on the GAP, most frequently via a DCF in-person training. Overall, 75 percent of the child protective investigation staff had heard of the GAP, of which 57 percent had been trained on the GAP, most frequently via a DCF in person training. Almost all the case management staff had heard of the GAP, of which 54 percent of the case managers and 83 percent of the supervisors reported having been trained on the GAP, most frequently via a CBC agency specific training. For the CBC agency licensing and program administrative staff, 83 percent reported having been trained on the GAP most frequently via a CBC agency specific training. Across the surveys, most respondents who were trained on the GAP reported that they have a somewhat to complete understanding of the GAP and are somewhat to completely confident in their ability to explain the GAP. For those who had not been formally trained, a general theme of learning on the job emerged across the surveys. Staff respondents indicated:



"The importance of face to face training and allowing application during those trainings. Providing a variety of scenarios for the field to understand the different ways a child can get to GAP."



Participants noted challenges "getting the caregivers to buy into the program."

To participants, caregivers appeared "unmotivated and not committed."

Per § 39.621 F.S., evaluating permanency options should include ensuring that adoption is appropriately explored as a permanency option and is found to not be in the child's best interest before proceeding to permanent guardianship. Some staff reported that they were concerned that adoption appeared not to have been considered as a permanency option and cases were closed to permanent guardianship.



"Need clearer understanding on 'proof that in best interest to close permanent guardianship vs. Adoption' - what is proof really, I find that caregivers often just want to close the case and not go through termination of parental rights proceedings due to the complexity and time, but is that sufficient?"

"Seen several young sibling groups with requests to closure under GAP with little exploration as to why adoption was not explored further."

Strategies for Streamlining the Guardianship Assistance Program Process

Licensing and administrative staff were asked to describe strategies used for streamlining the local GAP process. Several CBC agencies used a mapping process or flowchart to walk team members through the process. Several indicated using a checklist or written process to make sure all eligibility criteria were met throughout the process. Templates or tip sheets were sent to case management to ensure appropriate language was included in permanent guardianship case plans. Tracking logs or spreadsheets were frequently used to keep track of families. Notifications of placement by both CPLs and case managers were frequently tracked through email and/or internal referral processes. Another CBC agency mentioned non-participation forms for caregivers who elected not to participate in the GAP, as well as entering the information into a tracking sheet and uploading the form to FSFN. One CBC agency used fillable forms for the GAP referrals.

Communication and collaboration among staff are critical to the GAP process, and, as noted above, were a frequent challenge identified across the surveys. Strategies noted to address this include:

- Continually remind case managers about the GAP and the importance of communicating goal changes.
- Establishing a single unique email address for tracking all referrals.
- Contacting Children's Legal Services once the goal is changed to ensure they are aware of the GAP request and follow up with uploading the permanent guardianship case plan and final court order
- Working closely with their RevMax department throughout the GAP process.
- Having designated GAP staff who work with the caregivers directly and others who conduct background checks, review documents and forms, and ensure the home study is complete and ready for submission. A team approach is employed.

Caregiver Barriers to Applying for the Guardianship Assistance Program

Across the surveys, the most frequent barrier for caregivers to apply for the GAP was the complicated process that overwhelmed caregivers, followed by caregivers stating that they did not need the additional resources. Caregivers also did not understand how the GAP would help them. Other identified barriers include communication issues between caregivers and staff, disqualifying legal offenses by the caregiver, caregivers' loss of other governmental benefits if they apply, concerns over relationships or interactions with the biological parents, and concerns about biological parent child support enforcement. In addition, staff noted some caregivers were only interested in adoption.

Reasons for Ineligibility among Caregivers who Applied for the Guardianship Assistance Program

Across the surveys, the most frequent ineligibility reason identified by staff for caregivers who applied for the GAP was denial of applications due to criminal background or unwillingness to be fingerprinted. Other reasons for ineligibility include home study issues, such as not having enough available sleeping spaces, standards of the home, low income, and items needed, such as a ladder for a second story, trash can lid, and radon test. Receiving less than six-months of Level 1 board payments was also noted. Additionally, Social Security benefits including supplemental security insurance (SSI) benefits for the child were noted as reasons for ineligibility.

Resources Provided to Caregivers and Non-Safety Waivers

Licensing and program administrative staff were asked about resources provided to caregivers and non-safety waivers issued so that the caregiver could pass the Level 1 licensing home study. More than half responded that they always or often provided tangible assistance to caregivers to help them qualify for Level 1 licensing. The most frequently reported items were related to sleep resources such as cribs, beds, mattresses, and bedding, as well as fire extinguishers. Almost 45 percent of the respondents often or always waived non-safety licensing requirements, such as sleeping arrangements, fire extinguisher size/tag/inspection date, and water testing results.

Resources Needed to Better Serve Caregivers

Licensing and program administrative staff were asked what resources were needed to better serve families. Themes identified included tangible items such as fire extinguishers, carbon monoxide detectors, boxes and locks for medicine and chemicals, escape ladders for second stories, door and window alarms, and beds. Other themes included financial resources for childcare overages and other childcare such as camps and after school programs. In the words of the respondents:

"It would be GREAT if the state would put into budget and give to each CBC to be able to buy: Fire extinguishers, smoke or carbon monoxide detectors, boxes and locks to put medicine and chemicals in, escape ladders, door and window alarms, beds. Maybe even a clothing allowance for the older children who are picky about have second-hand clothes."

"Funding for fire extinguishers, safety locks, smoke detectors, first aid kits, diapers, etc. It is very difficult to tell a caregiver that we want to help but they have to invest more money than they already are to get the home licensed. Not all of our requests are honored by XXXXX and we often have to hustle to figure out where to get them."

"Funds for purchasing these items for families (ideally each licensing specialist would have a stock of the key items in their car with them to provide to families automatically at the first visit —locks, alarms, thermometers, etc.)"

"Getting resources faster to help families in need. Case manager or CPI place children in houses that do not have bed for the children, but GAP requires a bed for each child, and it can take weeks for us to provide it to them in order to qualify for the program."

Additional staff, including staff dedicated to the GAP, would be beneficial. Process and policy changes were suggested, including less paperwork, less complicated referral process, and a better way to track all cases with the goal of permanent guardianship. A need was identified for more informational materials on the GAP to share with caregivers, such as an introductory video that explains "everything", detailed information on tuition waivers, and brochures or fact sheets. Training needs include more ongoing training and specific trainings for both case management and child protective investigation staff.

Caregiver Survey and Listening Session Report

The caregiver Qualtrics survey included 50 questions. The listening sessions included 28 questions and were conducted for three CBC lead agencies. Due to low participation in the listening sessions, a listening session survey that included identical questions from the listening session was distributed to caregivers in those three CBC

lead agencies. Open- and close-ended questions were included in the surveys and the listening sessions.

The purpose of the survey and listening session was to collect information on caregivers' perceptions and attitudes towards the GAP and their feelings about the impact it had on them as caregivers, as well as the children in their care. The listening sessions and listening session survey were also used to evaluate brochures used by the three CBC agencies (results are in the [communication materials section](#)).

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Caregiver Survey. The caregiver survey included 19 separate survey links by CBC agency. The caregiver surveys links were emailed to the DCF in an Excel spreadsheet on June 17, 2020. The survey links were distributed by the Department via mail or email, depending on the availability of email addresses for caregivers. The DCF indicated that they only had email addresses available for Level 1 licensed homes and the GAP homes. The Department added the survey links to a letter and mailed or emailed the letters to caregivers on July 2, 2020. It was discovered on July 7, 2020, after receiving phone calls from caregivers, that the survey link address was illegible on the mailed letters because the hyperlink to the survey was underlined, making it difficult for participants to see the underscores in the survey link address. A corrected letter was mailed to caregivers on July 24, 2020, by the Department. The survey closure date was extended until August 14, 2020.

Caregiver Listening Sessions and Listening Session Survey. Three CBC lead agencies were chosen to participate in the listening sessions and subsequent listening session survey because they had the largest number of Level 1 licensed caregivers and cases closed to permanent guardianship under the GAP at that point in time. The CBC lead agencies were Children's Network of Southwest Florida, Eckerd Connects - Circuit 13, and Embrace Families. The guide utilized in the listening session was reviewed by a panel of experts consisting of faculty from the Department of Family, Youth, and Community Sciences at the University of Florida and the Florida Institute for Child Welfare. The listening session survey was based on the listening session guide. The listening sessions were audio recorded and observational notes were taken. The listening sessions were transcribed. The listening sessions and the in-depth surveys were analyzed for emergent patterns. Each pattern of response is supported by participant quotations.¹

Data were collected through mixed methods to increase participation. First, a virtual listening session invitation was sent to potential participants by the DCF on September 25, 2020 and a reminder was sent on October 6, 2020. The survey link was sent to 148 Level 1 licensed caregivers and 3 GAP caregivers at Embrace Families, 129 Level 1 licensed caregivers and 4 GAP caregivers at Eckerd Connects-Circuit 13, and 122 Level 1 licensed caregivers and 3 GAP caregivers at Children's Network of Southwest Florida. The listening sessions were held October 5 through October 8, 2020. Due to low participation in the listening sessions, the listening session survey link was sent to caregivers on October 9, 2020, and the survey was in the field from October 9 through October 27, 2020. A reminder was sent on October 19, 2020.

