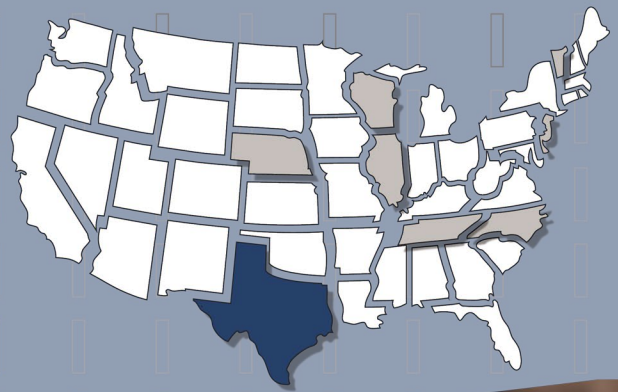


Evaluation Results from

Texas

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.



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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.

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We also thank the 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 intercountry adoption; key leaders across multiple systems; and the numerous support agencies and system partners.

We would like to acknowledge the Texas Department of Family and Protective Services, the site team leaders, Site Implementation Manager (SIM), and the Pathways 2 facilitators 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 teamwork.

A special appreciation goes to the intervention purveyor, the Kinship Center, who supported the implementation of Pathways to Permanence 2 in Texas.

Evaluation Results from Texas

PROJECT PARTNERS

QIC-AG partnered with the **Texas Department of Family Protective Services (DFPS)**

CONTINUUM PHASE

Focused Services

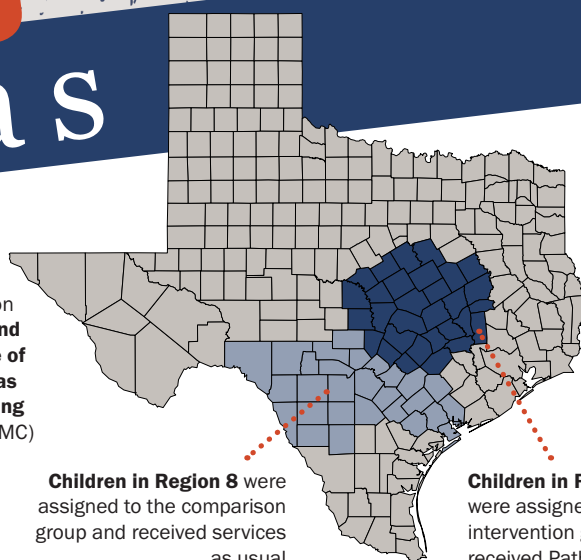
INTERVENTION

Texas DFPS implemented **Pathways to Permanence 2: Parenting Children Who Have Experienced Trauma and Loss** (Pathways 2). Pathways 2 is a seven-session (21-hour) group-delivered interactive series for caregivers that helps caregivers understand the impact of trauma and loss on all aspects of a child's development.

STUDY DESIGN

Quasi-Experimental

The target population included **children and youth up to the age of 18 years old in Texas Permanent Managing Conservatorship (PMC)**



Children in Region 8 were assigned to the comparison group and received services as usual

Children in Region 7 were assigned to the intervention group and received Pathways 2

RESEARCH QUESTION

Will children in Permanent Managing Conservatorship (PMC) of Texas DFPS in Region 7 who do not have a finalization hearing scheduled within 60 days of screening experience: increased permanency outcomes; decreased time to finalization/permanence or time in care; increased placement stability; improved child and family wellbeing; and improved behavioral health for children and youth if families are provided with Pathways to Permanence 2 compared to families who receive services as usual in DFPS Region 8?

Findings

PARTICIPATION



135

CAREGIVERS WHO RECEIVED PATHWAYS 2 ATTENDED 5+ SESSIONS (76%)



117

CAREGIVERS IN THE COMPARISON GROUP COMPLETED THE SURVEY (43%)

GRIEF AND LOSS



Pathways 2 caregivers scored significantly higher on the post and significantly higher than the comparison group on their understanding of grief and loss. When caregivers fully understood grief and loss, they were able to shift the way they responded to their child.

CHILD BEHAVIOR

After six months, Pathways 2 caregivers reported a **significant decrease in their child's tendency to internalize problems** such as anxiety, depression, social withdrawal, and somatic symptoms.



Pathways 2 had a greater impact on child behavior for relative families.

HIGHER SCORE = MORE BEHAVIOR CHALLENGES



PRETEST
(Before Pathways 2)

POSTTEST
(6 months after Pathways 2)

The Behavior Problems Index (BPI) measures the frequency, range, and type of childhood behavior problems that children ages four and older may exhibit.

Six month after attending Pathways 2...

