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Family Connection Discretionary Grants

**2009-Funded Grantees
Cross-Site Evaluation Report – Final**

Executive Summary

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Executive Summary

The cross-site evaluation of the Family Connection Discretionary Grants examined the effectiveness of 24 grants awarded by the Administration for Children and Families, Children's Bureau (CB) in September 2009 with funds authorized by the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Public Law 110-351). The grants supported demonstration projects to help reconnect family members with children who were in or at risk of entering foster care. Grantees implemented projects in four program areas: 1) kinship navigator, 2) family-finding (also referred to as intensive family-finding), 3) Family Group Decision-Making (FGDM), and 4) residential family treatment. Eight grantees implemented services in two or three program areas.

Grantees conducted local evaluations to improve processes and services and to demonstrate linkages between project activities and improved outcomes related to safety, permanency, and well-being. Grantees also participated in a national cross-site evaluation that documented the progress of projects within each program area and the 24 grantees as a whole (i.e., cluster). The evaluation addressed process and outcome questions at the parent, child, family, organization, and service delivery system levels and described the unique aspects of projects in each program area. Quantitative and qualitative data sources included grantee summaries and profiles, grantee evaluation reports of aggregated process and outcome evaluation results, and discussions with a cross-section of grantee representatives. Quantitative data provided in grantee evaluation reports were synthesized by categories of safety, permanency, and well-being. Qualitative coding software (ATLAS.ti) supported organizing and producing reports by grantee/project, program area, and cluster. Coded data were synthesized at the program area and cluster level via grounded theory to identify similarities and commonalities; identify relationships, patterns, and themes; identify clusters and categories; and incorporate differences and outliers.

A. Family Connection Services Provided to Diverse Populations

All grantees worked with parents, children, and families involved or with the potential to be involved in the child welfare system, but target populations were specific to program areas. The number of adults, children, and families served by grantees was dependent on project capacity and geographic reach. Grantees made corresponding and continual adjustments to key activities to better engage parents, children, and families and to accommodate unexpected demographic trends.

- Kinship navigator grantees worked with formal and informal kinship caregivers, most commonly grandmothers and other female caregivers. The number of kinship caregivers and children served reflected the breadth and depth of services provided to recipients in varying geographic ranges.

- Family-finding grantees served children who were at risk of entering foster care, had newly entered care, or had been in care for an extended period of time. Case plan goals included reunification, adoption, long-term relative placement, and guardianship transfer, along with long-term foster care, another planned permanency living arrangement (APPLA), and independent living.

- FGDM grantees served a broad definition of "family" that included extended relatives and other significant adults. Families often had histories of child welfare involvement, low-income background, limited education, substance abuse, mental health challenges, and potential incidences of domestic violence.

- Residential family treatment grantees focused on chemically dependent women with co-occurring mental health challenges that already lost or were at risk of losing custody of their children. Most women had one or more minor children residing with them in the facility and/or were pregnant.

B. Grantees Implemented Multiple Service Models Tailored to Service Participants

Twenty-four grantees implemented 36 projects in four program areas. Eight grantees implemented two or three projects within the kinship navigator, family-finding, and FGDM program areas as discrete and integrated services. Participants came to services through public child welfare agencies, other agencies, and self-referral.

- Kinship navigator grantees assisted formal and informal caregivers in learning about, locating, and using existing programs and services to meet caregiver needs and the needs of the children they were raising. Key services were information and referral, emotional support for caregivers, case management, and outreach to families, along with support groups, advocacy, child-level services, and networking or collaborating with other child serving agencies.

- Nearly all family-finding grantees used the Kevin Campbell or Catholic Community Services of Western Washington (CCSWW) models of family-finding to identify, locate, and engage family and fictive kin to generate support for children's legal, physical, and emotional permanency. Talking to family members and caseworkers and mining case files were the most effective strategies.

- FGDM grantees used existing family meeting models to engage and empower families to take an active role in developing plans and making decisions about their children. Trained facilitators moderated meetings with immediate and extended family members, family friends, service providers, and community members involved with the family. FGDM models addressed domestic violence situations. Other services included parenting education, counseling, substance abuse treatment, and life skills training.

- Residential family treatment grantees provided comprehensive, gender-specific family treatment services in a drug and alcohol-free environment. Evidence-based, promising, and best practices for chemical dependence counseling and mental health services were offered along with parenting, life skills, vocation, and employment services. Clients moved from intensive treatment and supervision in grantee-run residences to outpatient services and community housing.

Successful service providers possessed knowledge and experience in child welfare, strong social work and clinical skills, communication and listening skills, group facilitation skills, compassion and empathy, patience and perseverance, and knowledge and understanding of the target population. Effective service providers were also flexible, adaptable, collaborative, team-oriented, and able to problem-solve.

C. Adult, Child, and Family-Level Outcomes Demonstrate Success

Overall, grantees found that although permanency remained elusive for some children, Family Connection-funded projects provided vulnerable adults and children with valuable community resources, increased connections, engagement of family members, and critical treatment for co-occurring chemical dependence and mental health challenges.

- Clear improvements in safety and permanency were limited, but kinship navigator grantees demonstrated some positive trends. Reports of child maltreatment were generally low, but kinship caregivers achieved identified safety goals for their families. Rates of permanency in regard to legal guardianship, increased or maintained custodial rights, and reunification with parents were high, more so for stand-alone grantees that only implemented kinship navigator services. Well-being results demonstrated that kinship navigator projects were successful at ameliorating families' needs. Kinship caregivers made substantial progress toward accomplishing well-being goals for themselves and their families.

