



# Caregivers' Perspectives of the Florida Guardianship Assistance Program and Its Impact on the Children in Their Care

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## Abstract

This mixed methods study examined kinship caregivers' perspectives of the Florida Guardianship Assistance Program (GAP) to understand how the program initially supported the needs of the child, caregiver, and family as they navigate permanent guardianship. Specifically, this study examined caregivers' knowledge of the GAP; decision to apply for the GAP; perceptions of the GAP from families who had successfully closed cases to permanent guardianship; perceptions of the GAP from families who held active cases and had not yet closed to permanent guardianship; and perceptions of how children were adjusting in their home, comparing licensed and non-licensed foster care homes. Findings indicate that 47% of respondents first heard about the GAP when the child was initially placed with them, while 16% had never heard of the GAP until receiving the survey letter for this evaluation. The majority (56%) of those who had heard about the GAP were first told about it by the child's caseworker. Among respondents who both knew about the GAP and who indicated whether or not they pursued GAP, 87% decided to apply for the GAP, and 90% of those who applied for licensing were eligible. Of those caregivers whose children's cases had closed to permanent guardianship, the majority (63%) indicated that the licensing process was very easy or somewhat easy. Overall, the majority of caregivers indicated that the children were doing better since being initially placed in their care, but caregivers who were not licensed reported a slightly higher percentage of children who were doing worse.

**Keywords** Child welfare · Kinship care · Permanent guardianship · Guardianship assistance

While child welfare systems attempt to keep children in the care of their primary caregiver(s) in cases of substantiated maltreatment, there are situations that require the removal of children from their home of origin due to a high level of concern for their safety. In these cases, children are placed in out-of-home care. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 amended federal law to require that a kinship home be considered as the first priority and preferred placement type (United States General Accounting Office, 1999), with other placement types including licensed foster care and group home care as secondary priority. Kinship homes can include both biological relatives and fictive kin or non-family members who

are familiar to the child. As relative (kin) and non-relative (fictive kin) caregivers already have a relationship with the child(ren) entering out-of-home care, they provide connection and stability during a tumultuous time (Child Welfare Information Gateway [CWIG], 2018b).

In the state of Florida, legislation mandated the privatization of child welfare by 2005, with implementation being conducted over 5 years through phased-in pilot programs (O'Donnell, 2017; National Conference of State Legislatures [NCSL], 2018). The Florida Department of Children and Families (DCF) contracts with 17 lead community-based care agencies (CBCs) to manage child welfare placement and case management in 20 circuits across the state. These CBCs also subcontract with other agencies at the circuit- and county-level to provide for the needs of local children in out-of-home care (O'Donnell, 2017). For example, some CBCs contract out case management services. Florida is one of only two states with system-wide privatization, with the other being Kansas (NCSL, 2018).

As of August 2021, there were 22,449 children in out-of-home care in the state of Florida. Of those children, 8,221

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(36.6%) were in the care of an approved relative or non-relative (DCF, 2021). The majority of children in out-of-home care in Florida begin with a case plan goal of reunification with their parent(s) or primary caregivers(s) or a concurrent goal of reunification and adoption. In cases where there is a concurrent goal of reunification and adoption, if the child is not able to be reunified, parental rights will be terminated and they will be made available for adoption. Another less common case goal option is permanent guardianship. 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. Frequently, the case goal of permanent guardianship is 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; and/or the caregiver is able and willing to provide a permanent home for the child but is unwilling or unable to adopt the child. (CWIG, 2018a, p. 2)

In July of 2019, the Florida Guardianship Assistance Program (GAP) was officially made available to caregivers per § 39.6225 Fla. Stat. The GAP provides a monthly stipend and access to other resources for kinship caregivers to take care of children who meet one of the above-mentioned criteria for permanent guardianship. Specific benefits include.

