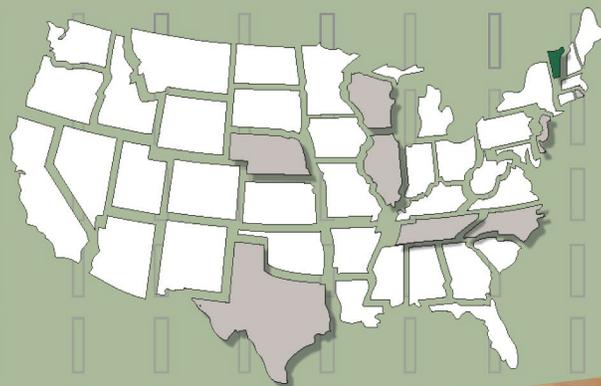


Evaluation Results from

Vermont



Final Evaluation Report



September 2019

QIC•AG

National Quality Improvement Center for
Adoption & Guardianship Support and Preservation

This report was designed by staff at the Texas Institute for Child & Family Wellbeing at The University of Texas at Austin, Steve Hicks School of Social Work. We thank them for their partnership and dedication to the work of translational research.



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The QIC-AG was funded through a five-year cooperative agreement between the Children's Bureau, Spaulding for Children, and its partners the University of North Carolina at Chapel Hill, the University of Texas at Austin and the University of Wisconsin-Milwaukee.

Report Authors

Laura Marra, MSSW | Research Director
Texas Institute for Child and Family Wellbeing
The University of Texas at Austin, Steve Hicks School of Social Work

Rowena Fong, EdD | Co-PI, QIC-AG | Ruby Lee Piester Centennial Professor
Fellow, American Academy of Social Work and Social Welfare
The University of Texas at Austin, Steve Hicks School of Social Work

Monica Faulkner, PhD, LMSW | Research Associate Professor | Director
Texas Institute for Child and Family Wellbeing
The University of Texas at Austin, Steve Hicks School of Social Work

Valerie Wood, PhD | Research Assistant Professor
Center on Disability and Community Inclusion (CDCI)
Department of Education, College of Education and Social Services
University of Vermont

Shontell Smith | Doctoral Student
Department of Educational Psychology
The University of Texas at Austin, College of Education

Jessica Strolin-Goltzman, PhD | Professor
Department of Education, College of Education and Social Services
University of Vermont

Kelly Melekis PhD | Associate Professor
Skidmore College

Nancy Rolock, PhD | Co-PI, QIC-AG | Associate Professor
Jack, Joseph and Morton Mandel School of Applied Social Sciences
Case Western Reserve University

Helen Bader School of Social Work
University of Wisconsin - Milwaukee

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We also thank the many stakeholders on the QIC-AG site specific Project Management Team (PMT), Stakeholder Advisory Team (SAT) and Implementation Team (IT) who were invaluable in providing the support and direction needed to implement the study. The participants on these three teams included community consumers and providers from adoption and guardianship services; adoptive and guardianship families; representatives from private, domestic, and international adoption; key leaders across multiple systems; and the numerous support agencies and system partners.

We would like to acknowledge the staff at the Vermont Department for Children and Family Services - Family Services Division, Lund, the site team leaders and Site Implementation Manager (SIM), who guided this work, in addition to their other roles within the agencies they work. Your partnership made this project a success.

The QIC-AG site consultants worked closely with the evaluation team to ensure the project work was implemented with integrity. Thank you for the collegial team work.

Vermont



PROJECT PARTNERS

QIC-AG partnered with the **Vermont Department for Children and Family Services, Family Services Division (DCF/FSD)** and **Lund**.

CONTINUUM PHASE

Universal

INTERVENTION

The **Vermont Permanency Survey** was developed to:

1. Identify the strengths and challenges of families formed through adoption and guardianship;
2. Learn from families about their support and service needs; and
3. Recommend ways to deliver data-driven, relevant and timely prevention and intervention services.

STUDY DESIGN

Descriptive

The target population included **all families with children in the state of Vermont** whose parents or guardians **received an Adoption or Guardianship Assistance Agreement Subsidy**.

- ✓ Surveys were collected in cycles based on FSD district about 6 months apart. Altogether, 1,470 families were asked to participate across the state.



809
PARTICIPANTS
(55% OF FAMILIES
RESPONDED)

RESEARCH QUESTION

Will families with children in the state of Vermont whose parents or guardians currently receive an Adoption or Guardianship Assistance Agreement Subsidy experience a reduction in post permanency discontinuity and improved child and family wellbeing if families are provided assertive outreach to complete a survey?