SURVEY RESULTS

The caregiver survey included 372 respondents. Refer to [Appendix B](#) for additional information on sample response rates by CBC lead agency. Most respondents were relative caregivers (66%)

while 32 percent were fictive kin caregivers and 2 percent noted other unidentified type of caregiver. See Table 3 for details about the most common caregiver demographic characteristics, Table 4 for the most common spouse/partner demographic characteristics, and Table 5 for information about reported household income.

Table 3: Caregiver Survey—Most Common Caregiver Demographic Characteristics

Demographic Characteristic	Most Common Caregiver Response	f	%	M
Marital Status (n = 365)	Married	202	56.7	
Gender (n = 365)	Male	38	10.7	
	Female	317	89.0	
Age (n = 351)	20-39 Years	92	26.2	48 years (SD = 11.81)
	40-69 Years	248	69.8	
Race (n = 351)	White	252	71.8	
	Black or African American	66	18.8	
Ethnicity (n = 349)	Not Hispanic, Latino, Spanish Origin	291	83.4	
Education (n = 355)	High School Diploma/GED	104	29.3	
	Associate's Degree	61	17.2	
	Bachelor's Degree	80	22.5	
	Master's Degree	40	11.3	
	Doctorate	7	2.0	
Employment Status (n = 372) (select all that apply)	Employed Full-Time	191	51.3	
	Unemployed	20	8.9	
	Retired	33	14.7	
	Self-Employed	28	12.5	

Table 4: Caregiver Survey—Most Common Caregiver Spouse/ Partner Demographic Characteristics

Demographic Characteristic	Most Common Caregiver Response	f	%	M
Gender (n = 224)	Male	195	87.1	
	Female	29	12.9	
Age (n = 221)	20-39 Years	45	20.4	50 years (SD = 11.81)
	40-69 Years	167	75.6	
Race (n = 222)	White	175	78.8	
	Black or African American	34	15.3	
Ethnicity (n = 221)	Not Hispanic, Latino, Spanish Origin	188	85.1	
Education (n = 224)	High School Diploma/GED	89	39.7	
	Associate's Degree	32	14.3	
	Bachelor's Degree	40	17.8	
	Master's Degree	15	6.7	
	Doctorate	7	3.1	
Employment Status (n = 224) (select all that apply)	Employed Full-Time	139	62.1	
	Unemployed	20	8.9	
	Retired	33	14.7	
	Self-Employed	28	12.5	

¹ Grammar and punctuation within the quotations appear as transcribed and may therefore not be grammatically correct. This is common practice for focus group methodology to maintain the credibility of the statements.

Table 5: Caregiver Survey—Household Income

Household Income	f	%
Less than \$20,000	39	11.3
\$20,000 to \$49,999	128	37.2
\$50,000 - \$74,999	71	20.6
\$75,000 - \$99,999	39	11.3
\$100,000 - \$149,999	43	12.5
\$150,000 - \$199,999	14	4.1
\$200,000 or more	10	2.9

Forty-three caregivers participated in the **listening session and listening session survey**. There were 18 participants from Children's Network of Southwest Florida, 15 participants from Eckerd Connects-Circuit 13, and 10 participants from Embrace Families. See Table 6 for participant demographic characteristics.

Table 6: Listening Session and Survey—Participant Demographic Characteristics

Characteristic	Participant Responses	%
Gender	Female	93.0
	Male	7.0
Age	35-54 Years	63.0
Race	White	72.0
	Black	23.0
Ethnicity	Not Hispanic, Latino, Spanish Origin	88.0
Relationship with Children in Participant's Care	Relative	65.0
	Fictive Kin	19.0
	Other	16.0

Number of Children

Most caregivers had one child (62%) placed with them at the time of the survey; 23 percent had two children; 9 percent had three children; 4 percent had four children; and 2 percent had five or more children. Approximately 61 percent indicated that they were the children's first placement outside of their home of origin.

Case Status

Of those caregivers who were eligible for Level 1 licensing at the point in time that the survey was completed, 15 percent indicated that their case closed to permanent guardianship, 6 percent did not close to permanent guardianship, and 79 percent of cases were still active.

Initial Contact with the Guardianship Assistance Program

Most caregivers had heard (84%) of the GAP and the remaining 16 percent had never heard of the GAP until receiving the survey letter from the DCF for this evaluation. Of those who had heard of the GAP, almost 50 percent of the respondents first heard about the GAP when the child was initially placed with them. Fifty-six percent first heard about the GAP from the caseworker, 22 percent from the CPI, 10 percent named a specific CBC agency or staff member but failed to identify the staff member's position title, 3 percent from the Guardian ad Litem (GAL) volunteer or GAL attorney, and 6 percent

were unsure of who told them about the GAP. The remaining 3 percent stated that they learned about the GAP "by doing their own research" or from a relative. The majority (75%) had information on the GAP verbally explained to them, 15 percent only received a brochure on the GAP, 2 percent received both a verbal explanation and a brochure, and 8 percent had the program presented to them in some other way, including via email, in application paperwork, or via personal research. Overall, these results were consistent with those found in the listening sessions and listening session survey.

Perceptions about the Guardianship Assistance Program Information Presented

Listening session and listening session survey participants were asked if they felt the information presented to them about the GAP was understandable, useful, and adequate for them to decide about whether to apply for the program. Overall, most participants from all three CBC agencies found the information provided to them to be understandable (98%), useful (91%), and enough information for them to decide about whether to apply for the GAP (79%). However, some participants did express some confusion about the difference between the GAP and becoming a foster parent and believed the GAP was just a mandatory part of the process of gaining custody of the child/children. Additionally, some participants expressed that they had not received any information, or the information process was rushed, and they still did not understand the GAP nor their status within the program.

One caregiver noted: *"Be more clear on assistance programs and help guidelwalk through the process for those of us not knowledgeable of any help. Situations may be the first time we have dealt with issues/situations such as this."*

Another caregiver noted: *"Explain the next steps in the process and to help guide new families better in the process and use words that we understand and not abbreviations of words. A better understanding of how to do the paperwork and who needs to do it."*

Pursued the Guardianship Assistance Program

The majority (87%, $n = 310$) of caregivers who heard about the GAP reported that they had pursued the GAP. See Table 7 for details about caregiver motivations and reasons for pursuing the GAP. Of those who pursued the GAP and applied for Level 1 licensing, the majority (90%) were eligible. Almost 80 percent of cases remain open (possibly due to the 2019 implementation of the GAP and delays related to the pandemic). All listening session and listening session survey participants applied and were found eligible for the GAP.

Those who did not pursue the GAP (13%, $n = 40$) noted that they were ineligible (28%), did not need extra support (13%), did not want other foster kids (10%), had experienced delays due to COVID-19 (8%), had other reasons (28%), such as deciding to adopt or complicated process/too much work, or gave no reason (13%).

Awareness of the Benefits of the Guardianship Assistance Program

Caregivers who did not pursue the GAP indicated varied levels of awareness of the benefits of the GAP (see Table 9 for additional details). Overall, these results are consistent with those found in the listening sessions and listening session survey where most participants from all three CBC agencies knew the child would be eligible to receive \$333 paid to guardian on a monthly basis until the child turns 18 years old as long as the guardian has custody of the

child (88%), Medicaid coverage up until the age of 18 (91%), and free tuition at any public college, university, or trade school in the state of Florida up to age 28 (79%).

Table 7: Caregiver Reasons/Motivations to Pursue the GAP

Pursued the GAP	Reason/Motivation	Quote
Yes (87.1%)	Motivated to Help the Child/Children Placed in their Care	<i>"Children need all advocates they can get. We are fiercely protective of children and welcome any help to protect them."</i>
	Financial Assistance and Resources/benefits for the child	<i>"The probability of getting permanent guardianship of the oldest grandchild and knowing we could not afford to raise her without assistance: medical coverage, college tuition. We are retired."</i> <i>"I initially had 3 children placed with me. The cost to get them everything they needed was a lot. I was motivated to apply for GAP to get assistance for the children and the college education they deserve."</i>
	Permanent Guardianship	<i>"I was motivated to apply because my husband and I wanted to do permanent guardianship of my grandson as opposed to adoption since we realized we were going to have him longer. I wanted his parents to be able to get him back if they get their life together."</i>



"There was a lot to learn. It was time-consuming but important. The parents of these children should take the same classes to help understand the trauma children experience and how that shapes their behavior, learning, everything was easy as our representative was wonderful and extremely helpful. (Name redacted) guided us with any question that we had."