Increased financial support for the child in the form of Guardianship Assistance payments (\$333 per month); Medicaid until the child reaches 18 years of age; non-recurring (financial) 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." (DCF, 2019)

In order to participate in the GAP, caregivers have to obtain a Level 1 foster care license, which is specifically for kinship caregivers who are seeking guardianship of a certain child or children. As part of the Level 1 licensing process, caregivers receive educational resources, case management help, and other additional support. If the caregiver then maintains the Level 1 foster care license for at least 6 months and the child(ren)'s case closes to permanent guardianship, the case will be eligible for GAP provisions (DCF, 2019). Cases can still close to permanent guardianship outside of the GAP and Level 1 foster care licensing, but the caregivers and children receive less support and resources, including financial support. If caregivers are relatives, the monthly financial support ranges from \$242 to \$298, depending on the age of the child. Additionally, caregivers are required to cooperate with the Department of Revenue Child Support Enforcement

Program to identify the child's parents in order to collect any owed support (Center for Child Welfare, n.d.). Outside of the GAP, non-relative/fictive kin caregiver funds are subject to availability. Both of those types of funds are limited to caregivers who reside in the state of Florida (Partnership for Strong Families, 2016).

While the GAP program was mandated by legislative statute at the state level, it is implemented by each CBC at the circuit level, with individual CBCs having great latitude as to how they implement the program, including how they recruit caregivers, when they introduce the program to caregivers, who introduces the program to caregivers, and who oversees the general operations of the program. There is also latitude given with the licensing of Level 1 foster homes particularly around waiving of non-safety licensing requirements. As part of the first state-wide program implementation evaluation of the GAP, the overarching purpose of this manuscript is to describe kinship caregivers' experiences with and perspectives of the initial implementation of the GAP in the state of Florida, with emphasis on the wellbeing of the children placed in their care.

## Kinship Caregiver Needs

While kinship (relative and non-relative) caregivers provide essentially the same service to child welfare systems as licensed foster caregivers, they often receive fewer resources, including less money, fewer services, and less frequent monitoring of their homes (Sakai et al., 2011; Scannapieco & Hegar, 2002; Winokur et al., 2018). Scannapieco and Hegar (2002) suggest that four categories of needs should be considered in designing an array of support services for kinship caregivers: financial assistance, including both monetary and in-kind support such as clothing and transportation assistance; supportive services, such as case management, legal, mental health, medical, and dental services; formal social support, including support from the child welfare workers and respite care, and informal social support, such as family, friends, and colleagues; and educational services, including individual educational plans (IEP), special services depending on the child(ren)'s needs, and training for caregivers. Research also supports that children in kinship families who receive supportive services fare better in terms of social, emotional, and mental health—despite the kinship families being of lower socioeconomic status compared to licensed foster caregivers (Sakai et al., 2011).

## Permanency in Kinship Care

Although children in kinship care tend to achieve lower adoption and reunification rates compared to youth in licensed foster care, they experience lower re-entry rates, greater placement stability, and higher likelihood of guardianship than youth in licensed foster care (Bell & Romano, 2017). According to Denby (2011), permanency intent is “a caregiver’s expressed intent to adopt the child in his or her care or to provide permanent, legal guardianship” (p. 113). When asked whether they would be willing, if needed, to establish permanency of the children in their care through adoption, Denby (2011) found that kinship caregivers had a low intent of adopting. However, when asked whether they would be willing, if need be, to establish permanency for the children in their care through permanent legal guardianship, the intent was high (Denby, 2011). This finding indicates that while kinship caregivers may not necessarily be willing to adopt the children in their care, they may be willing to provide care for them long-term. Interestingly, while very few kinship caregivers were against permanent guardianship, many opposed adoption, even if they knew they could receive an adoption subsidy (Denby, 2011). Other researchers identified that older age, lower income, and more hours employed were more likely to predict kinship caregivers who did not intend to adopt the child in their care (Monahan et al., 2017). Physical health of the caregiver, the need for services, and the total pressures faced were not significantly associated with intent of kinship caregivers to adopt (Monahan et al., 2017). Geen (2003) found that not only are child welfare agencies less likely to pursue permanency when children are placed with relatives, but when they do, guardianship is stressed over adoption. This apparent preference for permanent guardianship by both child welfare agencies and kinship caregivers could be a result of it satisfying both party’s needs, while still keeping parental rights intact for the biological parents (Testa, 2004).

