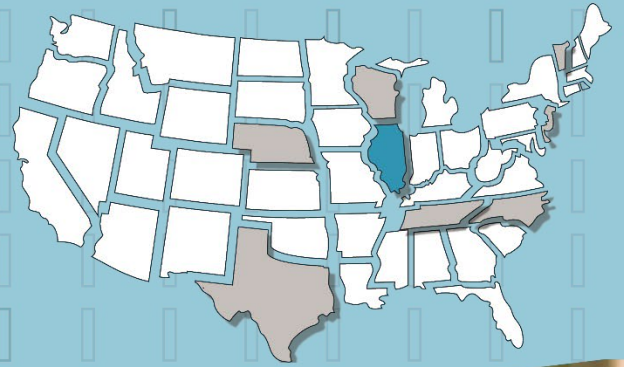


Evaluation Results from

Illinois

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.

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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 Illinois Department of Children and Family Services, Illinois Adoption Advisory Council, Metropolitan Family Services, Baby Fold, Family Core, Catholic Charities, Jewish Child and Family Services, and Healthy Families Chicago. Our partnerships these groups, their team leaders and the Site Implementation Managers (SIMS) guided this work in addition to their other roles within the agencies they work. These partnerships 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.

A special appreciation goes to Advanced Trauma Solutions, the purveyor of TARGET, who supported the site in adapting their model for this study.

Evaluation Results from Illinois

PROJECT PARTNERS

QIC-AG partnered with the **Illinois Department of Children and Family Services (DCFS)**, **Metropolitan Family Services** and **Baby Fold**.

CONTINUUM PHASE

Selective

INTERVENTION

Illinois DCFS implemented **Trauma Affect Regulation: Guide for Education and Therapy (TARGET)**. TARGET is a strengths-based, psycho-educational intervention for children affected by trauma or exposed to adverse childhood experiences that includes 7 essential core skills.

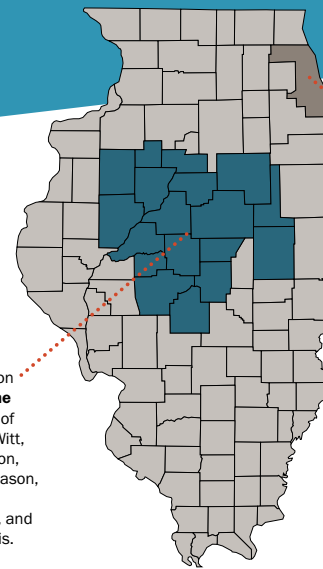
STUDY DESIGN

Experimental: **Cook County:** Random Assignment

Central Region: Random Consent Design

The target population was **children between the ages of 11 and 16 with a finalized adoption or guardianship**.

Comparison and intervention groups were identified in the **Central Region** composed of Champaign, Christian, De Witt, Ford, Fulton, Knox, Livingston, Logan, Macon, Marshall, Mason, McLean, Menard, Peoria, Sangamon, Stark, Tazewell, and Woodford Counties in Illinois.



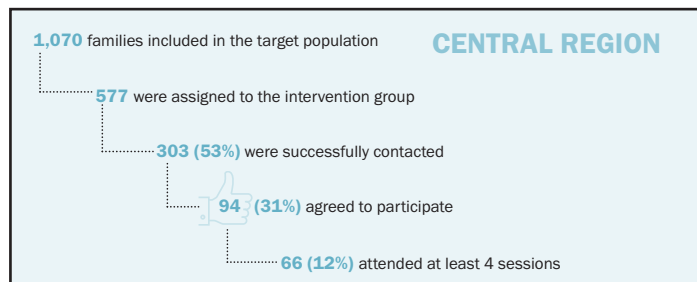
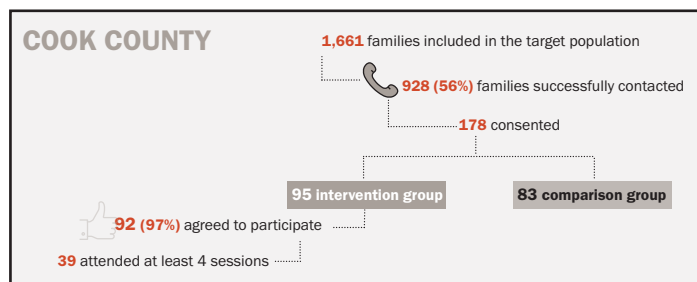
Comparison and intervention groups were identified in **Cook County, IL**.