"I thought it was somewhat difficult due to the fact that I have [a number of] adult children that still live at home with me and it was hard for them to go [get] fingerprinted. Also, a lot of information was needed at the time but now I understand that it was necessary."

"I would say it was very time consuming. Some of the information seemed repetitive to the information that I had just given to CPI...that was aggravating to me. The requirement for papers to be notarized was also aggravating, as it's not free. Doing another home study seemed unnecessary as CPI had just done one. I don't understand why some information can't be shared and not redone. I got through it, only because my licensure person was very understanding of my frustrations and encouraging. Difficult would be what I would say."

Licensing Level 1 - Positive Aspects of the Process

Listening session and listening session survey participants were asked what some of the positive aspects of the Level 1 licensing process were. Participants had a variety of responses, which included the benefits gained for the child, the access to resources, the convenience of online classes, the knowledge attained, the support received, ease of the process, pride in being able to earn a license, and the focus on safety of the child/children. The following quotes are examples of the patterns of responses around this discussion:

Table 8: Caregiver Awareness of Benefits for Those Who Knew About the GAP but did not Apply

Benefit	% Aware	% Not Aware
Monthly Payment Assistance	77.1	22.9
Medicaid Benefits	71.4	28.6
Tuition Exemption	57.1	42.9

Level 1 Licensing – Perceptions about Process

The majority (63%) of caregivers reported that the Level 1 licensing process was not difficult. Patterns that emerged from participants included experiencing helpful caseworkers, the process for Level 1 was like Level 2 licensing, and that the experiences were generally positive. Challenge patterns included communication issues with staff and that it was a lengthy process. Overall, these results were consistent with those found in the listening sessions and listening session survey, where most participants from all three CBC agencies perceived the process to be easy. A few participants found the process to be somewhat difficult due to it being lengthy and requiring a lot of information that sometimes had previously been provided. Quotes that exemplify the patterns of responses around this discussion include:



"Positive aspects is you get to learn different aspects about raising children and make sure they feel a part of [the] family and how to deal with different emotions kids experience, because it's all new too them also."

"I had not had a toddler in our home in a few years and through the process it helped [make] our home a safer environment."

"The online classes allowing flexibility, and whatever we fell short of meeting...the expectations of the program, they were able to supply."

"I think the positives of Level 1 are helping the families support an additional child, and giving them the medical care they need, and the scholarship program is an amazing opportunity for these babies."

Licensing Level 1 - Negative Aspects of the Process

Participants in the listening session and listening session survey were asked what some of the negative aspects of the Level 1 licensing process were. Several participants said there were no negative aspects they could think of. However, those participants who felt there were negative aspects had a variety of responses which included length of the process, lack of communication and knowledge throughout the process, insufficient funding assistance, invasiveness of the process, and repetitiveness of the process. The following quotes are examples of the patterns of responses around this discussion:



"I think the negative aspects just come from the pressure to get things done and I don't feel like there is flexibility. It is on their terms and I have a chronically ill daughter and life is unexpected. I felt very pressured to get my home ready for the inspection which may seem small as my home is very safe. The added pressure or timeline doesn't work with everyone's schedule."



"The foster care system in general has a weak link in communication...if there is a case file then why does everyone call me to ask me questions that the case file already has in it??? I also feel as if too many hands are in the pot for the case and therefore nothing really gets accomplished."



"Everyone in the [agency name] CBC knows that I work in a school and have bad reception during the day so the best way to communicate with me is by text but they call and I never got messages or a missed call notification so I missed important things I needed to know. Due to that I almost got exited out of the program before even starting it."

"[CBC name] persons weren't up to speed on Level 1. Agencies working thru [CBC name] 'never heard of Level 1'. I don't specifically remember situations but time and time again we heard that. Switching from relative care funds to these funds was a joke. We were getting \$ from both. We reported to the Level 1 worker several times who reported to her supervisor. Finally, I made 3 phone calls to the relative care program who stated it was their mistake and they would not take back what we had been paid but it would stop immediately. We had not spent the relative care funds to that date but then did. We, of course, later had to pay it back...We were advised we had been officially licensed probably a month after it took place and then did not receive any paperwork for several weeks after that."

Child's Visitation with Biological Parents

The majority (67%) of caregivers reported that the children had weekly supervised parental visitation. The visits were most frequently supervised by the caregiver (70%). When asked about the impact of visitation on the caregiver, themes included no or minimal impact, overall positive impact such as it gives the caregiver a break and positive parent/child interaction, and negative impact, such as feeling inconvenienced, uncomfortable or emotional,

seeing behavioral changes in children, struggles with parent/child engagement, and feeling that visitation is frustrating or disruptive.

Level 1 licensed caregivers with children who had parental visitation were asked to describe how visits impacted their decision to move forward with the GAP. The majority (58%) of caregivers reported that visitation had no to minimal impact on their decision to move forward with the GAP and 21 percent said visitation had a positive impact on their decision to move forward with permanent guardianship and the GAP.

Perceptions of Child's Adjustment Since Placement

Caregivers who were aware of the GAP were asked how the children have been adjusting regarding areas such as emotional well-being, behavioral problems, school performance, or other important aspects of their well-being, compared to when they were initially placed with the caregiver.

The caregiver survey results were examined based on whether the caregiver was licensed Level 1 or not licensed Level 1. The majority (81%) of Level 1 licensed caregivers reported that the children were doing better since being placed with them, 5 percent reported worse, and 13 percent reported no change. Similarly, 80 percent of caregivers who are not Level 1 licensed reported that the children were doing better since being placed with them, 9 percent reported worse, and 11 percent reported no change. All the participants in the listening sessions and listening session survey reported that the children in their care had adjusted well compared to when they were first placed in their home. Participants described positive progress in emotional well-being, behavioral problems, school performance, and physical well-being. The following quotes are examples of children's positive progress as noted by their caregivers in this discussion:



"[The children are doing] much better now that they have a stable home with emotional, physical, and school support system. They have been removed from a space where additional traumatic experiences could occur."


"The child is being visited by his caseworker and therapist weekly. He is learning life skills. When he first came to us, he could not make his own bowl of cereal. He has learned how to put his own belt on. He is helping in the kitchen and meal preparation as well as laundry."

"They are doing much better. It was very hard at first, but with routines and a sense of security, they are all showing confidence and demonstrating initiative in daily activities and education."

Ways the Guardianship Assistance Program is Most Helpful to Participants

Participants were asked how the GAP was most helpful to them as the child/children's guardian. Participants gave a wide range of ways the GAP was most helpful to them, but the main aspect was the financial assistance benefit the program provides. Other ways mentioned by participants included the medical and college benefit the program provides, the general support the program provides in meeting the needs of the child/children, the access to resources, the assistance provided throughout the permanent guardianship process, the follow-up from staff to check on the status of the


children, and the knowledge provided by the program during the licensing process. Three participants expressed they did not feel the GAP was helpful to them in any way. The patterns are consistent with the caregiver survey. The following quotes are examples of patterns of responses around this discussion:



"The financial support is an added bonus, I learned a lot about the process in the Level 1 certification class, and our [Guardian ad Litem] GAL is incredibly supportive to us during this process."

"Medical care has helped get the children healthy and caught up on vaccinations. Counseling has helped the 11-year-old. The monthly stipend has helped with clothing and expenses as well as activities for the children."


"Not only the monthly stipend [is helpful], but the assistance with proper bedding for the kids, has been an absolute blessing to me and the kids."



"They check-in with me regularly and visit frequently to check on the kids and to see if I have any concerns [or] need anything."


Ways the Guardianship Assistance Program is Least Helpful to Participants

Participants were asked how the GAP was least helpful to them as the child/children's guardian. Of the listening session and listening session survey participants, 60 percent indicated there was no way in which GAP was least helpful to them. Of the participants who did mention ways GAP was least helpful to them, issues with communication were a main theme provided. Other ways participants discussed that the GAP was least helpful to them included insufficient financial assistance/resources, lengthy process, disruption of the process to daily lives, general lack of assistance from the GAP, lack of parental support groups, and no follow-up to check on the child/children. The patterns are consistent with the caregiver survey. The following quotes are examples of patterns of responses around this discussion:



"[There is] too much disruption, too many people, too much nonsense like checking the temp of my water and refrigerator, getting special fire extinguishers when we already had them, getting a box to put pills in, etc... waste of time and money."

"The initial getting licensed [process]. It was frustratingly long to get licensed originally. Which is strange because we were already certified foster parents the year before who had adopted from foster care."




"NO communication and when someone says they are going to do something it rarely gets done...it is always 'I will check' with so and so..."

Common Misconceptions

A few misconceptions were noted among staff across the surveys. One respondent noted that a benefit of the GAP was that "all caregivers qualify". Several staff stated that the child must be adjudicated by the court for the caregiver to receive funds. Other staff seemed confused regarding biological parent child support for Level 1 licensed foster parents and cases that had closed to permanent guardianship under the GAP.