✓ **89%** had a better understanding of attachment

✓ **87%** had a better understanding of child development

✓ **85%** felt more able to respond to their child's needs

RECOMMENDATION

Offer Pathways 2 as a trauma-informed training to help prepare and support families. In terms of outreach, it may be helpful to encourage kinship caregivers, in particular, to attend trainings. Additionally, we found that advertising the provision of free childcare was a helpful incentive. Almost half of the Pathways 2 families said they would not have come without childcare.



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

Children experience trauma, grief, and loss when they are removed from their families because they cannot safely live at home. The impact of this removal is further compounded by the age of the child at the time of removal, the length of time a child is in care, the number of times a child's placement is changed, and whether or not the rights of the child's parents are terminated. Additionally, in children, the experience of trauma, grief, and loss adversely affects their social, emotional and behavioral wellbeing. Therefore, it is essential that caregivers are prepared and supported to address the increased needs of children who have experienced trauma, grief, and loss. If caregivers receive training and support, these resources will likely have a positive impact on placement stability and permanency outcomes. The National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG) has partnered with the Texas Department of Family Protective Services (DFPS) to test an intervention aimed at finding permanent families for children in foster care.

The Theory of Change for this project was that if DFPS identifies families and prepares caregivers to parent children in Texas Permanent Managing Conservatorship (PMC) who have been exposed to trauma, grief, and loss, then:

- More permanent families will be identified;
- Families will be ready and prepared to become parents of these children through adoption or permanent managing conservatorship; and
- The children will be ready for legal permanence.

If all of this happens, then an increased number of children in PMC of DFPS will move to permanence.

Intervention

After thoroughly reviewing evidence-based and promising practices, the Texas DFPS identified Pathways to Permanence 2: Parenting Children Who Have Experienced Trauma and Loss (Pathways 2) © 2012 Kinship Center, a Member of Seneca Family of Agencies as the intervention to help prepare families. Pathways to Permanence 2 was located in the **Develop and Test** phase in the *Framework to Design, Test, Spread, and Sustain Effective Practice in Child Welfare*.

Pathways 2 is a seven session (21-hour) group-delivered interactive series for caregivers that helps caregivers understand the impact of trauma and loss on all aspects of a child's development. The series provides caregivers with opportunities to practice new tools and strategies, which help create a stabilizing and healing environment for children who have experienced trauma and loss. This intervention had not been implemented previously in Texas.

The purpose of this evaluation is to compare the impact that current services and Pathways 2 have on permanency outcomes, time in care, child and family wellbeing, and the behavioral health of children and youth in PMC of Texas DFPS.

Primary Research Question

The primary research question was:

Will children in Permanent Managing Conservatorship (PMC) of Texas DFPS in Region 7 who do not have a finalization hearing scheduled within 60 days of screening (P) experience: increased permanency outcomes; decreased time to finalization/permanence or time in care; increased placement stability; improved child and family wellbeing; and improved behavioral health for children and youth (O) if families are provided with Pathways to Permanency 2 (I) compared to families who receive services as usual in DFPS Region 8 (C)?

The Texas QIC-AG team used a quasi-experimental design to evaluate the effectiveness of Pathways 2. In Region 7, parents were surveyed at two time points, once before participating in Pathways 2 and again six months after completing Pathways 2. In addition, a survey was distributed to families in Region 8 following the same timeline used in Region 7. Region 8 families served as the comparison group.

Key Findings and Discussion

RECRUITMENT AND FIDELITY

Over the course of the recruitment period in Region 7, a total of 671 families were mailed informational flyers inviting them to participate in Pathways 2. Of those, 178 families registered to participate, and 120 families (178 caregivers) participated. At baseline, these families were caring for 230 children, of which 84% were either adopted, in legal conservatorship, foster care, or kinship care.

For this study, we looked at 85 families (110 caregivers) who attended at least five sessions of Pathways 2 and completed the pre and post survey. We used propensity score matching to match these families with 117 comparison group families based on their child's living arrangement (kinship, basic, moderate, therapeutic home settings), the total number of placements, and age at baseline. A total of 79 caregivers in the intervention and comparison were matched on these characteristics.

We used fidelity logs, observations, attendance tracking, and participant evaluations to assess the fidelity of Pathways to Permanence 2 in Texas. Overall, the average percent of content taught as suggested across the seven sessions in a series ranged from 77.25% to 100.0%.

PRIMARY OUTCOMES

One goal of implementing Pathways 2 was to help caregivers understand the grief, trauma, and loss experienced by children removed from their biological parents. Overall, caregivers who participated in Pathways 2 had a better understanding of grief and loss experienced by children removed from their biological parents compared to the matched caregivers who received services as usual. For example, Pathways 2 caregivers were more likely to **agree** that:

- Loss is a part of life for children who do not live with their birth parents.
- Children lose a part of their identity through adoption and permanence.
- Children have lifelong connections to their birth families and permanent families.

