

Evaluation Results from

Wisconsin

PROJECT PARTNERS

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

CONTINUUM PHASE

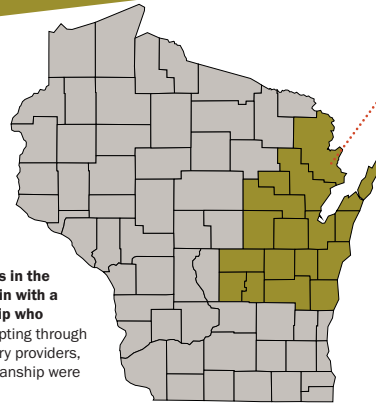
Indicated

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

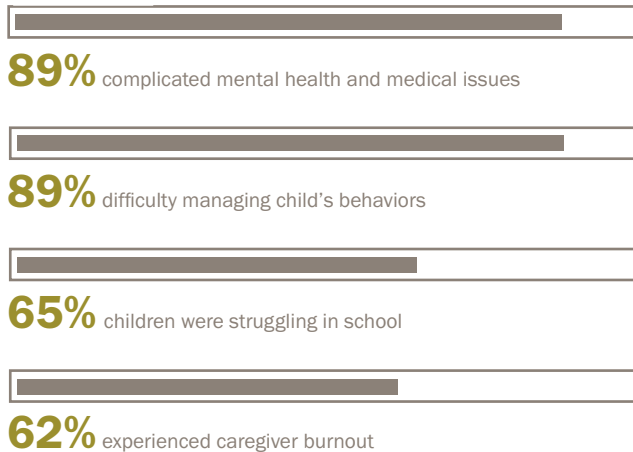
Will families with children residing in the Northeastern Region of Wisconsin with a finalized adoption or guardianship who request services from one of the identified referral sources who receive Adoption and Guardianship Enhanced Support (AGES) experience a reduction in post permanency discontinuity,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



Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #90CO1122. The contents of this presentation do not necessarily reflect the views or policies of the funders, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. Department of Health and Human Services. This information is in the public domain. Readers are encouraged to copy and share it, but please credit the QIC-AG.

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.