## Guardianship Subsidy Programs

While the GAP is the first program of its kind in the state of Florida, there is evidence to suggest that such a program would be effective in securing permanency for children in out of home care. In a large randomized control trial of a subsidized guardianship program in Illinois, Testa et al. (2003) found that children who had been assigned to the intervention group in which caregivers were offered a guardianship subsidy had a statistically significant improvement in permanency of 6.1% compared to children

assigned to the control group, where options included only reunification, adoption assistance, or remaining in long-term foster care. Subsequently, the Pew Commission on Children in Foster Care (2004) recommended that all children who leave foster care to live with a permanent legal guardian should receive federal guardianship assistance, in addition to recommending provision of federal adoption assistance to all children adopted from foster care. In conducting similar randomized control trials in Wisconsin and Tennessee, Testa (2008) found that children assigned to the intervention group including the guardianship subsidy had a 19.9% higher permanency rate in Wisconsin and a 12.8% higher permanency rate in Tennessee in comparison to the control group where guardianship subsidy was not an option. Remarkably, children in the intervention group in Illinois spent an average of 209 fewer days in foster care, while those in Wisconsin spent an average of 76 fewer days in foster care (Testa, 2008). Although there has been some growth in understanding the needs of children and kinship families following permanent guardianship, there are limits to the types of outcomes and information gathered from participants in these programs.

## Purpose

Despite the growing research on kinship care and guardianship assistance programming and policy, more research is needed to examine the perspectives of kinship caregivers in meeting the needs of the children in their care. This mixed methods study examined kinship caregivers’ perspectives of the relatively new implementation of the Florida Guardianship Assistance Program to understand how the program initially supported the needs of the child, caregiver, and family as they navigate permanent guardianship. Specifically, this study examined:

- (1) Caregivers’ knowledge of the GAP (e.g., whether they knew about the program and how they were informed);
- (2) Caregivers’ decision to apply for the GAP;
- (3) Caregivers’ perceptions of the GAP from families who had successfully closed cases to permanent guardianship;
- (4) Caregivers’ perceptions of the GAP from families who held active cases and had not yet closed to permanent guardianship; and
- (5) Caregivers’ perceptions of how children were adjusting in their home, comparing licensed and non-licensed homes.

This mixed methods study provides research on the early implementation of the GAP and caregivers’ perspectives of

how the policy helps them meet the needs of the children in their care.

## Methods

### Sample

A total of 372 caregivers were included in this study. At first, 433 caregivers attempted to complete the survey. Six respondents were removed for not providing informed consent to participate and 55 were removed because they only completed the informed consent question at the beginning of the survey or they did not confirm their status as a caregiver to confirm they met inclusion criteria. Among the participants, 65.7% ( $n=245$ ) of respondents indicated that they were relative (kin) caregivers, 32.3% ( $n=120$ ) indicated they were non-relative (fictive kin) caregivers, and 1.3% ( $n=5$ ) indicated that they were some other type of caregiver. Of those who reported the number of children placed with them through DCF ( $N=365$ ), the majority of caregivers (61.9%;  $n=226$ ) had one child currently placed with them, 23.0% ( $n=84$ ) had two children currently placed with them, 9.3% ( $n=34$ ) had three children currently placed with them, 3.9% ( $n=14$ ) had four children currently placed with them, and 1.9% ( $n=7$ ) had five or more children currently placed with them. Of those who indicated the number of placements for the children in their care ( $N=370$ ), 60.8% of respondents ( $n=225$ ) indicated that they were the first placement/home for the child(ren) outside of their home of origin.

The majority of respondents were married (56.7%;  $n=202$ ), female (89%;  $n=317$ ), White (71.8%;  $n=252$ ), and not of Hispanic, Latino, or Spanish origin (83.4%;  $n=291$ ). Almost two-thirds of the sample held education beyond a high school diploma (66%;  $n=234$ ), and 51.3% ( $n=191$ ) worked full-time (others worked either part-time, were unemployed, retired, self-employed, a student, or unable to work). Regarding total household income, slightly less than half the sample made below \$50,000 annually (48.5%;  $n=167$ ), and slightly more than half made more than \$50,000 annually (51.4%;  $n=177$ ). Demographic information for respondents is listed in Table 1 (please note that there are a few caregivers who did not provide a complete demographics questionnaire).