Some caregivers were confused about the title "foster parent" and potential responsibilities of being licensed as a "foster parent". Those caregivers expressed concerns that they would be required to take placement of additional foster children. In fact, Level 1 licensure is child specific and the caregiver would not be taking placement of additional foster children outside of their current placement. Several caregivers also noted concerns over the biological parent being required to pay child support if they were licensed as a Level 1 foster parent. Respondents noted:




"The language is very confusing for both staff and caregivers. It appears that GAP and Level 1 are being use interchangeable though GAP is not available to open cases and a caregiver is not eligible for it unless licensed for 6 months."

"GAP is a service/benefit option after families have had a child specific license. Referencing GAP as a name of a program/department, etc... is very confusing to the workforce, courts, caregivers, etc.... Lots of confusion around how this is being messaged."

"A lot of confusion between level 1 and GAP, confusion that they are the same thing when they are not."

Future Evaluation

Although this implementation evaluation provides important information that can be used to increase the effectiveness of the GAP, the GAP went into effect July 1, 2019. The caregiver survey was distributed on July 2, 2020; about one year after the GAP went into effect. As previously mentioned, one year after implementation of the GAP, on June 29, 2020, there were 22 cases closed to permanent guardianship and 1,508 Level 1 licensed homes. On September 27, 2020, three months later, 83 cases had closed to permanent guardianship and 696 new Level 1 licensed homes were added. Inclusion of these homes in a future evaluation will increase the quality and accuracy of evaluation results of the GAP.



"In some cases, 6 months is a long time and cases change sometimes by the day and the direction they go. I feel this is why we have not seen many GAP cases so far as permanent guardianship is not the first or even the second option for most case resolutions, so this makes it difficult to not only close PG but to get to that 6 months of board payments for the caregiver to be eligible for GAP."

"We haven't had enough homes get to GAP (close out in PG) to comment on this process."

Communication Materials Report

METHODOLOGY

A communication audit was conducted collaboratively by the principal investigator with the University of Florida (UF) Center for Public Issues Education. The UF requested and received materials used by CBC lead agencies and the DCF to communicate about the GAP to external audiences. The principal investigator of this project contacted all CBC lead agencies and the DCF leadership to request communication materials. In total, 19 agencies, specified below, submitted communication materials. The researchers cannot guarantee that all communication materials used by the local CBC lead agencies to inform external audiences about the GAP were included in the audit; the audit is based on the submitted materials, which included brochures, Word documents, and PowerPoint slide presentations. These materials were reviewed and analyzed for consistency, usability, messaging strategies, and effectiveness. Brief definitions of these terms are provided below.

- **Consistency** – In this context, consistency is defined as materials and communication efforts that show conformity and continuity with little to no variation. Within the concept of “consistency,” no conflicting messages exist, and visual elements complement the message.
- **Usability** – Usability refers to materials and communication efforts being suitable for a particular purpose and accessible to all audiences.
- **Messaging strategies** – Messaging strategies refer to the communication plan that has been established to portray a particular message or piece of information. These plans are typically well thought out and established in advance.
- **Effectiveness** – Effectiveness is defined as the ability to produce the desired result. Effective communication should result in the desired communication goals, such as knowledge gain or behavior change.

General and specific recommendations were developed that address these elements, as detailed later in this document.

Communication materials from the following agencies were received and included in the analysis:

- Big Bend Community Based Care
- Brevard Family Partnership
- ChildNet – Circuit 17
- ChildNet – Circuit 15
- Children’s Network of Southwest Florida
- Citrus Family Care Network
- Communities Connected for Kids
- Community Partnership for Children
- Eckerd Connects – Circuit 6
- Eckerd Connects – Circuit 13
- Embrace Families, Families First Network
- Family Support Services of North Florida
- Family Integrity Program
- Heartland for Children
- Kids Central
- Kids First of Florida
- Partnership for Strong Families
- Safe Children Coalition
- DCF OCW
- DCF Northwest Region
- DCF Southeast Region

In addition, the 43 respondents in the listening session and listening session caregiver survey were shown and given time to review three different GAP brochures (see [Appendix C](#)) to obtain their feedback about the materials. Throughout this section of the listening session and listening session survey, some participants expressed they had never received any type of brochure during their GAP experience. After viewing and discussing each GAP brochure, the participants were asked to rank them from 1 to 3, with 1 being best.

RESULTS: COMMUNICATION AUDIT

Local CBC lead agencies and the DCF leadership provided several communication materials related to the GAP, including materials that were intended for internal and external audiences. Examples of materials intended for internal audiences included official memos or meeting reports. Only materials intended for external audiences were included in the analysis. Additionally, some of the materials focused almost exclusively on the GAP, while other informational materials directed to caregivers were broader but included substantial information related to the GAP. Those materials are summarized in the findings below.

Table 9: Communication Audit: Summary of Materials Analyzed

Media Types	f
Tip sheet or checklist	10
General information about gap (word document)	10
Gap brochure	8
Kinship-related resources	8
Personalized letter	7
Spanish resources (general)	6
Gap-related training PowerPoint	5
Talking points	4
Postcard	2

Various methods of branding were used by agencies that were communicating about the GAP, including branding that blended state and local branding elements, branding from only the Department of Children and Families, branding from only the local agencies, or branding efforts that were unclear. The overall branding efforts are summarized as follows.

Table 10: Communication Audit: Summary of Branding Used in Materials Analyzed

Branding Types	f
Unclear use of branding	9
DCF branding	4
Blended branding	4
Local agency branding	2

General GAP Communication

Communication themes that were used to directly inform audiences about the GAP included information about eligibility, benefits, and a comparison to adoption. Most materials were specifically related to Level 1 licensing and how the license could lead to eligibility for the GAP. Benefits included financial benefits, Medicaid, education support, and caregiver support. The CBC lead agencies often used brochures and PowerPoint slide presentations used for in-person information sessions, and postcards, tip sheets, and talking points to help communicate their message. Talking points used by a few of the CBC lead agencies primarily related to the benefits of the GAP, including the board rate, Medicaid, access to additional financial support, and tuition waivers. Some programs, such as Embrace Families, provided detailed talking points related to the licensure process and the path to guardianship assistance.

Caregiver-Focused Communication

The CBC lead agencies directly communicated with caregivers through personalized letters, in-person information sessions, and brochures. Various checklists, tip sheets, and similar resource guides to caregivers to ensure they were prepared for the GAP were also used. Checklists and tip sheets related to what would be evaluated on the home visit and what trainings and documents will be needed. One CBC agency provided many caregiver-focused materials and resources in both English and Spanish. These resources included evacuation plans and other safety-related information.

Messaging

Communication efforts that were focused on the GAP largely concentrated on the benefits of the GAP and often described the GAP as an “exciting opportunity.” The process to enroll in the GAP was sometimes acknowledged in the analyzed communication materials, but rarely explained. For example, the GAP was primarily mentioned as a benefit of the Level 1 license since the license could lead to the GAP eligibility, but the benefits of the GAP are not fully explained. Potential caregivers who are not already familiar with the GAP may not know how to start enrollment in the GAP or the direct benefits of the GAP. Oftentimes, information related to the GAP would be buried in a document among more general caregiver information instead of a specific document on the GAP. In some materials, the difference between the GAP and other permanency options, such as adoption, was unclear.

Branding

Most CBC lead agencies used materials created by the DCF with the addition of their own agency’s logo, while some materials fully utilized the local CBC agency’s branding. Some CBC lead agencies used supplemental materials in addition to the materials created by the Department. In some of these cases, inconsistent branding and messaging existed. For example, some of agencies did not acknowledge the DCF despite many of the regulations being established by the DCF. This could lead to confusion about the GAP. Additionally, materials from the same agency sometimes used inconsistent logos and style. This may also cause confusion for audiences trying to determine the source of the information.

RESULTS: LISTENING SESSIONS

Caregivers’ Perceptions of the Guardianship Assistance Program Brochures

Most participants indicated that all three brochures would make them interested in learning more about the GAP—a similar percentage of

participants ranked the GAP brochure #3 (37%) and GAP brochure #2 (35%) as the best, and twenty-eight percent of participants ranked the GAP brochure #1 as the best. Table 12 below shows most common participant feedback on all three brochures (See [Appendix C](#) for the brochures).