RESEARCH QUESTION

Will children between the ages of 11 and 16 in Cook County or in specific counties within the Central Region with a finalized adoption or guardianship, experience a reduction in post permanency discontinuity, improved wellbeing, and improved behavioral health if they are provided TARGET as compared to similar children who are provided services as usual?

Findings

RECRUITMENT



TO PARTICIPATE OR NOT?

Compared to caregivers who chose not to participate, caregivers who chose to participate were, on average:

- Less confident in meeting their child's needs
- Struggling more to effectively manage their child's behavior
- Less likely to report a warm relationship with their child
- Less likely to view the impact of adoption or guardianship on their family as positive

OUTCOMES

The study's short-term outcomes for Cook County and the Central Region were measured by examining differences between the TARGET participants and the comparison group on:



Child behavioral issues
School-based problematic behaviors
Caregiver commitment
Caregiver strain

There were no statistically significant intervention effects after six months; however, in both Cook County and Central Region, we did see fewer school-based problematic behaviors in children whose families received TARGET. It is important to keep in mind that TARGET families were experiencing significant needs at baseline that may require a longer observation period to detect change.

WHAT CAREGIVERS HAD TO SAY...

The majority of families reported positive adoption and guardianship experiences.



"My adoption has given me fulfillment and purpose and an opportunity to pour into the life of my granddaughter. As we are going through her teen years, we have run into many challenges, as she is developing, maturing and finding her own way. Yet this has been rewarding."

Families also provided suggestions for improvements:

"I feel that the social worker should call and check-up. I reached out for help and help was never given."



Promoting the wellbeing of families formed through adoption and guardianship may require an approach where a variety of services are offered that take into account developmental considerations, cultural issues, lifestyle choices, and work or other life stressors faced by adoptive and guardianship families.



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 Illinois Department of Children and Family Services (DCFS) support adoptive and guardianship families by providing services that promote child wellbeing, stable homes, and family permanence through adoption support and preservation programs. DCFS has a long history of conducting evidence-based research to ensure barriers to permanency are reduced for children in foster care. The Illinois site of the National Quality Improvement Center for Adoption and Guardianship Support (QIC-AG) selected Trauma Affect Regulation: Guide for Education and Therapy (TARGET) as the evaluable intervention in Illinois. The intervention was located in the **Replicate and Adapt** phase in the *Framework to Design, Test, Spread, and Sustain Effective Practice in Child Welfare*. The study's Theory of Change postulated that offering timely services to adoptive parents and guardians at the earliest signs of difficulty would enable them to anticipate issues that may arise and therefore decrease post permanency discontinuity. TARGET was implemented at the Selective Interval of the QIC-AG Permanency Continuum.

Intervention

TARGET, a strength-based, psycho-educational intervention for children affected by trauma or exposed to adverse childhood experiences, includes 7 essential core skills called FREEDOM Steps:

1. **FOCUS**: Reducing anxiety and increasing mental alertness
2. **RECOGNIZE**. Helping individuals recognize stress triggers
3. **EMOTIONS**. Identify a primary emotion
4. **EVALUATE**. Evaluate a primary thought
5. **DEFINE**. Determine a primary goal
6. **OPTION**. Identify and focus on prior success
7. **MAKE A CONTRIBUTION**. Identify a way to make a difference in others' lives (Advanced Trauma Solutions; ATS)

Primary Research Question

The study's primary research question was:

Will children between the ages of 11 and 16 in Cook County or in specific counties within the Central Region with a finalized adoption or guardianship experience a reduction in post permanency discontinuity, improved wellbeing, and improved behavioral health for children and youth if they are provided TARGET as compared to similar children who are provided services as usual?

An experimental design was employed to test the effectiveness of TARGET with different randomization techniques employed in the two selected geographic regions (Cook County and Illinois' Central Region). In both areas of the state, random assignment was employed to ensure that the comparison and intervention groups were balanced and that each group had a representative mix of children.