Findings

FAMILY WELLBEING



98% of caregivers were committed to their child for life

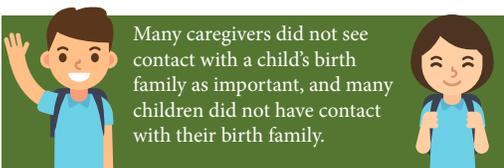


91% had never thought about ending adoption or guardianship

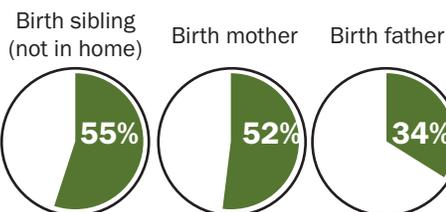


86% said that adoption/guardianship had a positive impact on their family

BIRTH FAMILY CONTACT



Many caregivers did not see contact with a child's birth family as important, and many children did not have contact with their birth family.



% WITH CONTACT IN LAST 6 MONTHS WHEN CONTACT WAS POSSIBLE

OVERALL, FAMILIES ARE THRIVING! HOWEVER, SOME FAMILIES MAY NEED MORE SUPPORT.

If you knew then what you know now, do you think you still would have adopted or assumed guardianship of your child?

78%
Definitely would

22%
Uncertain or would not



Caregivers who were **UNCERTAIN** or **WOULD NOT**, on average:

- had older children with more behavior challenges;
- felt less confident in meeting their child's needs
- had more difficulty coping in times of stress;
- experienced higher levels of strain attributed to parenting; and
- were less likely to be related to their child

compared to families who said they **'DEFINITELY WOULD.'**

RECOMMENDATIONS

1. Some families may benefit from additional follow-up with timely, adoption-competent and trauma-informed services. Services should assess and support the entire family (not just the child) and be offered to families throughout their journey.
2. Routine follow-up with families, particularly as children get older, may be helpful in preventing future discontinuity.
3. Caregivers may need additional training and support to help them talk to their children about healthy connections with their birth family members.



The University of Texas at Austin

Texas Institute for
Child & Family Wellbeing

Steve Hicks School of Social Work



JACK, JOSEPH AND MORTON MANDEL
SCHOOL OF APPLIED SOCIAL SCIENCES

CASE WESTERN RESERVE
UNIVERSITY

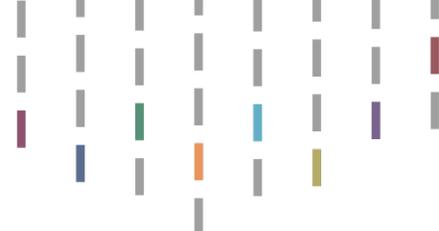
This research summary was designed by staff at the Texas Institute for Child & Family Wellbeing at The University of Texas at Austin, Steve Hicks School of Social Work, in conjunction with the Jack, Joseph and Morton Mandel School of Applied Social Sciences at Case Western Reserve University.

Evaluation questions? Please contact Nancy Rolock at nancy.rolock@case.edu or Rowena Fong at rfong@austin.utexas.edu.



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Executive Summary

Overview

The Vermont Department for Children and Family Services, Family Services Division (DCF/FSD) is the public child welfare and juvenile justice agency responsible for the delivery of child welfare services. FSD works with private agencies throughout Vermont to deliver both pre and post permanency services and supports to families formed through adoption and guardianship. The National Quality Improvement Center for Adoption and Guardianship Support (QIC-AG) partnered with FSD, representatives from Lund, a local private agency, and the University of Vermont on this project.

The QIC-AG site team in Vermont recognized that identifying the needs and strengths of adoptive and guardianship families who may be at an increased risk for discontinuity was important prior to providing early outreach. To that end, the site team developed the Vermont Permanency Survey to identify the strengths, risks, and needs of families post permanency.

Implemented at the Universal Interval of the QIC-AG Permanency Continuum Framework, the Theory of Change for QIC-AG project was that if the system of care in Vermont prioritized early outreach to all adoptive and guardianship families then they would be able to:

- Identify families who are doing well, and understand the strengths and protective factors associated with those families; and
- Develop a viable process for the early identification of families who are facing challenges and may be at increased risk of post permanency discontinuity. In doing so, Vermont will have an opportunity to intervene and provide families services and supports to reduce familial stress and increase protective factors.

