OVERVIEW OF THE QIC-AG

The Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG) is a 5-year federally funded project that promotes permanence (when reunification is no longer a goal) and improves supports for adoptive and guardianship families. Working in partnership with eight sites, the QIC-AG is identifying and testing promising practices and evidence-based models of support and services for children and families both pre and post permanence. Effective interventions are expected to achieve long-term stable permanence in adoptive and guardianship homes not only for waiting children but also for children and families after adoption or guardianship has been finalized. To learn more about the work of the QIC-AG, please go to www.qic-ag.org.
The QIC-AG created a Permanency Continuum Framework to help structure work with sites and families pre and post permanence. The Continuum Framework was developed on the premise that children in adoptive or guardianship families fare better when their families are fully prepared and supported to address issues before they arise, and if issues arise, before they escalate into a crisis. The Continuum Framework is comprised of eight intervals; three intervals start prior to finalization (stage setting, preparation, and focused services); three intervals continue after finalization and focus on prevention services (universal, selective, and indicated services); and the last two intervals focus on the provision of intensive services and maintenance of permanence.

Wisconsin has designed and is implementing an intervention that falls into the indicated interval on the Permanency Continuum Framework. Indicated services focus on early detection of factors linked with an elevated potential for post-permanency discontinuity1 (instability) of the adoptive or guardianship family.

The Adoption and Guardianship Enhanced Support (AGES) program was developed by the Wisconsin Department of Children & Families (DCF) as part of the QIC-AG project. AGES is a voluntary program that provides support for adoptive and guardianship families. The program is designed to support families who face escalating stress stemming from emerging issues related to a variety of factors, including the child’s behavior, the child’s age, or changes within the family unit. AGES is modeled after post-adoption support programs in Pennsylvania and North Carolina, and the program is designed to be responsive to the unique, complex challenges faced by families who have adopted or assumed guardianship of a child. AGES offers families individualized assessment of their strengths and needs, identification of child- and family-specific goals, personalized assistance with identifying resources and navigating services, and targeted advocacy. When developing the AGES program, Wisconsin made an important distinction between providing services and providing support. The AGES program provides enhanced case management services to the families, assists the family by making necessary linkages to external services that the family might not be aware of or know how to access, and provides support to adoptive and guardianship families.

The AGES program uses assessment tools designed to help guide the development of a Support Plan for the family. The AGES worker develops the Support Plan in collaboration with the family, ensuring the plan is designed to support the family in critical areas such as social supports, case management, parenting-skills development, education, and other supports. The assessment tools incorporated in the AGES program include the following:

- The Child and Adolescent Needs and Strengths tool (CANS): This tool is completed by the AGES worker with information provided by the family and other providers such as therapists, and is used to create a mutual understanding of the strengths and needs of each child that can be used to inform and manage planning.
- Family Adaptation and Cohesion Scales (FACES III): Completed by each member of the family, this tool depicts the family’s flexibility and cohesion.

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1 Post-permanency discontinuity encompasses the following: displacement (child no longer in the physical custody but guardianship/parental rights remain intact); post-adoption placement; dissolution (guardianship or adoption legally terminated for reason other than parent death or incapacitation); and subsidy ended prematurely (subsidy payment ends prior to the child reaching age 18; may be related to child’s absence from household or caregiver death).
Behavior Problem Index (BPI): Completed by parents or guardians, this tool measures the frequency and type of child behavior problems.

Belonging & Emotional Security Tool (BEST): Completed by parents or guardians, this tool asks about issues related to a sense of belonging to the family and the parent or guardians’ level of commitment to the child.

Duke-UNC Functional Social Support Questionnaire (FSSQ): Completed by the parents or guardians, this tool measures the strength of their social support network.

Caregiver Strain Questions: Completed by the parents or guardians, this tool measures the amount of strain they feel as a result of their caregiving role.

The target population for AGES during the QIC-AG project is all families with a finalized adoption or guardianship who live in Northeastern Wisconsin and who request services and meet the indicated level of need. In addition to the families who adopted through a public agency, families who adopted through an intercountry or private domestic adoption agency are also eligible for AGES. Families are not eligible for AGES under the following circumstances:

- A child in the household enters out-of-home care or does not reside with the family.
- The family moves out of the Northeastern region of Wisconsin.
- The family has an open case with child protective services or juvenile justice.
- The family has an open case with child welfare in which the family is receiving services other than respite care or Children's Long-Term Support.
- The parent(s) or guardian(s) are currently licensed as foster parents.
- The family has needs that exceed the scope of the AGES program, such as:
  - The family expresses that they “need the child removed”; that the child is “out-of-control”; or there is aggression in the home to the point that the caregiver believes others in the family are in danger.
  - The caregiver expresses no willingness to engage in the process of addressing concerns.