### Recruitment and Data Collection

To limit threats to confidentiality, participants were recruited by DCF and data were collected by the authors using a Qualtrics survey. Due to DCF not having access to email addresses for all kinship caregivers, the invitation to participate in the survey, as well as the link to the survey, was sent to all DCF-identified kinship caregivers via a letter in

**Table 1** Respondent demographics

Variable	<i>f</i>	%
Marital status ( $n=356$ )		
Married	202	56.7
Single	85	23.9
Divorced	30	8.4
Cohabiting	24	6.7
Widowed	15	4.3
Gender ( $n=356$ )		
Female	317	89.0
Male	38	10.7
Other	1	0.3
Age ( $n=351$ )		
20–29	21	6.0
30–39	71	20.2
40–49	95	27.1
50–59	94	26.8
60–69	59	16.8
70–79	10	2.8
80+	1	0.3
Race ( $n=351$ )		
White	252	71.8
Black or African American	66	18.8
American Indian or Alaskan Native	4	1.1
Asian	3	.8
Other	26	7.4
Ethnicity ( $n=349$ )		
Hispanic, Latino, Spanish Origin	58	16.6
Not Hispanic, Latino, Spanish Origin	291	83.4
Education ( $n=355$ )		
Less than high school diploma	16	4.5
High school diploma/GED	104	29.3
Vocational certificate	46	13.0
Associate's degree	61	17.2
Bachelor's degree	80	22.5
Master's degree	40	11.3
Doctorate	7	2.0
Other	1	0.3
Employment status—check all that apply ( $n=372$ )		
Employed full time	191	51.3
Employed part time	29	7.8
Unemployed and currently looking for work	15	4.0
Unemployed and not currently looking for work	25	6.7
Student	8	2.2
Retired	55	14.8
Self-employed	34	9.1
Unable to work	28	7.5
Total household income		
Less than \$20,000	39	11.3
\$20,000 to \$34,999	56	16.3
\$35,000–\$49,999	72	20.9
\$50,000–\$74,999	71	20.6

**Table 1** (continued)

Variable	<i>f</i>	%
\$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

the mail. Letters were sent to a total of 8764 caregivers, with useable responses collected from 372 caregivers, rendering a usable response rate of 4.2%. Survey data was collected from early July through mid-August 2020.

## Measures

The online mixed methods survey included 50 brief open- and closed-ended questions (some questions were screening questions that directed participants to different sections of the survey based upon their response; the overall survey was relatively brief unless participants decided to provide lengthier responses to open-ended questions). The surveys included questions related to participants' knowledge of and experience with the GAP, particularly how it supported or impacted the care of their child. To increase the trustworthiness of the analysis, the surveys were reviewed by multiple child welfare stakeholders for relevance prior to data collection. Specifically, surveys were developed, reviewed, and approved by the Florida Institute for Child Welfare (FICW) and the DCF Office of Child Welfare (OCW), including the DCF GAP committee that included CBC staff. Additionally, the project was approved by the [University Redacted] Institutional Review Board (IRB) and the DCF Human Subjects Administrator. The questions are not included due to the length of this paper, but please contact the corresponding author for a copy of the survey.

## Data Analyses

Quantitative data collected from the surveys were exported from the Qualtrics system into SPSS, and qualitative data from the surveys were exported into CSV (Excel) files for qualitative analysis. Quantitative data were analyzed using frequencies and percentages. The open-ended responses were inductively coded using a convention content analysis process in order to generate and define codes through the analysis (Hsieh & Shannon, 2005; Kaid, 1989). The following seven steps were completed to organize and identify themes: (1) the research questions were formulated; (2) the sample was selected for analysis; (3) the authors identified the categories that would be applied to the analysis of data; (4) the coding process was outlined; (5) data were coded; (6) the level of trustworthiness was discussed; and (7) the

results of the coding processed were completed. The authors included one family sciences professor with research and lived experience with foster caregiving, a graduate student with advanced coursework and lived experience with foster caregiving, and a social work professor with research and professional experience as a therapist for families impacted by the child welfare system. There were no major disagreements on themes; however, there was some discussion around conceptual clarity of the themes, which was resolved through discussion among the three authors, with themes adjusted accordingly. The authors incorporated the constant comparative method during analysis, and they sought feedback on the final results from child welfare stakeholders prior to the development of this manuscript.

## Results

### Overall Knowledge of the GAP

Respondents were asked when they first heard about the GAP, with the expectation being that they should have heard about the GAP from the child protective investigator at the time the child was initially placed with them. In response, 46.6% ( $n = 173$ ) of respondents first heard about the GAP when the child was initially placed with them, 33.7% ( $n = 125$ ) sometime after placement, and 1.3% ( $n = 4$ ) before the child was ever placed with them. Another 2.7% ( $n = 10$ ) indicated that the children were placed with them before the GAP began, and they were informed about the GAP once it started. In addition, 15.9% ( $n = 59$ ) of respondents had never heard of the GAP until receiving the survey letter from DCF for this evaluation. Of the respondents who reported having heard about the GAP ( $N = 311$ ), 22.2% ( $n = 69$ ) of respondents indicated they were first told about the GAP by the child protective investigator (DCF); 56.3% ( $n = 175$ ) from the caseworker (case management agency); 2.6% ( $n = 8$ ) from the Guardian ad Litem (GAL) or GAL attorney, and 19% ( $n = 59$ ) from someone else (i.e., including Level 1 foster care licensing staff, kinship staff, a friend or relative, personal research, or they could not remember).