- Nearly half of children served through family-finding grantees were reunified, adopted, placed in a pre-adoptive setting, placed with relatives, or had a transfer of guardianship. Grantees that served children at risk of or newly entering care were able to place one third of children with relatives. The ability of grantees to place children with relatives and/or move them to permanency was more difficult for grantees that served children in care for an extended amount of time. Findings regarding average length of time in care were inconclusive as to whether family-finding activities reduced the length of stay. Qualitative evidence from one grantee indicated that family-finding services may divert placement into care. Approximately three-fourths of the children served experienced increased family connections or had kin-focused permanency plans developed.

- FGDM grantees found that intervention group FGDM models were effective in moving families in a favorable direction toward accomplishing service goals. Grantees found little difference in placement stability for children receiving FGDM services versus those who did not.

- Residential family treatment grantees reported few instances of child maltreatment. Varying rates of clients successfully completed treatment, had confirmed living arrangements at the end of treatment, or successfully reunified or maintained custody of their children by the end of treatment. The majority of grantees reported abstinence for approximately half their clients.

D. Family Connection Affects Changes in Policies and Procedures, Attitudes and Awareness

Changes in local policies and procedures manifested primarily through workforce development, communication and information-sharing, and program area-specific aspects of service models. Kinship navigator projects improved service coordination and changed staff members' roles and responsibilities to promote more intensive work with kin caregivers. Family-finding grantees addressed the timing of family-finding services, conducting background checks prior to visitations, developing guidelines for closing family-finding cases, and protocols and procedures for serving children with international connections. FGDM grantees improved referral processes and timing and frequency of FGDM meetings. Residential family treatment enhanced client care and clinical practice by focusing on client rights and responsibilities.

Family Connection grantees' impact on the public child welfare agency and child welfare practice in the community took various forms, the most salient being that service models were positively regarded by public child welfare agencies, with key aspects integrated into child welfare practice. Agencies were more aware of Family Connection services and more likely to collaborate with grantees. Grantees increased agency involvement in family engagement and involvement in the permanency process, promoting the benefits of placing children with relatives.

E. Grantees Observe Facilitators and Barriers to Implementation

Many process evaluation findings were similar for public and private/not-for-profit grantees among the program areas, specifically facilitators and challenges to implementation, collaboration, and sustainability.

- Key facilitators to project implementation included recruiting committed personnel with appropriate skill sets, collaboration between the grantee and project partners, strong leadership support and effective management, and comprehensive and interdisciplinary service models. Grantees implemented extensive, high-quality training activities on evidence-based practices, relevant content, and policies and procedures. Several grantees implemented cross-training.

- Frequent challenges to implementing service models and activities were securing qualified staff members, operating with limited resources, engaging children and families, generating caseworker support and engagement, promoting understanding and acceptance of evaluation designs, and maintaining fidelity to the service model. Hiring, training, and retaining qualified staff were a challenge as well as a facilitator. Lack of appropriate experience, staff turnover, and reduction or reallocation of funding negatively affected implementation.

- Inter-agency collaboration was a key facilitator to implementation. Grantees had generally positive relationships with project partners, characterized by regular and open communication, responsiveness, inclusiveness, and effective staffing. Grantees and partners shared knowledge and skills, and partners often augmented grantee services. Most collaboration challenges were related to unclear implementation and start-up processes, staff member turnover, caseworker attitudes, concerns about quality assurance, and unclear evaluation methods. Strategies to address one of the most critical challenges to collaboration – lack of caseworker acceptance and resistance among some caseworkers to the service model – included increasing support to case managers; project advocacy; collaborative teaming; regularly-scheduled meetings; clarifying roles, responsibilities, and expectations; support from leadership; caseworker training; demonstrating impact; and co-locating staff members.

F. Grantees Actively Planned to Sustain Services

Sustainability requirements included funding; staff development in Family Connection program areas; and dissemination and education for project partners, decision makers, and potential funders. Internal sustainability strategies included organizational change and internal development. External strategies included disseminating results, lobbying activities, obtaining paid referrals, pursuing community grants, applying for State and private funding, and bolstering relationships with the judicial system. Grantees developed relationships with new partners and maintained relationships with existing partners.

G. Grantees Provide Lessons Learned and Recommendations on Project Implementation and Evaluation

Grantees' lessons learned and recommendations for the successful planning and implementation and maintenance of similar projects addressed start-up and planning, engaging and serving children and families, staffing characteristics and training, collaborating with partners, and sustaining services. Based on grantee observations, future projects are encouraged to develop a clearly defined service model that fits within existing systems, understand the needs and circumstances of the target population, implement interactive staff training during project planning, and actively pursue and invest in partner involvement and support from the beginning phases of the project.

Grantees' observations on designing and implementing a local evaluation encompassed data collection, evaluation design, evaluation communication, and human subject approvals. Grantees encouraged local evaluation teams to use the most appropriate data sources to address outcomes at the adult and child levels, incorporate instruments that are feasible to administer by project staff members; implement the most rigorous evaluation design possible; communicate and obtain project and partner support for the evaluation design and data collection activities; and anticipate delays with Institutional Review Boards (IRBs).