Table 11: Caregivers’ Perceptions (Likes and Dislikes) of GAP Brochures

	Likes	Dislikes
Brochure #1	<ul style="list-style-type: none">Overall: informative, thorough, easy to read, easy to understand, usefulMain Ideas: came across well, warm, soft, inviting, vibrant, eye catchingPositive Elements: information provided, layout, colors, the thankfulness for the caregivers	<ul style="list-style-type: none">Negative Elements: too much verbiage, colors, graphic illustration, needs a better description of the available services
Brochure #2	<ul style="list-style-type: none">Overall: informative, easy to read, usefulMain Ideas: came across well, clean, professional, welcomingPositive Elements: logo, colors, diverse photos, quote from Mr. Rodgers, information provided, professional layout, colors	<ul style="list-style-type: none">Negative Elements: too much verbiage, small font, amount of information, specific information not covered, lack of warmth
Brochure #3	<ul style="list-style-type: none">Overall: informative, easy to follow, easy to understand, colorful, usefulMain Ideas: came across well, clear informationPositive Elements: colors, layout, graphic diagram, photos, clarity of information	<ul style="list-style-type: none">Negative Elements: too much verbiage, too colorful, small font, too business-like

In the listening session, participants were asked for suggestions about what DCF should include in messages about the GAP. The following quotes are suggestions from this discussion:

“There is help out there...[the GAP] is here to help you along the way and make the transition for both you and the children as easy and loving as possible...all you have to do is start.”

“As a caregiver you are overwhelmed with the situation. The [GAP] provides guidance and resources to help reduce the amount of stress that is involved as a caregiver.”

Discussion and Recommendations

Several recommendations emerged from the findings of this report and have been sorted thematically.

IMPROVE THE PROCESSES AND POLICIES FOR THE GUARDIANSHIP ASSISTANCE PROGRAM

Several process/policy challenges were noted across the surveys by staff such as the overall process being “tedious”, “repetitive”, “time consuming” and “overwhelming” to caregivers. Caregivers also noted that the process is time consuming. Confusion about staff roles and responsibilities was noted by both staff and caregivers. Several staff noted the need for statewide consistency and guidance regarding the GAP processes and policies. There were concerns regarding access to fingerprinting resources. Staff also noted that program changes (unspecified in their responses) had been made since the GAP was originally implemented but there was a lag in time for the trickle down of information to frontline staff that caused additional confusion among staff and caregivers. Staff appreciated that the process for Level 1 licensing is simpler than other licensing levels.

Recommendations:

Begin by identifying the process steps for Level 1 licensing and the GAP. Then, create a workflow diagram (flowchart) for staff to show process steps by position type and timeframe. The chart should identify roles and responsibilities for each position type (e.g., licensing staff, case worker, and CPI). This should be readily available for staff to easily access (e.g., paper version and online version). Since the CBC lead agencies develop their own local referral process, consider creating workflow charts by CBCs and regions to identify process efficiencies and inadequacies. The DCF may want to consider whether there are other options for getting home studies or fingerprinting completed more quickly and efficiently. Issues were also noted in obtaining fingerprints for the successor guardians; especially when the successor guardian resides out of the area. The DCF and CBC agencies will need to ensure that new materials, additional communication (e.g., emails or announcements in staff meetings), and/or staff training are released in a timely manner when there are changes or modifications to the GAP.

PROVIDE GUIDANCE ON WAIVERS

While the majority of staff across the surveys appreciated having the option to use Level 1 licensing waivers, a number of staff mentioned concerns regarding waivers that generally fell into two major issues: 1) understanding the waivers and related processes; and 2) safety concerns. Waivers were described as “difficult,” with a need for better understanding of the waivable items process. Several staff noted that sleeping arrangements are non-waivable, even though some staff view that as a non-safety related issue.

Recommendation:

Licensing and program administrative staff noted the need for more flexibility for waivable requirements when licensing to allow lower risk caregivers to be eligible for the GAP. However, many case managers and child protective investigation staff noted concerns about too many waivers that could create safety issues and liabilities. In some cases, respondents indicated both the need for more flexibility in waiving licensure requirements and a concern

that waivers could create safety issues. Administrators should be aware of this dichotomy and work to identify resources or potential solutions to ensure both a child’s need to stay connected to family/fictive kin and the safety of the child.

CLARIFY PERMANENCY OPTIONS AND REQUIREMENTS

Confusion was noted among staff regarding permanency options, specifically related to permanent guardianship and adoption. Some cases seemed to be guided by what the caregiver wanted instead of what was in the child’s best interest as dictated in § 39.6221 F.S.

Recommendations:

Permanency options, particularly adoption and permanent guardianship, should be discussed in detail at trainings with applicable examples. The DCF should provide clear guidelines on how to pursue appropriate permanency options. For example, a GAP training PowerPoint stated, “permanency options of reunification and adoption must have been determined to not be in the child’s best interest,” but there were no specific details or guidelines noted in the PowerPoint of how the options should be determined not feasible.

ADDITIONAL STAFF TRAINING

The need for additional staff training was a consistent theme noted throughout the staff and caregiver surveys. For example, most caregivers who had heard about the GAP reported hearing about it first from the CPI or the case manager. However, 46 percent of the case managers and 43 percent of the CPIs reported that they had not been trained on the GAP.

Recommendations:

Additional training by type of staff (i.e. child protective investigation staff and case management staff) and CBC/DCF specific trainings with applicable examples are recommended to address role-specific information and responsibilities. In addition, respondents indicated insufficient communication at times or a lack of clarity about the knowledge or roles of other workers. Collaborative training among licensing agencies, case workers, child protective investigators, and attorneys may also provide a way for all stakeholders to receive the same information and share questions or concerns. Given the pandemic, the DCF should consider virtual trainings utilizing case studies in breakout rooms to allow for application examples and return to the primary Zoom room to present the case study. Additional staff training on waivers is needed (refer to the waiver recommendation section for more detail). The DCF should consider having staff complete a quiz before and after the training to measure knowledge gain. A brief booster or refresher trainings should be developed that can be delivered in-person, via webinar, or asynchronously online.

Multiple caregivers identified involvement of Guardians ad Litem or other types of service providers (e.g., therapists) who may be potential contacts or persons who could discuss permanency options with families, including permanent guardianship under the GAP. Some caregivers noted that they first heard about the GAP from the GAL volunteer. Other caregivers voiced strong feelings related to permanency such as a desire to only adopt the child, or the caregiver did not want permanent guardianship as they were concerned that it might cause issues with biological family. This indicates the need to develop a brief stakeholder training or to clarify roles among stakeholders, including who should discuss the GAP with caregivers, particularly with GAL volunteers and attorneys.

In addition, if stakeholders are considered part of the GAP referral/information process, then they should also be included in workflow diagrams (flowcharts).

ENHANCE COMMUNICATION AND COLLABORATION AMONG STAFF

Communication and collaboration among staff are critical for the GAP to be successful. For example, licensing and administrative staff noted permanency delays when not notified by the case manager of a goal change to permanent guardianship. Another communication concern noted was ensuring that the caregiver had received six months of payments as a Level 1 licensed home before closing to permanent guardianship so the caregiver would be eligible for the GAP.

Recommendation:

Collaborating agencies could consider co-developing and implementing a communication plan, which should outline the GAP communication strategies between agencies as well as with clients. For example, one CBC lead agency noted having a shared Excel spreadsheet for tracking cases and progress to keep “everyone on the same page”.

PROVIDE STAFF ACCESS TO RESOURCES FOR CAREGIVERS

More than 50 percent of staff noted the need to often or always provide tangible assistance to caregivers to meet Level 1 licensing requirements. Several staff noted insufficient access to tangible resources that were frequently needed by caregivers to meet the home study requirements.

Recommendations:

The CBC lead agencies should consider creating a list of other organizations such as businesses, nonprofit agencies, and churches to assist with providing tangible resources and include what the organization might provide. The list could also help new staff know where to look for resources. The list should be regularly updated and easily available to staff. If this presents additional demands on staff, management of this list could be an appropriate task for an intern. The CBC lead agency could seek specific businesses to donate/sponsor items that are regularly needed, such as fire extinguishers and beds/bedding. To alleviate the burden of a large numbers of requests on both staff and businesses, consider asking the business to commit to providing a certain number of fire extinguishers over a year. Explore the possibility of using the one-time payment funds (up to \$2,000; non-recurring expenses) that are available to assist caregivers with the costs of establishing permanent guardianship.

CLARIFY COMMON MISCONCEPTIONS

Many staff noted the need to view Level 1 licensing as a separate “program” instead of a part of the GAP. In addition, there was confusion about the difference between being a foster parent and permanent guardianship among caregivers and some of the child welfare professionals who participated in this evaluation.

Recommendations:

The CBC lead agencies and DCF should clarify the meaning of Level 1 licensure and the GAP in brochures and other program materials (see promoting the GAP to caregivers for additional recommendations regarding materials). Staff should make that

distinction clearer when verbally communicating about Level 1 licensure and the GAP. The DCF should create a permanency process flowchart to be shared with caregivers. The flowchart should begin with placement of the child and include the paths to permanency (i.e., reunification, adoption, and permanent guardianship). For the GAP, the flowchart should include the Level 1 licensing process. The chart should be easily accessible by caregivers (e.g., paper and online versions). When possible, handouts could also include proposed timelines and justifications for following various steps so that caregivers understand the potential benefits or challenges in pursuing Level 1 licensing or the GAP. The CBC lead agencies and DCF should correct misconceptions among staff. The Department could develop a document to share with staff and for staff to share with caregivers clarifying common myths/misconceptions about Level 1 licensing and the GAP. This should also be included in future trainings.

