



QIC•AG

**IMPLEMENTING ADOPTION AND
GUARDIANSHIP ENHANCED
SUPPORT (*AGES*)
LESSONS LEARNED
IN WISCONSIN**

OVERVIEW OF THE QIC-AG

The National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG) is a 5-year project working with eight sites, each of which is either implementing an evidence-based intervention or developing and testing a promising practice, which if proven effective, can be replicated or adapted in other child welfare jurisdictions. Effective interventions are expected to achieve long-term, stable permanence in adoptive and guardianship homes for waiting children as well as children and families whose adoption or guardianship has been finalized.

The QIC-AG is funded through a 5-year cooperative agreement between the Children's Bureau, