

Formative Evaluation of Family Finding

FINAL REPORT

EXECUTIVE SUMMARY

August, 2016

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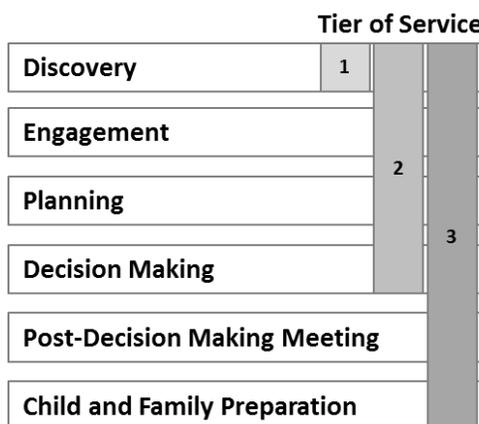
Executive Summary

This report presents findings from an evaluation of enhancements made by the Children’s Home Society of North Carolina (CHS) to Family Finding (FF), a relative search and engagement model, designed to identify and engage family members to provide support and permanent homes for children in foster care. Prior to CHS’s work to enhance the model and expand services across the state, Child Trends conducted a rigorous impact and comprehensive implementation evaluation of FF services in nine North Carolina counties. That evaluation yielded some evidence consistent with practitioners’ and program developers’ expectations about how FF works, but also some evidence to the contrary. FF specialists did succeed in identifying and engaging relatives and other kin; however children who received FF services were no more likely than children assigned to the control group to experience positive placement outcomes.

In addition, several evaluations of FF (including the previous one in North Carolina) found full implementation of the model to be challenging for provider agencies. While the program developer’s description of the model includes six components or steps,¹ evaluations found only the first four components were operational and fully implemented. Unfortunately, the final two components—evaluation and follow-up supports—which relied on collaboration between the worker conducting FF services and the case-carrying social worker, were never clearly articulated during trainings and thus, unable to be fully implemented. These challenges suggest the need for more research to determine whether and how model fidelity can be attained, and whether consistent implementation with fidelity would result in positive outcomes. It is on this foundation that CHS developed an enhanced FF model, and together with Child Trends, developed measures of fidelity, and collaborated on this evaluation.

Description of services

In response to the earlier findings, CHS revised the six-step FF model by offering three increasingly intensive tiers of services (See Figure). Each tier is targeted to specific populations, to ensure that children receive the specific array of services most likely to support their permanency outcomes in the most efficient manner possible. Tier 1 is a diligent search service designed only to notify relatives of children new to out-of-home care. Tier 2 is similar in scope to the original FF model’s first four components (see figure), while Tier 3 includes the first four steps and two new steps developed by CHS, designed to engage relatives and fictive kin who can provide legal permanence to youth through adoption, guardianship, or transfer of custody. In addition to the FF services, CHS offered their child-specific adoption recruitment (CSR) services to counties, based on the Wendy’s Wonderful Kids model.



¹ The six steps in the model include discovery, engagement, planning, decision-making, evaluation, and follow-up supports (National Institute for Permanent Family Connectedness, n.d.).

Evaluation design

Given the substantial revisions to the model, and as a precursor to a second rigorous evaluation, Child Trends and CHS (together with funding partners) proposed a formative evaluation to assess the overall referral process (of children to FF) and the degree to which the different tiers of FF were implemented with fidelity. As part of the evaluation Child Trends would also identify program challenges and new ways to overcome the challenges. In addition, we tracked outcomes for the children served to compare them with outcomes experienced by children served during the previous evaluation, and to inform the design of a future impact evaluation. Outcomes examined included: achievement of legal permanency; experiencing a placement step down; experiencing a move from a non-relative to a relative home; obtaining commitments to legal or relational permanency; the number of family connections discovered; a child's knowledge of their family history; a child's overall permanency readiness; and general child well-being.

Children served

Between January 1, 2014 and February 19, 2016, 375 children received FF services and 113 children received CSR services. As expected, some counties referred more cases than others. Early on, CHS struggled to meet the referral goals in each county and DSS staff reported several reasons for not referring children, including not believing there was a need for the services and few children meeting the eligibility criteria. CHS began intensive marketing and outreach efforts in July 2014, which were successful in increasing the number of referrals over time. By the end of the evaluation period, CHS was receiving appropriate referrals on a consistent basis and had developed a waiting list.

As expected, there were differences in the characteristics between children served by each program. Children served by Tier 3 and CSR were older, more likely to have impairments, have been in care longer, and had more prior placements than children served by Tier 1 and Tier 2, characteristics that may make them less likely to experience positive outcomes. Further, children served during the previous evaluation period have characteristics that may make them less likely than children served by Tier 3 and CSR to experience positive outcomes.

Key findings

Our examination of program implementation and fidelity and child outcomes found:

- CHS implemented the new tiered FF program in a purposeful and supportive manner. CHS leaders supported the program by providing guidance and providing comprehensive training to FF staff. Department of Social Service (DSS) administrators and staff genuinely appreciated the trainings provided by CHS and requested additional trainings due to high turnover. In addition, CHS's reputation for providing quality services and the high degree of trust between DSS and CHS leadership provided a foundation for strong collaboration.
- Earlier model components (i.e., those implemented previously under the original FF model) were implemented with overall greater fidelity than the later components (i.e., the newly added FF activities, such as child and family preparation). This finding is not surprising given that many of the FF specialists and supervisors had several years' experience conducting the former model of FF.

However, FF specialists were able to implement the newer components of the model for some cases, demonstrating it is possible to implement all components of the model.

- Overall, compared with children served during the previous evaluation, children served by CHS during this study period (receiving Tiers 2 and 3) experienced better permanency and placement outcomes. However, the findings should be interpreted with considerable caution. While we controlled for child and case characteristics to the extent possible, there could be a number of untested reasons for the slightly better outcomes experienced by children during this study.
- In general, when FF services were implemented with greater fidelity, children experienced better outcomes. This finding, too, should be interpreted with caution as it represents an association between fidelity and outcomes, not a causal relationship.

Overall, the findings suggest CHS' efforts to modify and enhance the original FF model and expand FF services across the state were successful, and thus likely warrant further fidelity testing and additional, more rigorous evaluation. The methods developed to measure fidelity, and the continuous assessment of findings, provide a strong foundation upon which CHS can continue to improve the model and further expand its services. The detailed information collected as a part of the evaluation on the types of children served by each tier of FF and CSR provides CHS with important data for modifying their outreach efforts. This information is also important as it tells us that additional, more targeted outreach efforts may be necessary in order to obtain an adequate sample for a rigorous impact study.

Recommendations

It is important to remember that implementation research finds it takes programs two to four years to reach full model fidelity. While CHS has implemented some form of FF for more than five years, their experience with the enhanced model spans just two years. Not only did CHS modify and expand the model activities, they greatly expanded the size of their staff and service area. Prior to undergoing a subsequent rigorous evaluation, it would benefit CHS (and the field) to be assured their FF practice is being implemented with full fidelity. We therefore offer the following recommendations prior to conducting a second rigorous evaluation:

- *Increase support among stakeholders* including continued training for DSS workers and other stakeholders, and consideration of co-location of FF specialists in DSS offices. Target trainings to all levels of staff to ensure widespread buy-in and have FF specialists discuss their role and goals with DSS workers.
- *More training for FF specialists* so fidelity of the newer model stages—child and family preparation and post-decision making meeting—can improve.
- *Continue to monitor fidelity and outcomes* to determine whether fidelity can be improved and/or sustained.
- *Expand efforts to strategically assign cases to maintain manageable caseloads* including staggering referrals to FF specialists and assessing the difficulty of each case.
- *Conduct additional small-scale analyses prior to another rigorous evaluation* including testing more rigorous fidelity measures, and understanding how the services translate into outcomes.