PROMOTING THE GUARDIANSHIP ASSISTANCE PROGRAM TO CAREGIVERS

Families are typically going through difficult times (e.g., many noted that Level 1 licensing and the GAP application process was burdensome on top of everything else going on with their family), and staff appear to be a critical link to resources and information related to the GAP. Some caregivers noted that child welfare workers were slow to respond when they needed assistance in applying for the GAP or getting home study issues addressed. Other caregivers acknowledged the challenge of child welfare worker turnover, which caused some delays or frustrations in terms of communication. Caregivers expressed confusion about the process itself for both Level 1 licensing and the GAP. Caregivers also expressed confusion about the roles and responsibilities of the case worker, the CBC agency, and the groups that support the GAP.

Recommendations:

Staff may need regular encouragement and reminders that communication to and with caregivers is imperative. Staff may need to check in with caregivers or remind them of the GAP multiple times throughout their tenure with the child welfare system. It is also important to help staff recognize that deciding to become licensed as a Level 1 home may not be an easy decision or that cases may change or evolve over time. Caregivers may not remember or be able to process their options unless information is presented openly, empathically, and at multiple time points.

The CBC lead agencies should develop and share with caregivers a contact list and/or chart that clearly identifies the relevant point of contact for caregivers based on their needs and how best to communicate with the staff member. The agencies should take into consideration if the staff positions generally experience high turnover. It might be helpful to add a FAQ that addresses common questions or provides suggestions to help caregivers voice their needs.

In addition, CBC lead agencies should broadly provide more information about the GAP to caregivers at the initial contact and throughout their involvement with the Department. This could be a video, an infographic, or a one-page document that summarizes the process in an easy-to-understand format. Brochures should have a clear and concise message.

CONDUCT MESSAGE TESTING

In this small sample evaluation, several caregivers appreciated the emphasis on gratitude for caregivers and noted the need for empathetic communication with caregivers.

Recommendations:

More message testing is needed with a larger sample of caregivers. Additionally, the DCF should conduct public opinion research with audiences that could potentially participate in the GAP. Through message testing, the Department can determine what is known about the GAP and what elements of the GAP should be further explained. Message testing will also allow potential participants to identify methods of communication that would resonate with the target audience. The Department should create a strategic and comprehensive communication campaign for the state agency and local agencies communicating about the GAP. Existing communication pieces may need to be revised to best meet the needs of the target audience.

DEVELOP A CONSISTENT AND EFFECTIVE MESSAGE

Currently, some CBC lead agencies use inconsistent messages and language when communicating about the GAP. For example, some materials seem to explain the Level 1 license and the GAP as similar programs, while other materials explained that the Level 1 license could lead to GAP eligibility. Some caregivers noted that a brochure included a picture of a dog at a door and was not sure what the picture represented (see [Appendix C](#)). Confusion among staff and caregivers was noted across the surveys.

Recommendations:

The CBC lead agencies and DCF should use consistent and effective messages that are identified through message testing. Staff and caregivers both noted confusion about Level 1 licensing and the GAP. Consistent messages and language will help alleviate confusion about Level 1 licensing and the GAP. In addition, the Department should develop core messages and provide guidance to CBC agencies on how to incorporate those messages into their already existing communication. The messages should convey clear and specific information to familiarize the readers as effectively as possible. It is important to remember that many of the people the materials are intended for may have little to no knowledge about Level 1 licensing and the GAP and are receiving the information during a stressful time. The DCF could also obtain quotes from caregivers who have closed to permanent guardianship under the GAP.

The Department should develop branding guidelines to encourage consistency with brand and messaging. Branding guidelines could include core messages, graphics, and colors. Branding guidelines could also include communication materials, such as social media posts, infographics, PowerPoint templates, and postcards that can be broadly used by state and local agencies. The guidelines provided by the DCF could be specific to the GAP and adaptable by the local agencies, such as a program logo that the agency name can be inserted in a consistent place.

The DCF should also provide additional imagery that can be used by CBC lead agencies that have the ability to create their own materials. In addition to logos or icons, imagery can include stock photos or graphics illustrating portrayals of families or children. Providing these photos or graphics will increase the likeliness that CBC lead agencies use appropriate and effective images that are consistent with the overall message of the GAP.

ENCOURAGE DIVERSE COMMUNICATION METHODS

Many of the communication materials included in this communication audit are print media materials.

Recommendations:

Diverse and innovative communication materials should be utilized to reach a diverse audience, such as the target audience for the GAP. For example, organizations should not solely rely on print media or online media. The CBC lead agencies and the Department should incorporate more diverse communication materials when communicating about the GAP. These materials may include web content, social media, or webinars. Message testing could also reveal what other types of materials would be most effective with the target audience.

FUTURE EVALUATION IMPLICATIONS

It is important to note that more time is needed to allow for case closures to increase the sample size.

Recommendations:

Future program evaluations should examine the effectiveness of the GAP in terms of child and family outcomes (e.g., safety of children, placement stability, child mental/physical well-being, and increased supports or protective factors for caregivers following access to the GAP resources). In addition, several staff identified the potential safety concerns associated with waivers, so it would be important to examine whether waivers were associated with safety issues, hotline reports, or placement disruptions over time. Specific to background check waivers, multiple respondents indicated concern, but openness to the waivers, as means of helping children achieve stability and permanency. It would be helpful to research whether there are other states using background waivers in flexible or creative ways and how they assess families, apply waivers, and monitor child safety over time.

In addition, some respondents expressed concern over the objectivity of the home study process and the rigidity of case closures. Future evaluation efforts could assess the objectivity and process of completing home studies to determine whether there are potential barriers to achieving GAP that could be addressed before families are identified as ineligible.

Several staff identified a concern that the six-month time frame for Level 1 licensure could delay children from achieving permanent guardianship. It was also noted that some of the delay was due to caregivers (e.g., some caregivers do not begin with the goal of permanent guardianship until case plans change, some are confused about the program details and choose not to apply, and others do not recognize the importance of starting the process even if they aren't completely certain whether they will apply for the GAP). Future evaluations should examine whether delays are due to administrative or caregiver-related reasons and consider whether there could be flexible pathways to permanent guardianship for children to ensure they do not linger in care. In addition, it would be helpful to identify case factors that are associated with timely approval for the GAP.

Other recommendations for future evaluations include evaluating additional implementation outcomes, such as satisfaction and feasibility of the GAP among the various stakeholders. Such evaluation may also provide additional information to improve implementation efforts. It could also be helpful to ask caregivers how they would promote the GAP.

Another potential point of evaluation identified by participants was to examine whether the GAP may keep sibling groups from being adopted together. For example, sibling placement is typically recommended for keeping children connected to their family, when possible and safe.¹² A future evaluation could compare the number of sibling group separations among GAP and adoptive families.

The DCF and CBC lead agencies should maintain accurate email addresses for all caregivers to be able to electronically distribute materials such as surveys for future evaluations or program materials. When this project was conducted, the DCF only had email addresses available for Level 1 licensed homes and for caregivers who had cases that closed to permanent guardianship under the GAP. Email addresses were not available for approximately 6,400 relative and fictive kin caregivers. Letters were mailed to those caregivers, resulting in time delays and additional financial costs to the Department. If this presents staffing constraints, perhaps interns could assist with contacting families on a periodic basis to update contact information.

LIMITATIONS

This study has potential limitations that should be considered when reviewing the results.

- 1) Staff date of hire was not asked. Staff training on the GAP may not have occurred for recent hires at the point in time that they completed the respective survey. Related staff turnover (new hires and employees leaving) may account for some of the variance between survey distribution numbers and completion rates.
- 2) There were relatively few cases that had closed to permanent guardianship under the GAP when data was collected. Data collection was delayed allowing more time in hopes of increasing the sample size.
- 3) The pandemic likely caused stress among staff and caregivers. Data collection was also delayed to not overburden staff and caregivers. Related, the pandemic may have delayed cases, as services such as therapy and parenting classes as well as dependency court, shifted to a virtual environment.
- 4) The number of caregivers can change every day as children move in and out of placements daily. The data were collected for a point in time and caregivers could have been missed.
- 5) There was confusion among staff regarding what is meant by the GAP and Level 1 licensure, which could have led to participants unintentionally responding to items incorrectly.
- 6) The CBC agencies differ in their practices and processes, which may account for differences in outcomes. For example, some created their own unique informational materials or means for tracking families outside of the resources available to them by the DCF. CBC lead agencies also created their own local referral process leading to various procedures across the state.
- 7) Some participants may not have had the knowledge to complete some of the survey items and may not have felt comfortable leaving items blank or felt the need to respond in a way that made them appear more knowledgeable.
- 8) Finally, the listening sessions included three CBC agencies that had the highest number of Level 1 licensed caregivers and case closures to permanent guardianship under the GAP. This excludes the perspectives of several agencies' caregivers. It is possible that these agencies had larger numbers of Level 1 licensed caregivers and closures to the GAP because they are larger agencies or serve clients in more densely populated areas (e.g., Eckerd – Circuit 13). Caregivers at smaller or more rural agencies might have different experiences with Level 1 licensing and the GAP.