### Decision to Apply for the GAP and Eligibility

Among respondents who both knew about the GAP and who indicated whether or not they pursued GAP ( $N = 310$ ), 87.1% ( $n = 270$ ) of respondents decided to apply for the GAP and 12.9% ( $n = 40$ ) opted not to apply. Of those who said they had pursued the GAP ( $n = 270$ ), 254 respondents said they applied for Level 1 foster care licensing. Of those who pursued GAP and applied for Level 1 foster care licensing ( $n = 254$ ), 90.2% were eligible. Of those who were ineligible, the main reasons identified by respondents included not

completing the application process or not meeting program requirements. Some indicated that they did not understand everything required to become licensed for Level 1. Of those who were eligible for Level 1 licensing, caregivers indicated that 14.6% ( $n=33$ ) of cases closed to permanent guardianship, 6.2% ( $n=14$ ) did not close to permanent guardianship, and 79.2% ( $n=179$ ) of cases are still active because they had not yet met the timeframe or requirements to close to permanent guardianship.

Of those who opted not to apply for the GAP ( $N=40$ ), 12.5% ( $n=5$ ) did not need the extra support, 10% ( $n=4$ ) were under the impression they would have to take other children in foster care and did not want to do so, 27.5% ( $n=11$ ) had been told they were ineligible, and 50.0% ( $n=20$ ) had other reasons for not applying (i.e., the GAP was complicated, the caregiver did not have time, or no explanation was given). Of those who indicated that they knew about the GAP but chose not to pursue it, 77.1% ( $n=27$ ) were aware of eligibility for monthly payment assistance; 71.4% ( $n=25$ ) were aware of eligibility of Medicaid benefits, and 57.1% ( $n=20$ ) were aware of eligibility for tuition exemption for the child at any public college, university, or vocational school in Florida.

### Perceptions of the GAP from Caregivers with Successfully Closed Cases

Caregivers who indicated that their children's cases had closed to permanent guardianship with the GAP ( $N=33$ ) were asked about the level of difficulty they experienced throughout the Level 1 Licensing process. Of those caregivers, 25% ( $n=8$ ) indicated that the process was very easy, 37.5% ( $n=12$ ) indicated it was somewhat easy, 21.9% ( $n=7$ ) indicated it was neither easy nor difficult, 12.5% ( $n=4$ ) indicated that it was somewhat difficult, and 3.1% ( $n=1$ ) indicated that it was very difficult. Those same caregivers were then asked to share any positive or negative experiences they had with the Level 1 Licensing process.

Among participants who responded to the open-ended questions, the qualitative analysis indicated both positive ( $n=4$ ) and negative ( $n=9$ ) responses. In regard to positive experiences, two respondents indicated that caseworkers were helpful, one indicated that the process was similar to other licensing they had gone through, and one indicated that they had a positive experience but did not provide a specific reason. For example, one caregiver reported that "the caseworker was very helpful and provided information through the whole process." In contrast, four respondents indicated that the process was slow or lengthy, two indicated communication issues, one indicated issues with receiving their stipend, one indicated a loss of benefits, and one indicated feeling inconvenienced. As an example of the slow or lengthy process, one caregiver indicated:

"We are a licensed foster home, Level 2. We have been waiting for 11 months for the approval of our [permanent guardianship] case. As of today, we are still in process... it has been terribly slow and not many [agency] staff know how Level 1 works and how to complete the process."

To exemplify some of the other negative experiences, caregivers indicated that it felt "like a fight all the way", that their "child's counseling is no longer covered", and that they "had to make certain adjustments to meet the requirements."