Intervention

The Vermont Permanency Survey included validated measures and items that focused on family wellbeing, child wellbeing, caregiver wellbeing, adoption and guardianship experiences, community services, and demographics. The Vermont Permanency Survey was located in the **Develop and Test** phase in the *Framework to Design, Test, Spread, and Sustain Effective Practice in Child Welfare*. Developed for this project, it used the following process:

1. Determine survey areas of inquiry
2. Select measures/generate questions
3. Refine/select questions
4. Format survey administration
5. Conduct a focus group
6. Pilot test and finalize survey

We used assertive outreach methods including 1) sending an introductory letter to families prior to administering the survey and 2) sending multiple reminders to increase survey response rates. Other outreach efforts that may have impacted response rates included a participant's familiarity with the agency sending the survey, time of year at which the survey was distributed, whether the area being surveyed was primarily urban or rural, and whether the survey was sent electronically or by mail.

Primary Research Question

The primary research question for this study was:

Will families with children in the state of Vermont whose parents or guardians currently receive an Adoption or Guardianship Assistance Agreement Subsidy experience a reduction in post permanency discontinuity and improved child and family wellbeing if families are provided assertive outreach to complete a survey?

Using a descriptive cross-sectional design, all families with children in the state of Vermont whose parents or guardians were receiving an Adoption or Guardianship Assistance Agreement Subsidy were invited to participate in the study. Parents and guardians were asked to answer questions about one child in their home, referred to as the "identified child." The identified child was randomly selected by the evaluators when parents or guardians were receiving a subsidy for more than one child.

Key Findings and Discussion

Overall, a total of 809 caregivers (55%) completed the survey. The majority of families formed through adoption and guardianship in Vermont were doing well: 98% of caregivers were committed to their child for life, 91% had never thought about ending their adoption or guardianship, and 86% rated the impact of their adoption as positive.

Caregivers who reported that they would definitely adopt their child again had higher levels of resilience, open communication, perseverance in time of crisis, and more positive parent-child interactions compared to caregivers who indicated they were uncertain or definitely would not adopt again. They also had less strain attributed to parenting their child and more confidence in knowing how to meet their child's needs. Additionally, they felt more prepared at the time of their finalization and used fewer services in the past six months.

While most families were doing well, there were some families at greater risk for discontinuity. These families may benefit from additional follow-up with timely, relevant services from post permanency providers. Services should assess and support the entire family (not just the child) to help strengthen protective factors and reduce risk factors for post permanency discontinuity. These services should be available to families prior to finalization and continue throughout their journey. Checking in with families routinely, particularly as children get older, may help to prevent discontinuity.

Caregivers may also need additional training and support around talking to children about adoption, guardianship and birth families with their children. Providers may want to help families understand why birth families matter and how to help their child maintain connections to their birth family.

Cross-Site Summary

The cross-site evaluation (Chapter 10 of the full report) summarizes overarching themes and analyses found across six QIC-AG sites that focused on addressing issues post permanence: Vermont, Illinois, New Jersey, Catawba County (North Carolina), Wisconsin, and Tennessee. Key findings from the cross-site are summarized below.

Key questions that can help sites identify families who are struggling post permanence. An important aspect of prevention work with adoptive and guardianship families is to be able to identify families who may be the most likely to experience post permanency discontinuity and diminished wellbeing. Through the QIC-AG we asked key questions to better understand issues related to post permanency discontinuity. Our findings show promise for using a set of questions related to familial issues to distinguish families who were struggling and those who seemed to be doing alright. These questions could be administered yearly to all adoptive and guardianship families, with targeted outreach directed at families whose responses suggest they may be at an elevated risk for post permanency discontinuity.

Child welfare jurisdictions interested in targeted outreach to adoptive or guardianship families may consider periodically checking in with families to assess their level of caregiver commitment and familial relationship (e.g., the parent or guardian's assessment of how well they can manage their child's behavior). Based on the responses received from this check-in, jurisdictions could consider targeting outreach to families based on responses to key familial relationship questions piloted with the QIC-AG project.

Maintain connections with families after adoption and guardianship. Connections to services, supports, and resources should begin prior to adoption or guardianship finalization and continue to be maintained after finalization.

Reduce barriers to post adoption service use and empower families to seek services and supports. This process may be made easier by maintaining connections through universal outreach, which includes providing information about availability and eligibility for services after adoption or guardianship finalization so that families know how and where to access supports and services.

Offer support through periodic, targeted outreach to families who exhibit characteristics that suggest they may be at an increased risk for post permanency discontinuity. This could be, for instance, annual check-ins with families to see how they are doing.

Support is important. Families reported that at times what is needed is a friendly voice on the other end of the phone who can listen to struggles regarding birth family contact or provide support for older caregivers. Other times it is helping to get intensive residential treatment services for their child without relinquishing custody. Participants reflected on the important social connections (informal social support) made by attending sessions. Survey respondents reported that they needed formal support from the child welfare and school systems, as well as support in accessing services for their child post-permanence. It is important to understand what *support* means to the family and to find a way to offer it in a timely manner.