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Appendix A

Sample size: In a few instances the total number of completed surveys exceeds the total number of distributed surveys. The distribution numbers were verified several times with the DCF. Staff turnover (new hires and employees leaving) may account for some of the variance between survey distribution numbers and completion rates (i.e., response rates above 100%).

Appendix A Table 1: DCF Regional and OCW Staff by Location

A total of 69 responses were collected from the DCF regional and OCW staff. Four respondents were removed due no consent and 29 were removed due to only completing the consent and/or position title leaving a sample size of 36 respondents.

Location	Total Distributed	Total Attempts	Removed - No Consent	Removed - Only Complete Title and/or Consent	Total Completes	Usable Response Rate %	Sample %
Central	7	25	0	12	13	185.7	36.1
Northeast	2	9	2	6	1	50.0	2.8
North-west	6	15	0	7	8	133.3	22.2
South-east	2	3	1	1	1	50.0	2.8
Southern	6	7	0	1	6	100.0	16.7
Suncoast	5	6	1	2	3	60.0	8.3
OCW	4	4	0	0	4	100.0	11.1
Total	32	69	4	29	36	112.5	100.0

Appendix A Table 2 Child Protective Investigation Staff by Region

A total of 445 responses were collected from child protective investigation staff. Twenty-one respondents were removed due to no consent, 69 were removed due to completing only the consent and/or position title, and four were removed for not identifying as child protective investigation staff, leaving a sample size of 331 respondents.

Region	Total Distributed	Total Attempts	Removed - No Consent	Removed - Only Complete Title and/or Consent	Removed - Not a CPI or CPI Supervisor	Total Completes	Usable Response Rate %	Sample %
Central	379	84	2	8	2	72	19.0	21.8
Northeast	319	22	1	0	2	19	6.0	5.7
North-west	155	50	1	9	1	39	25.2	11.8
South-east	131	57	3	12	3	39	29.8	11.8
Southern	127	99	7	15	10	67	52.8	20.2
Suncoast	121	133	7	25	6	95	78.5	28.7
Total	1232	445	21	69	24	331	26.9	100.0

Appendix A Table 3: Licensing and Administrative Staff by Community-based Care Lead Agency

A total of 191 responses were collected from licensing and administrative staff. Three respondents were removed due to no consent, 30 were removed due to completing only the consent and/or position title, and 15 were removed for not identifying as licensing/admin, leaving a sample size of 144 respondents.

Community Based Care (CBC) Agency	Total Distributed	Total Attempts	Removed - No Consent	Removed - Only Complete Title and/or Consent	Removed - Not Licensing/ Admin	Total Completes	Usable Response Rate %	Sample %
Big Bend Community Based Care	8	8	1	0	0	7	87.5	4.8
Brevard Family Partnership	18	0	0	0	0	0	0.0	0.0
Children's Network of SW Florida	7	11	1	1	0	9	128.6	6.2
ChildNet – Circuit 15	7	3	0	1	0	2	28.6	1.4
ChildNet – Circuit 17	32	5	0	2	0	3	9.4	2.1
Citrus Health Network/Citrus Family Care Network	34	20	0	3	1	16	47.1	11.2
Communities Connected for Kids	7	7	0	1	0	6	85.7	4.2
Community Partnership for Children	19	6	0	1	0	5	26.3	3.5
Eckerd Connects – Circuit 6	64	12	0	0	0	12	18.8	8.4
Eckerd Connects – Circuit 13	19	19	1	1	0	17	89.5	11.8
Embrace Families	49	24	0	10	3	11	22.4	7.6
Families First Network	30	13	0	2	1	11	36.7	7.6
Family Integrity Program	4	6	0	2	1	3	75.0	2.1
Family Support Services of North Florida	21	11	0	2	1	8	38.1	5.6
Heartland for Children	26	13	0	3	0	10	38.5	7.0
Kids Central	22	4	0	0	0	4	18.2	2.7
Kids First of Florida	5	5	0	0	1	4	80.0	2.7
Partnership for Strong Families	17	15	0	1	7	7	41.2	4.8
Safe Children Coalition	11	9	0	0	0	9	81.8	6.3
Total	400	191	3	30	15	144	35.8	100.0

Appendix A Table 4: Case Management Staff by Community-based Care Lead Agency

A total of 810 responses were collected from case management staff. Twenty-one respondents were removed due no consent, 79 were removed due to completing only the consent and/or position title, and 104 were removed for not identifying as case management staff, leaving a sample size of 612 respondents.

Community Based Care (CBC) Agency	Total Distributed	Total Attempts	Removed - No Consent	Removed - Only Complete Title and/or Consent	Removed - Not a CM or CM Supervisor	Total Completes	Usable Response Rate %	Sample %
Big Bend Community Based Care	118	59	0	6	12	47	39.8	7.7
Brevard Family Partnership	75	26	1	0	4	21	28.0	3.4
ChildNet – Circuit 15	163	33	0	5	4	24	14.7	3.9
ChildNet – Circuit 17	101	77	3	8	5	61	60.4	10.0
Children's Network of SW Florida	129	67	1	8	4	54	41.9	8.8
Citrus Health Network / Citrus Family Care Net-work	155	70	2	7	15	46	29.7	7.5
Communities Connected for Kids	87	48	0	2	5	41	47.1	6.7
Community Partnership for Children	96	14	0	3	3	8	8.3	1.3
Eckerd Connects – Circuit 13	151	88	6	4	11	67	44.4	10.9
Eckerd Connects – Circuit 6	169	44	0	5	4	35	20.7	5.7
Embrace Families	169	20	0	5	3	12	7.1	2.0
Families First Network	131	25	0	5	0	20	15.3	3.3
Family Integrity Program	19	17	0	0	1	16	84.2	2.6
Family Support Services of North Florida	126	25	0	5	5	15	11.9	2.5
Heartland for Children	118	64	1	7	7	49	41.5	8.0
Kids Central	174	23	1	2	4	16	9.2	2.6
Kids First of Florida	34	52	4	1	12	35	102.9	5.7
Partnership for Strong Families	85	44	2	5	2	35	41.2	5.7
Safe Children Coalition	79	14	0	1	3	10	12.7	1.6
Total	2179	810	21	79	104	612	28.1	100.0

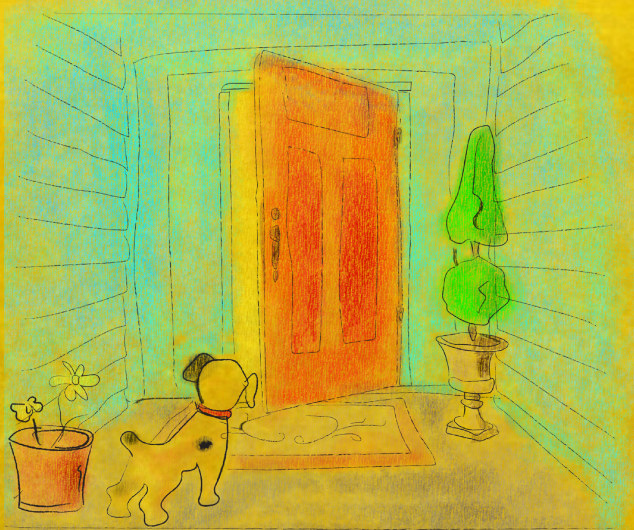
Appendix B

Appendix B Table 1: Caregivers by Community-based Care Lead Agency

A total of 433 caregivers attempted to complete the survey. Six were removed due no consent and 54 were removed due to completing only the consent and/or confirming their status as a caregiver, leaving a sample size of 372 respondents.