The study's short-term outcomes for Cook County and the Central Region were:

- Reduced child behavioral issues
- Reduced school-based problematic behaviors
- Increased caregiver commitment
- Reduced caregiver strain

Key Findings and Discussion

In prior research, most families formed through adoption or guardianship report that they are doing well with the supports and services they are currently receiving and that they do not need additional services. In this study, we found that the majority (64% to 65%) of families who said they were not interested in participating in the study, largely reported that everything was fine and that they did not need services at this time. This study found that, in both Cook County and the Central Region, families who chose to participate in the intervention (TARGET participants) were families who were struggling more than families who did not participate in the intervention. Compared to non-participants, TARGET participants were, on average:

- Less likely to report a warm relationship with their child
- Less confident that they could meet the needs of their child
- More likely to struggle to effectively manage their child's behavior
- Less likely to report that the impact of their child's adoption or guardianship on the family has been positive

These questions were effective in identifying families who reported that they were experiencing difficulty in caring for their children. These questions might be good questions for future research to consider when attempting to identify families at an elevated risk for post permanency discontinuity.

Due to the different evaluation designs used in the two evaluation sites in Illinois (Cook County and specific counties within the Central Region), intervention-related results are presented for each evaluation site separately. In Cook County, 39 families received the intervention, and 32 (82%) returned the primary outcome survey. In the Central Region, 66 families received the intervention and 49 (64%) returned the outcome survey. In addition, primary outcome surveys were administered to families in the comparison group, (46 were received in Cook and 281 in Central).

Based on the analysis of these data, the study did not find a strong intervention effect. In other words, on the outcomes measured (e.g., child behavioral issues and wellbeing measures) families who received TARGET and reported outcome data ($n = 81$ total for both sites) did not fare better than families who received services-as-usual and reported outcome data ($n = 327$). While not statistically significant, in both Cook County and Central Region, fewer school-based problematic behaviors were reported for children in the intervention group compared to children in the

comparison group. However, the sample size was small, and the observation period rather limited (6 months).

It is important to keep in mind that pretest findings showed TARGET participants (who received a minimum of four sessions) were also experiencing more family difficulties prior to the study than those in the comparison group who did not participate in TARGET. To account for these differences, TARGET participants were matched to a subset of the comparison group who profiled more similarly to the families who received the intervention. However, this also did not yield an intervention effect. Thus, despite efforts to make TARGET participants and the comparison group as alike as possible, any comparisons between the groups after the intervention may be biased by these pre-existing differences and are a limitation to the study.

It is possible that no intervention effects were observed due to the limited observation window of about 6 months post intervention. Personal and interpersonal change is difficult and takes time, especially given the long history of trauma that many adoptive and guardianship youth have experienced due to maltreatment and previous placement moves (Jones & Schulte, 2019).

The target population in Illinois included a wide variety of families with a wide variety of experiences. This was illustrated by the diverse comments received from adoptive parents and guardians who responded to the surveys. For example, while some families said they were doing well, others were struggling and were reported to be in crisis by program staff. Over 200 caregivers wrote positive responses such as:

“Adoption is a gift. I would do it again in a heartbeat.”

“Adopting my child is the best thing I have ever done in my life.”

The word “love” or “loved” was mentioned 114 times in these comments. However, some families described their adoption or guardianship experiences in less than positive terms and had more mixed or negative feelings such as:

“We don’t recommend to anyone that they adopt from foster care. You never get help.”

“The kids are angry with us, the people that raise them, ‘cause they want their parents.”

In sum, families in the study reported needing additional or different services than what is currently available, and that the services need to be provided by someone who understands issues related to adoption and guardianship. Furthermore, project staff in one of the Illinois sites reported that many (over half) of the TARGET recipients became engaged in services-as-usual after receiving TARGET. This suggests that perhaps a single intervention is not what was needed for some adoptive and guardianship families. They may have needed a wider array, or a different array, of services. Perhaps, similar to other prevention efforts, preventing adoption and guardianship instability and promoting the wellbeing of families formed through adoption and guardianship may require an approach where a variety of services are offered that take into account the diversity of issues families face. These may include providing services that address significant mental health and medical health needs of adopted and guardian children and youth. Future projects should consider how to address the wide array of needs that families who have adopted or assumed guardianship are struggling with.

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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