### Perceptions of the GAP from Caregivers with Active Cases

Caregivers who had gone through Level 1 licensing with children whose cases are still active ( $n=223$ ) were asked about parental visitation for the children in their care. About two-thirds (67.3%) of respondents indicated that the children in their care currently have parental visitation. Of those with visitation ( $n=150$ ), 6% ( $n=9$ ) have it multiple times per week, 46% ( $n=69$ ) have it weekly, 7.3% ( $n=11$ ) have it biweekly, 2.7% ( $n=4$ ) have it monthly, 26% ( $n=39$ ) at the discretion of the guardian, and 12% ( $n=18$ ) have some other arrangement. A majority (82%;  $n=123$ ) of the visits are supervised and 18% ( $n=27$ ) are unsupervised. Of supervised visits, 66.1% ( $n=85$ ) are supervised by the caregiver, 10.7% ( $n=16$ ) by a caseworker, 11.6% ( $n=14$ ) by visitation center staff, and 11.6% ( $n=6$ ) by someone else.

These caregivers were then asked how visitation impacted them personally. Three main themes emerged, including (1) no/minimal impact ( $n=29$ ), (2) overall positive impact ( $n=25$ ), and (3) negative impact ( $n=75$ ). There were no prominent subthemes for the no/minimal impact theme. As an example, one caregiver said that when visitation is "through Zoom, I just have to make sure the child is home. For face-to-face visits, I have to make sure someone is home when the child is dropped off." Another said, "I am ok with this as long as the parent does not promise the children anything that may lead to confusion or disappointment."

Among the positive impact theme, four subthemes were identified: supporting birth parent/child relationships ( $n=9$ ), getting a break/help with child(ren)'s care ( $n=3$ ), experiencing positive feelings/healing from seeing the parent with their child ( $n=5$ ), and general positive ( $n=8$ ). Within the supporting birth parent/child relationships subtheme, one caregiver reflected, "It helps the parents bonding with the child." Within the getting a break/help with child(ren)'s care subtheme, a caregiver noted, "Mom's visits are helpful with taking care of kids." Within the experiencing positive feelings/healing from seeing the parent with their child subtheme, one caregiver said, "It makes me happy that my grandson sees his mother, for she is my daughter." Another

said, "It gives me comfort knowing and seeing the love in both when together. As a mother and grandparent, it helps heal my heart." Finally, within the general positive subtheme, a caregiver said, "It's just fine; it helps the children understand."

Within the negative impact theme, five subthemes were identified: inconvenient ( $n=31$ ), uncomfortable/emotional ( $n=15$ ), behavioral changes ( $n=11$ ), struggles with parent/child engagement ( $n=10$ ), and frustrating/disruptive ( $n=8$ ). Within the inconvenient subtheme, one caregiver reflected that:

"It's difficult in that both parents are on a parenting plan, and we have to accommodate both schedules while having to juggle things with our own adopted child. Both parents are sporadic in their visitations and rarely follow the guidelines, so we find ourselves having to "police" how the visitations go."

Within the uncomfortable/emotional subtheme, one caregiver indicated that their child had an attachment disorder and it is hard to see the child struggle: "...his visits are a bit emotional. It is hard for him to fully understand what is going on. Even though he was given to us at a young age, he knows his mom and dad and deeply misses them." Within the behavioral changes subtheme, one caregiver expressed that their child's "behavior is almost always challenging when he comes back home and we actually dread the visits." Within the struggles with parent/child interaction subtheme, one caregiver said,

"...the mother is late or sometimes doesn't even call. I used to have to deal with the disappointment from the children, but now, even when she does get on the phone, the children just sit there. They don't actively participate in the call. It can be hard to watch."

Finally, within the frustrating/disruptive subtheme, one caregiver said, "The parents are inconsistent. Mom makes arrangements and no shows often. It disrupts our structured environment."

### Perceived Child Adjustment Among Licensed and Non-Licensed Level I Homes

Caregivers who had been aware of the GAP were asked how the children have been adjusting, compared to when they were initially placed with the caregiver. Results were examined based on whether the caregiver was a licensed Level 1 or not licensed Level 1. For those who were licensed Level 1 and responded to the question ( $n=186$ ), 81.2% ( $n=151$ ) indicated that the child was doing better than when they were initially placed, 5.4% ( $n=10$ ) indicated that the child was doing worse, and 13.4% ( $n=25$ ) indicated that there had been no change. For those who were not licensed Level

1 and responded to the question ( $n=55$ ), 80% ( $n=44$ ) indicated that the child was doing better than when they were initially placed, 9.1% ( $n=5$ ) indicated that the child was doing worse, and 10.0% ( $n=6$ ) indicated that there had been no change. Overall, the great majority of caregivers indicated that the children were doing better, but caregivers who were not licensed Level 1 reported a slightly higher percentage of children who were doing worse since the beginning of the placement.