Community Based Care (CBC) Agency	Total Distributed	Total Attempts	Removed - No Consent	Removed - Only Complete Title and/or Consent	Total Completes	Usable Response Rate %	Sample %
Big Bend Community Based Care	402	14	0	4	10	2.5	2.7
Brevard Family Partnership	279	13	1	2	10	3.6	2.7
Children's Network of SW Florida	393	34	1	6	27	6.9	7.3
ChildNet – Circuit 15	445	18	0	1	17	3.8	4.6
ChildNet – Circuit 17	594	17	1	2	14	2.4	3.8
Citrus Health Network/Citrus Family Care Network	570	13	0	1	12	2.1	3.2
Communities Connected for Kids	331	21	0	3	18	5.4	4.8
Community Partnership for Children	460	35	0	6	29	6.3	7.8
Eckerd Connects – Circuit 6	759	46	1	5	40	5.3	10.8
Eckerd Connects – Circuit 13	615	21	0	1	20	3.3	5.4
Embrace Families	722	51	0	8	43	6.0	11.6
Families First Network	478	26	0	1	25	5.2	6.7
Family Integrity Program	102	5	0	2	3	2.9	0.8
Family Support Services of North Florida	427	19	0	3	16	3.7	4.3
Heartland for Children	580	29	1	4	24	4.1	6.5
Kids Central	624	26	0	4	22	3.5	5.9
Kids First of Florida	125	4	6	1	3	2.4	0.8
Partnership for Strong Families	440	18	0	0	18	4.1	4.8
Safe Children Coalition	418	23	1	1	21	5.0	5.6
Total	8764	433	6	54	372	4.2	100.0

When a child is not able to safely remain at home with their parents, a relative or non-relative caregiver who is willing and able to provide care for the child, is the next best alternative. This allows the child to maintain connections with the family and can also provide more stability when the caregiver lives near the child and their familiar surroundings, such as schools, friends, and the local community.



RELATIVE AND NON-RELATIVE CAREGIVER GUIDE



WHAT YOU NEED TO KNOW

Information for family and like-family members providing long-term care for children in Florida's child welfare system.

Contact information

 @MyFLFamilies  @MyFLFamilies

To learn more, visit:
[MyFLFamilies.com](https://www.MyFLFamilies.com)



RECEIVING SUPPORT

As a caregiver, there are programs and resources available to support you and help ensure you are equipped to care for the child(ren) placed in your home.

Available supports include:

- Child receives Medicaid to cover medical, dental and therapeutic services
- Education supports that may help you and your family
- Access to financial resources to help meet the needs of the child(ren)
- Connections to community services

If you would like more information on the above supports, please see the back of this brochure for how to contact your local child welfare professional.



OPENING YOUR HEART AND HOME

Thank you for stepping up and accepting the call to serve as a caregiver. Your involvement in a child's life, no matter how short or long the time spent together may be, will forever have an impact on both of you. This journey will not be spent alone. As the child's caregiver, you now have access to many people and services until the child can be safely returned home, adopted, or permanently placed.

Thank You

LEARNING WHAT TO EXPECT

Relative/Non-Relative caregivers play a vital role in the lives of the child(ren) entrusted in their care, including:

- Providing for the basic daily needs, such as food, clothing, shelter, and supervision
- Transporting the child(ren) to appointments, court hearings, and visits with family
- Arranging medical and dental care
- Role modeling positive parenting to the child's parents

UNDERSTANDING THE NEED

Children removed from their home due to child abuse and/or neglect have often been through a great deal of trauma. Living with a relative/non-relative helps lessen the trauma and creates a sense of stability for the child(ren).

Other benefits include:

- Enabling children to live with people they already know and trust
- Helping children maintain extended family ties
- Allowing children to continue their family traditions and memories
- Providing love and care in a family setting
- Providing parents with a sense of hope that children will remain connected to their families
- Supporting the children in building healthy relationships within the family and their community

Benefits for a Kin
Caregiver:

YOUR
LOGO
HERE

- Child receives Medicaid to cover medical, dental and therapeutic services
- Training on how to better meet the needs of a child who's experienced trauma
- Access to additional trainings that may help your family
- Connections to community resources
- Monthly stipend of \$333 a month upon completion of onboarding process

A program provided in partnership with



KIN
CAREGIVER



"No effort on
behalf of a child
is ever wasted."

Fred Rogers



Open to welcoming additional children now or in the future who are not kin? Consider completing a few more steps to become a traditional foster parent!

A program for caregivers of children
in Florida's foster care system.

Thank You for stepping in to meet the needs of a special child in your life while their parent is facing challenges. This guide will help connect you to resources that will make the road ahead easier for you and for them.

What is a Kin Caregiver?

Kin Caregiver is a program to provide supports and financial resources to your family as you care for a child who was removed from their home.

We hope that this program is a temporary resource while the child's parents work through challenges they need to in order for the child(ren) to safely return home. However, if this is not possible and you are given the opportunity to become an adoptive parent or permanent guardian to the child(ren), this program will ensure you are able to receive an ongoing Adoption Subsidy or Guardianship Assistance until the child(ren) reaches adulthood.

Who do I work with?

You will work with people within the child welfare system throughout the case. You've probably already met the Child Protective Investigator or Case Manager who did an initial home study to place the child(ren) with you. Now you'll have another added resource with the Kin Caregiver program who will help ensure you are receiving all the benefits you are now eligible for.

What can I expect?

To best equip you with the tools you need to understand the child welfare system, we provide you with educational resources and the knowledge of how to better support the child impacted by trauma. There may also be a small amount of additional paperwork to complete.

You can also begin receiving a monthly stipend once you complete the initial requirements of the Kin Caregiver program. This \$333 a month per child will continue as long as you have the child in your legal custody, even until the child turns 18 if the case closes with you as the permanent guardian.



What happens if a child can't go home?

For some children, the court may determine that adoption is the most appropriate goal, and you will be given the opportunity to apply to adopt the child after the rights of the parents are terminated.

For other children, the court may determine permanent guardianship is the most appropriate goal. If you have participated in the Kin Caregiver program for six consecutive months and if you become the permanent guardian, you will complete a Guardianship Assistance Agreement (GAA). As a permanent guardian you may qualify for monthly financial support through the GAA.

If the child in your home is 16 or older when you become the permanent guardian and complete the GAA, you will also be able to opt in to Extended Guardianship Assistance (EGAP). EGAP will continue the stipend on until the youth turns 21, provided they continue to meet all eligibility requirements.



Family Matters

When a child is not able to safely remain at home with their parents, a relative or trusted individual known to the child can provide the anchor they need. During what can be a scary and traumatic time for children, they are more likely to find comfort in the people, community and culture that is most familiar to them.

At Embrace Families, we recognize that caring for a child may or may not have been anticipated and will require substantial adjustments in your own life. Along with our caregiver support partners, we will work alongside you to provide the resources you need and to help you navigate the child welfare system.

Sometimes you need an anchor of your own. Our goal is to ensure that you know where to turn for answers and assistance.

Please Note: In our system of care, caregivers eligible for Level 1 Licensing include both relatives and non-relatives who were previously known to the child or family, such as a neighbor, teacher, godparent, etc. These individuals are often referred to as "non-relative", "kin" or "fictive kin".

To begin the eligibility process,
contact: Embrace Families
Caregiver Information & Eligibility
407.710.1620
CaregiverEligibility@embracefamilies.org

For assistance with service referrals,
day care/after school payments,
caregiver reimbursements and other needs,
contact: 321.441.2060
NetworkSupport@embracefamilies.org



4001 Pelee Street
Orlando, FL 32817
321.441.2060

Sponsored by the State of Florida
Department of Children and Families

Embrace Families is a
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EmbraceFamilies.org



Resources for Caregivers

You are not alone



Caregiver Benefits

As a caregiver, there are programs and resources available to help ensure that you are equipped to care for the children placed in your home.

The process required to become fully eligible for this support is referred to in Florida as “Level 1 Licensing.” Once you complete this eligibility process, a variety of benefits are available to you and to the children in your care, including:

- Medicaid to cover child’s medical, dental and therapeutic services
- Monthly stipend to help cover costs of child’s basic daily needs; annual clothing voucher
- Access to training resources designed to help you and your family
- Connections to community services and resources, including at-risk childcare

Eligibility Process

Upon welcoming a child or children into your home, you will be assigned a Caregiver Support Manager. This specialist will work alongside you throughout the eligibility process, serving as your champion and making sure you have the information and assistance you need to qualify for maximum benefits.

Level 1 Licensing, which is available exclusively to caregivers who are relatives or other trusted individuals known to the child or family, is a streamlined process that ideally will be completed in under 60 days. It includes the following:

- Completion of paperwork
- Completion of home study
- Background screening on all adults living in the household
- Online training to help you understand the child welfare system

Family (Fam-uh-lee), noun



A social unit consisting of one or more adults and the children they care for.

Personal Support

Our support does not end with the eligibility process. A team of experts is available to you throughout this journey, so you can focus on meeting the emotional and physical needs of the child or children you have welcomed into your home without sacrificing your own well-being.

In partnership with our network of providers, Embrace Families offers a variety of additional resources including:

- Family Support Coordinators: This specialized team is dedicated to you and your family. On an ongoing basis, they will link you to available resources, advocate for your best interests, and ensure you have a “go to” when you need it.
- Kinship Navigators: These current or previous relative caregivers are just a phone call away for advice.
- Kinship Support Groups: Held at least once per month in locations throughout Central Florida. Childcare is available during meetings.
- Facebook Community: This private Facebook group is a resource for helpful information, support group calendars and other updates. Join online at www.facebook.com/chnkinship/

Level I Licensure Process