We are cautious in interpreting differences in child, caregiver and family wellbeing measures between the intervention and comparison group. There was likely a selection effect on what motivated caregivers to attend Pathways 2 compared to what motivated caregivers to take a survey. Caregivers who decided to attend Pathways 2 were likely the caregivers who may have been struggling and needing more support. Unfortunately, we were not able to control for differences at baseline in child behavior, caregiver commitment or caregiver strain. As a result, it is difficult to draw conclusions or interpret findings.

Keeping this limitation in mind, we generally found that caregivers in the comparison group reported fewer problematic behaviors, lower levels of strain and higher levels of family functioning and caregiver resilience. While behavior and strain were higher for Pathways 2 families, there were no differences in commitment or permanency outcomes. In fact, as of April 2019, we found that 68% of children in the intervention group were adopted or in PMC of the same caregiver, compared to 64% of children in the comparison group. While not a statistically significant finding at this time, the higher proportion of children in the intervention group is an encouraging sign.

INTERVENTION SPECIFIC OUTCOMES

Within the intervention group, we saw significant improvements in caregiver understanding of grief and loss from pre to post. Additionally, over 80% of Pathways 2 caregivers reported that their understanding of attachment and child development, ability to respond to their child's needs, and confidence in parenting their child had improved since participating in Pathways 2. We've included sample comments taken from the six month post surveys of two participating caregivers below:

"It has got me to think about how to best parent each of my children and opened me up to more alternative discipline techniques. It has also helped me to understand why it is a slow process."

"I have new tools to help me parent this child. I understand better what the trauma has done to her and her path in life. I am better at solving problems now."

We also used mixed linear modeling to: 1) look at changes in child behavior problems from pre to post, and 2) determine if changes looked different based on whether or not a caregiver was biologically related to their child. Six months after participating in Pathways 2, we saw a significant decrease in child internalizing behavior problems (anxiety, depression, social withdrawal, and somatic symptoms). When looking at differences between relative and non-relative families, we found that Pathways 2 had a greater impact on child behavior problems for relative families. Relative caregivers reported higher behavior problem scores at pre and lower behavior scores at

post compared to non-relative caregivers. Scores for non-relative caregivers stayed relatively consistent from pre to post.

Changes in family functioning, caregiver strain, and caregiver resilience were not found at this time; however, this result is not particularly surprising. Changing the way a family operates or seeing levels of caregiver strain decrease often takes longer than a period of six months. Ideally, we would have tracked changes over a longer period of time to account for changes that may take longer to achieve. Lastly, we found a small but statistically significant decrease in caregiver commitment from pre to post. When explored further, we noticed that the overall average commitment score was heavily influenced by extremely low scores of just a few caregivers who were no longer parenting their child. The majority of caregivers had commitment scores that either improved or stayed about the same.

Pathways 2 provided caregivers with a foundation to understand trauma, grief, and loss and empowered caregivers with new tools to help them parent their children in a way that addresses impaired-attachments and trauma. When caregivers fully understood grief and loss, there seemed to be a shift in the way they parented and responded to their children. This shift is important for creating a safe and healing home environment and led to a significant decrease in internalizing behavior problems after six months. Moving forward, it may be helpful to:

- **Offer and encourage kinship families to attend Pathways to Permanence 2.** Pathways 2 had a greater impact on child behavior after six months for relative families compared to non-relative families. This findings has significant implications for kinship families, particularly in regions where a high percentage of children are placed in kinship care.
- **Offer Pathways 2 as a trauma-informed training to help prepare and support families.** In Texas, there is a focus on improving and expanding existing trauma-informed care trainings and services throughout the state. Increasing awareness about Pathways 2 and offering this training to families as an additional trauma-informed training option supports this goal. Ideally, any licensed caregiver would also have the opportunity to receive credit-hours that could be used towards their annual training requirements.
- **Provide free childcare during Pathways 2 trainings.** Almost half (45%) of caregivers in this study reported that they would not have attended Pathways 2 had there not been free childcare. Another fourth (25%) were unsure whether or not they could have attended. Having free childcare, among all other factors, seemed to be the most important factor in determining whether or not a family could attend Pathways 2.
- **Develop a Pathways 2 Train the Trainer Model in Texas.** Lastly, to increase the likelihood of sustainability, we suggest that at least two facilitators in Texas receive the Pathways 2 “Train the Trainer” training that would allow them to train future Pathways 2 facilitators in Texas.

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.