## Discussion

The results of this study indicate that slightly less than half of participants were informed of the GAP at initial placement and approximately 15% did not find out about the program until they received the invitation to participate in this online survey. Because caregivers must go through the Level 1 foster care licensing process and maintain their Level 1 license for at least 6 months prior to the case closing to permanent guardianship in order to be eligible for the GAP benefits, it is vital that caregivers learn about the GAP as early in the placement as possible. Regarding the caregivers who did not know about the GAP at all, it is possible that this was partially because the program had only been in place for 1 year at the time of the evaluation. However, these findings are consistent with the findings of Testa (2008), where 22% of caregivers in the intervention group reported never having heard about the subsidized guardianship as a permanency option. It is also possible that caregivers were told about the program but that they were overwhelmed by everything going on and did not understand what they were being told or identify the information as relevant.

In looking at those who knew about the GAP but chose not to apply, it is concerning that such a large proportion (50%) felt like the foster care licensing process was too complicated, they did not have time to complete the requirements, or that no explanation of the process or benefits was given to them. Access to ongoing financial support and social resources may have changed the caregivers' decisions about the program had they known about them. Although there has been little research specific to early implementation of such programs, prior research does support that kinship caregiver families often face more adversity in terms of receiving less support, financial assistance, and interaction with child welfare agencies than non-relative foster families (Sakai et al., 2011; Scannapieco & Hegar, 2002; Winokur et al., 2018).

In this study, only a small percentage (14.6%) of cases had closed to permanent guardianship. This could be largely due to the fact that the program had only been in place for slightly longer than 1 year at the time of the evaluation, and the average case in the state of Florida lasts for 15.5 months

(Williams, 2020). There had not been enough time for more cases to close. Findings also indicated more than half of participants with closed cases generally felt like the licensing process was simple to navigate; however, there were a number of participants who indicated ambivalence or felt the licensing process was cumbersome. Researchers have identified that foster care licensing processes vary significantly on a national level and that there are certain types of licensing practices that may be problematic or create barriers to efficient and equitable licensing (e.g., education, citizenship, age, or income restrictions; Beltran & Epstein, 2012). In addition, relatives, particularly grandparents, and families who are responsible for other children prior to foster home licensure have been found to experience more barriers and withdraw from licensing processing than non-relatives and traditional foster homes in terms of licensure (Riley-Behringer & Cage, 2014).

Among those with active cases, results indicate that a majority of caregivers (67.3%) have children with supervised visitation with their parents (52% having visitations at least weekly and 70.2% of visits supervised by the caregiver), and there were multiple caregivers who indicated both positive and negative impacts of visitation on both the child and caregiver. Given that many visits were being conducted via video chat due to COVID-19, it is possible that more caregivers had to supervise visits more frequently than if the visits occurred outside of the home at a visitation center. Typically, case managers would have more in-person contact with children and caregivers and could help facilitate visits. Similarly, caregivers who supervised visits, particularly those with more frequent visitation, might have found that visits had a greater impact on them than if the visits were facilitated by other child welfare workers or mental health professionals. Researchers have identified that difficult interactions with birth parents, child behavioral issues, and navigating systems of care are associated with more parenting stress for kinship caregivers (Lee et al., 2016). Perhaps the general challenges associated with parental visitation, coupled with less in-person support from workers and the potential for more parenting stress due to COVID-19 (e.g., Miller et al., 2020), could have made visitation calls even more challenging for caregivers in this sample.

While the majority of both Level 1 licensed foster caregivers (81.2%) and non-licensed caregivers (80.0%) indicated that children were doing better overall since initial placement, it is worth noting that non-licensed caregivers reported a higher percentage of children who were doing worse since the beginning of the placement (9.1%) in comparison to Level 1 licensed caregivers who reported the same (5.4%). As non-licensed caregivers received less financial support than Level 1 licensed caregivers, it is possible that this finding is reflective of that lack of support. Additionally, Level 1 licensed caregivers have received specialized

training for navigating the child welfare system and parenting children who have experienced trauma, neglect and/or abuse, while non-licensed caregivers have not received such training. There could be a variety of additional reasons that children may potentially be doing worse in non-licensed care; continued research on this difference in child well-being is warranted.

