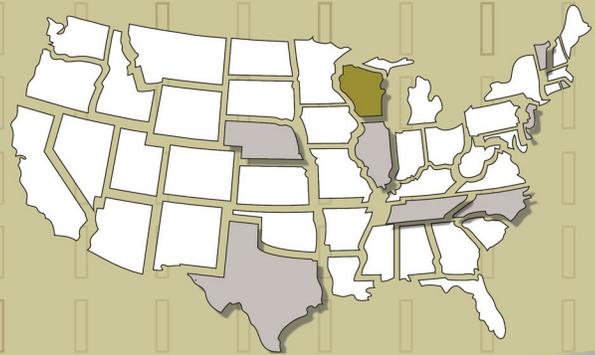


Evaluation Results from

Wisconsin

Final Evaluation Report



September 2019

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.



**Children's
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Evaluation Results from

Wisconsin

PROJECT PARTNERS

QIC-AG partnered with **Wisconsin Department of Children and Families (DCF)**

CONTINUUM PHASE

Indicated

INTERVENTION

Adoption and Guardianship Enhanced Support (AGES) was developed by the QIC-AG to provide support to adoptive and guardianship families who made contact with a service provider. By providing families with support, the project hoped that families would feel less stressed, and ultimately have increased capacity for post permanency stability and improved wellbeing.

STUDY DESIGN

Descriptive



Included **17 Wisconsin counties** (Brown, Calumet, Door, Fond du Lac, Green Lake, Kewaunee, Manitowoc, Marinette, Marquette, Menominee, Oconto, Outagamie, Shawano, Sheboygan, Waupaca, Waushara, and Winnebago) and **3 sovereign tribal nations** (Oneida, Menomonee, and Stockbridge-Munsee Native Americans)

The target population was **families in the Northeastern Region of Wisconsin with a finalized adoption or guardianship who requested services.** Families adopting through public, tribal, private or intercountry providers, and families who assumed guardianship were all included.

RESEARCH QUESTION

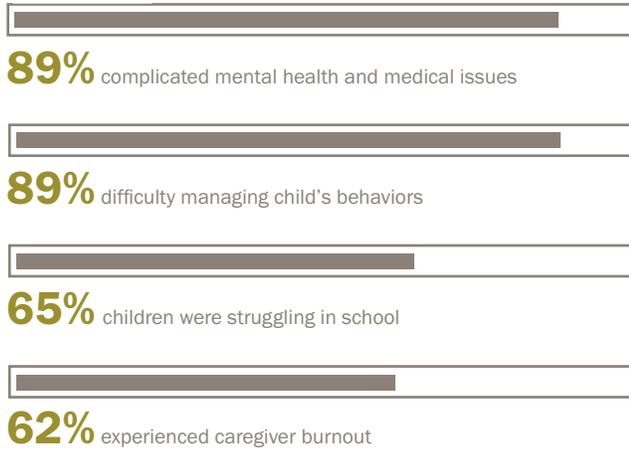
Will families with children residing in the Northeastern Region of Wisconsin with a finalized adoption or guardianship who request services from one of the identified referral sources who receive Adoption and Guardianship Enhanced Support (AGES) experience a reduction in post permanency discontinuity, improved wellbeing, and improved behavioral health after receiving AGES?

Findings

PARTICIPATION



COMMON ISSUES



Caregivers shared that finding appropriate, timely, and effective adoption and guardianship-competent services was difficult.

“[Prior to AGES] I couldn't get help because [my adopted son's issues are] not bad enough...Why should he have to get so bad ... if I had that help when I started seeing stuff ... we'd be seeing a different ten-and-a-half-year-old.”

FEEDBACK FROM CAREGIVERS

Support was essential! Caregivers reported feeling less stressed as a result of having an AGES Worker who listened, provided guidance and advocated on behalf of them.

“ [The AGES worker] literally saved our family...I don't know that I could've gotten my point across without her putting it in another perspective for the principal and the guidance counselor. She also has trauma information. She knows how to go about talking to the school about the things that could come up because of their trauma. For whatever reasons, they're less likely to just listen to [the caregiver] but somehow [the AGES worker] legitimizes our issues.”

“ ...I am not feeling so overwhelmed because I feel like I have help. [The AGES worker] would do whatever's needed to be done to help reduce the stress in our family.”

CHARACTERISTICS OF AGES WORKERS

Ensuring the Right Fit. AGES workers took the time to get to know what the family needed and matched specific services with family needs.

Flexibility. AGES workers made home visits, met families where it was most convenient, and advocated at important meetings alongside the family.

Being Direct and Candid. AGES workers sometimes needed to have difficult discussions with families, in a gentle but direct manner.



The University of Texas at Austin

Texas Institute for
Child & Family Wellbeing

Steve Hicks School of Social Work



JACK, JOSEPH AND MORTON MANDEL
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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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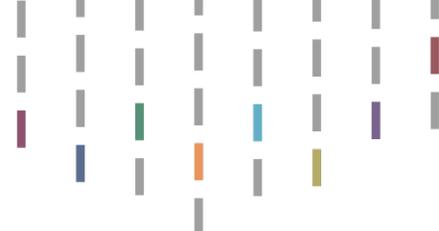
Acknowledgements

The QIC-AG evaluation team would like to extend our sincerest thanks to all of the adoptive and guardianship families who participated in the project.

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 Wisconsin Department of Children and Families, the site team leaders and Site Implementation Managers (SIMS) 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.



Executive Summary

Overview

The Wisconsin site of the National Quality Improvement Center for Adoption and Guardianship Support (QIC-AG) designed a new model for post permanency support, the Adoption and Guardianship Enhanced Support (AGES). The development of AGES was based on input from stakeholders, including adoptive parents, guardians, and service providers. Stakeholders reported that what families in Northeastern Region of Wisconsin needed to enhance the continuum of services for adoptive and guardianship families, and ensure children and youth remained in long-term, stable homes was a new model of post permanency support.

The AGES program was located in the **Develop and Test** phase in the *Framework to Design, Test, Spread, and Sustain Effective Practice in Child Welfare*. Developed by this project, at the Indicated Interval of the QIC-AG Permanency Continuum Framework, AGES was designed to support families who contacted a service provider to request services, information or support.

Intervention

The Theory of Change developed by the QIC-AG project in Wisconsin, in summation states that some adoptive parents and guardians feel ill-equipped and unsupported to meet the needs of their children, and, if provided with additional support, families would feel less stressed, and therefore have increased capacity for post permanency stability and improved wellbeing. The QIC-AG team explored several existing interventions, none of which met the specific needs, as articulated by the stakeholders and the Theory of Change. One of the key aspects of the program that stakeholders reported needing was support, rather than a particular specific intervention. Building on portions of two existing interventions, the Wisconsin QIC-AG team developed and tested a new intervention to address this gap in support.

The QIC-AG team in Wisconsin followed a careful process for the development of social work-related interventions to create AGES (Fraser, Richman, Galinsky & Day, 2009). This involved the team working to specify the problem, and creating program materials. This began with all-team sessions where program materials were reviewed and evaluated. The team was careful to examine the use of language, ensure the project would be culturally sensitive, and obtain feedback from stakeholders during the process. This process resulted in the creation of AGES, a five stage intervention.

The five stages of AGES were: Support Initiation, Assessment, Support Planning, Support Delivery, and Case Closure. The program offered individualized assessments of the families' needs and strengths; identified family-specific goals; assistance in navigating resources and services, and offered targeted advocacy. The four major types of support provided to families included: social supports, case management, parenting services, and educational-related services.

This study was a pilot test of the AGES model. Given the short timeframe associated with this study, the next study of AGES should test the program components and examine associations with the desired program outcomes.

Primary Research Question

The primary research question for the QIC-AG study was:

Will families with children residing in the Northeastern Region of Wisconsin with a finalized adoption or guardianship who request services from one of the identified referral sources who receive Adoption and Guardianship Enhanced Support (AGES) experience a reduction in post permanency discontinuity, improved wellbeing, and improved behavioral health after receiving AGES?

The target population included adoptions and guardianships that were finalized through public, private domestic, intercountry, or tribal authorities.

Originally, a pre-post design was selected to evaluate the AGES program. However, there was a slower than expected uptake of AGES, and few AGES participants had completed services. As such, there was not enough time to observe changes in short-term outcomes. The evaluation design was changed to a descriptive study to allow the project to learn from current and former AGES participants. The purpose of the descriptive study was to:

1. Assess adherence to the implementation protocol.
2. Describe the issues confronting families who participated in AGES.
3. Describe how issues confronting AGES-involved families were addressed.

The study used data collected by the program staff to assess adherence to the implementation protocol and used a combination of case record review and interviews with study participants to describe the issues participants were facing and the supports and services provided by AGES workers. Participant interviews were used to describe how participants felt about their experiences of AGES.

Key Findings and Discussion

The **Develop and Test** phase of intervention development should result in “a set of specific practices, program components, and intervention guidelines that do not require adjustment, have been defined well enough that others can replicate them, and show an initial improvement in outcomes that can most likely be traced to the intervention” (Framework Workgroup, p. 11). This initial test of AGES was a descriptive analysis conducted with the 32 families served by AGES found that participants reported receiving and benefiting from the key ideas that were the foundation of the AGES program. Specifically, the case file review and interviews with adoptive parents and guardians found key factors in the AGES program that were helpful to families.

Key findings from the case file reviews included:

Many families were struggling with a wide range of issues. The two most common issues were complicated mental health and medical issues (89%) and difficulty managing the behaviors of their children (89%). Most of their children were struggling in school (65%) and there was a large level of caregiver burnout (62%). AGES workers provided support and referrals to services that matched the needs of adoptive and guardianship families. A wide range of support and services were requested by families, including having available service providers who understood issues specific to families formed through adoption or guardianship, addressing families’ emotional and informational needs, obtaining referrals and navigating systems, and meeting with families who had similar experiences.

Being flexible and candid with family members and service providers made workers especially effective. In particular, the case file reviews found that AGES staff:

- **FOUND THE RIGHT FIT.** Investing the time to get to know what the family needed was critical and resulted in matching children to specific services (e.g., equine therapy, de-escalation skills) that ultimately improved family wellbeing. By providing enhanced case management, AGES workers were able to coordinate services for families and assist them in navigating different systems.
- **WERE FLEXIBLE.** To provide the right fit, AGES workers provided home visits, attended school meetings with caregivers, and even accompanied the family during visitation with the birth family. This individualized approach was an important objective in the AGES program.
- **WERE DIRECT AND CANDID.** AGES workers sometimes needed to have difficult discussions with families in a gentle but direct manner (e.g., addressing a caregiver's substance use).

Key findings from the interviews with adoptive parents and guardians:

Adoptive and guardianship families struggle like other families, but there is a uniqueness to their struggle that they discussed in the interviews. Families discussed issues with different degrees of urgency, where some issues were described as **long-term issues** and others as **urgent issues**. Long-term issues were ones that families wanted addressed or better understood but were not overwhelmed by them at the moment. Adoptive and guardianship families also struggled with **urgent issues**. **Urgent issues** were ones where families were in critical need of services for their children, but due to a variety of roadblocks, could not access those services on their own. They reported that they had tried many services prior to AGES that did not seem to work and were at a place of not knowing what to do next. When families were desperate for help, they reported feeling

like no one was there and that things might never change. These struggles, coupled with the lack of supportive services, are what made families consider ending the adoption or guardianship. The urgent issues were diverse, and often required a variety of responses and assistance from the AGES workers.

In sum, AGES participants reported increased capacity to care for their children in a variety of ways, including:

- Helping families make difficult decisions.
- Being a sounding board for families.
- Equipping families with knowledge of available resources.
- Assisting families with the set-up of those services.
- Navigating the various systems.
- Figuring out the right diagnosis and establishing the appropriate services to help with that diagnosis.

Adoptive parents and guardians indicated that the AGES workers increased their skills or capacity to manage their children's behavior and educational challenges in a variety of ways, including providing information and knowledge about available services.

Participants reported a reduction in family stress as a result of participating in the AGES program. They attributed this to the knowledge that they had someone they could go to for support, which reduced their stress levels:

"I just need to vent to somebody and then somebody telling me, 'Okay, you're a good mom, you know, a lot of his issues are trauma...' That is awesome because that's reducing a lot of my stress...Because one of the biggest things is if you're a single parent and you have to get out of the house and you're worried about even just getting to work that's a huge stress. For me, I feel like things improved in the family in general. Jaron [adopted child] is on a mood stabilizer. Two weeks ago, he said to me at our meeting with the county, 'Don't tell him [county worker], but I like him now.' It's a lot of reduced stress...I am not feeling so overwhelmed because I feel like I have help. She would do whatever needed to be done to help reduce the stress in our family."

"I would say it would be helpful because it's just having that extra support and also having that resource, I think it's valuable...I think it would be helpful to maybe expand it to allow some foster parents in as well."

One parent reported that, through the AGES program they discovered the child that they always knew was there:

"As soon as she feels like she's gonna be happy, she self-sabotages and makes it awful. So, we've never had that happy moment. And since [the help she got through AGES], it's been like she's okay with feeling happy. It makes a big difference...That child has never been happy during Christmas. The AGES program gave us our first happy Christmas ever."

One of the AGES workers reflected on why she believed AGES successfully helped so many families. She attributed this to the families who refused to give up on the idea that something could work:

“It's not working because I have the magic. It's working because they were willing to try one more time. They had someone who could help them navigate the system...I have had to play the role of looking at parents and saying, 'If you've had your child in therapy for four years and we're not making progress, maybe this isn't the best therapist.' I mean, they literally were afraid to [make a change] on their own because they were overwhelmed and burdened by this whole idea that nothing is gonna get better, I think they started to get to the point where it was like, 'I don't know that I can be open-minded. I don't know that I can try these things.'”

The families reported that the AGES workers helped them identify, locate, and access services. Similarly, caregivers affirmed the need for home visits as an important aspect of the program. Families reported that the AGES worker understood their unique circumstances, as adoptive parents and guardians, and were able to interface with service providers and gain access to services that they were unable to do on their own. These activities affirmed the importance that support played in the AGES program.

The families served by the AGES program were from one region in one state and were small in number. As such, the results from the AGES program are not generalizable to all adoptive or guardianship families. Results from outreach in Wisconsin confirmed that offering post permanency services and supports did not create a mass influx of families in need of services. Most adoptive and guardianship families are doing well with the supports and services they have. However, for a small proportion of families who engaged in services, their needs were great, and supporting them through AGES was important to them. However, a key factor in providing this support is finding workers with the right set of dedication, determination, patience and flexibility to stop, listen and support families when and how they need it. The workers believed the families when they said they were struggling. They let parents and guardians know that they understood the strength it took for these families to try “one more time,” seeking out AGES after exhausting all other options, and never giving up.

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.

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