AGES is delivered in several phases. For most phases, the timeframe is based on the pace set by the family. It is anticipated most families will receive services for 6 months; however, families experiencing continued stressors and challenges may continue to receive service until these stressors are diminished or mitigated.

Each of the AGES phases are described below.

- **Support Initiation.** The initial support connection is critical. Responsiveness and sensitivity by the AGES worker to families who are reaching out for help increases the likelihood of family engagement and involvement.

- **Assessment.** During assessment, the AGES worker seeks information to understand the presenting problems, the strengths the family possesses, ongoing needs of the child and family, and needs for linkage to services.

- **Support Planning.** Developed with the family, the Support Plan identifies goals and prioritizes the family’s goals by those that are most critical. Goals for the child,
parent, and family as a whole are considered. The assessment is conducted using the tools mentioned above, and the assessment results are used to guide the development of goals for the Support Plan.

» **Support Delivery.** This phase consists of working on the activities described in the Support Plan. Support delivery uses a family-centered approach that enhances knowledge and skills, parental resilience, social connections, and relationships.

» **Case Closure.** Family participation in AGES is voluntary, and a family can choose to end their participation at any time. Families may continue to receive services if there is an identified need and goals in the Support Plan have not been met. An important part of the overall Support Plan involves planning for case closure and ensuring to include plans for ongoing intervention as needed to help adoptive and guardianship families learn new skills needed as their children develop as well as to maintain the stamina needed to continue providing a nurturing environment for their children.

In accordance with AGES manual specifications, quality assurance tools have been developed to evaluate the delivery of services through a case record review tool and field-based observation of staff.

The Wisconsin site team met with families who have adopted and obtained guardianship in Wisconsin, and met with professional staff who provide services to these families. Based on the information from these meetings, the team determined that existing promising practices and evidence-based modules did not sufficiently address the needs in their state. Therefore, the Wisconsin team designed a new intervention to address the concerns of families who expressed feeling ill-equipped, unsupported, and unprepared to meet the emerging needs of their children after permanence occurred.

The AGES program is designed to augment existing services by providing family supports and creating linkages in the community. The overarching goal of the AGES program is to provide the level and type of supports that will help adoptive and guardianship families as they address the needs of their children, which in turn, will reduce familial stress and, ultimately, increase family capacity for post-permanence stability and improve well-being. AGES uses an individualized approach designed to address the unique needs and strengths of each family.

The evaluation being conducted through the QIC-AG will focus on identifying the core components of the intervention and examining the following AGES short-term outcomes:

» Decrease in child behavioral problems
» Increased percentage of caregivers who feel well equipped to address the needs of children in their home
» Increased levels of social support
» Increased caregiver commitment
The DCF Wisconsin team made a concerted effort to disseminate information about the AGES intervention through regular meetings with professional colleagues who work with the adoption and guardianship population, as well as through targeted presentations to statewide groups and associations, including a tribal group. In addition, to promote recruitment of families into the intervention, the team developed a colorful brochure describing the supports available through AGES and the criteria for program eligibility. In May 2017, the brochure was posted on the Post Adoption Resource Center (PARC) and Foster Care and Adoption Resource Center (FCARC) websites and Facebook pages. The brochure can be viewed by going to https://dcf.wisconsin.gov/files/publications/pdf/5187.pdf

Families who reach out for help using the existing networks in Northeastern Wisconsin (the DCF state office, Post Adoption Resource Centers, and Foster Care and Adoption Resource Center) can be referred to the AGES program following completion of a screening questionnaire that reflects the family is experiencing stress or a strained relationship with their child. Once families complete the initial screening, a referral is made to the AGES supervisor, who then reviews the referral, confirms program eligibility, and assigns the family to an AGES worker. The AGES worker then follows up by contacting the family.

Given that the AGES program was launched in spring 2017, the site team is still in the process of creating retention strategies and developing a protocol for retention efforts.

The development of the AGES program was informed by two post-adoption support programs. Links to these programs are below:


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MORE INFORMATION
To learn more about the QIC-AG visit www.qic-ag.org