## Limitations

There are several limitations to this study. First, this evaluation was cross-sectional and conducted only 1 year into program implementation, when the average time for a case to close in Florida is 15.5 months (Williams, 2020). This means that a child would have been placed with a kinship caregiver on or after the date of the program implementation, that family would have had to go through the Level 1 foster care licensing process, and the case would have had to close in permanent guardianship within a 1 year timeframe in order for participants to be able to fully discuss how the GAP had impacted them and the children in their care. Additionally, there was a low response rate of only 4.2% among those who were invited to participate in the survey. There could be several reasons for this, one of the greatest of which could have been DCF not having access to caregiver email addresses and having to send the link via letter. Instead of being able to simply click on the link in their email, potential participants had to go through their mail, choose to open the letter instead of tossing it aside as junk mail, read the letter, enter the survey link correctly into their internet browser, and complete the survey. Barriers to participation could have been present at each one of those steps.

An additional concern is that the sample in this study consisted of 65.7% relative caregivers and 32.3% non-relative caregivers, indicating that the sample may have been more heavily represented by non-relative caregivers compared to relatives. For example, of the 8,221 children in the care of relatives or non-relatives as of August 2021 in the state of Florida, 74.5% are in the care of an approved relative and 25.5% are in the care of an approved non-relative (DCF, 2021). It is also important to note that the sample is primarily married (56.7%), female (89%), between the ages of 40 and 59 (53.9%), and White (71.8%). While, to the researchers' knowledge, there are no available overall demographic statistics available on kinship caregivers statewide, it is possible that this is further evidence of a sample that may not be generalizable to all kinship families given the disproportionate number of Black and brown youth in foster care. Another potential limitation was that the self-report nature of the surveys may have led some caregivers to incorrectly identify that they were ineligible to participate in the GAP when they may have just been misinformed or uninformed about the eligibility requirements. However, it



is not possible to determine whether misinformation was a factor in this study. Finally, this survey was conducted during the COVID-19 pandemic, during which time caregivers could have been experiencing increased stress that may have impacted both their participation in the study at all or their perceptions of the impact of the GAP on themselves and the children in their care.

## Recommendations

Based on the findings of this study, more research is needed to examine the initial implementation of the GAP and similar policies across states. Although there were limitations in the number of closed cases and information gleaned about the potential effectiveness of the GAP due to the early implementation of this evaluation, similar early evaluation studies may help identify states that are seeing more successful information distribution and early uptake of the GAP. Because this evaluation included a higher distribution of non-relative caregivers pursuing the GAP, more research is needed to understand potential differences in experience between kinship and non-relative caregivers, particularly grandparent caregivers of color who typically face more adversity than other types of caregivers. In addition, the examination of child well-being under Level 1 homes included a one-item measure of the caregivers' perception of their adjustment since the beginning of placement. Future research should examine child well-being in more depth and, if appropriate, examine children's perceptions of policies like the GAP. Additionally, at the time this manuscript was developed, the GAP has been in place for more than 2 years. It would be beneficial to do another evaluation to find out how it is impacting caregivers and the placement stability, permanency, and well-being of children in their care.

Broadly, as other states look to implement similar guardianship assistance programs, it would be beneficial to provide more information about the program to caregivers at initial contact and throughout their involvement with the child welfare system. This would require training child welfare workers starting from investigation through case management and social services to check in with caregivers at each primary interaction. Streamlining of the information-sharing process with straightforward explanations of Level 1 foster care licensing, the GAP program, as well as why caregivers should consider applying early in the case would seemingly be helpful in engaging more caregivers. For the GAP, to improve information-sharing, each CBC could produce a video, an infographic, or a one-page document that summarizes the process in an easy-to-understand format that caregivers could easily access after the early stages of the placement. Another resource that could also be beneficial to share with caregivers would be a permanency process flowchart. 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 foster care 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 foster care licensing or the GAP in Florida, or similar processes in other states.

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**Data Availability** Not applicable.

**Code Availability** Not applicable.

## Declarations

**Conflict of interest** The authors declare that they have no conflict of interest.

**Ethical Approval** This research study (IRB# 201903368) was approved by the University of Florida Institutional Review Board.

**Consent to Participate** Informed consent was obtained from all individual participants included in the study.

**Consent for Publication** Not applicable.

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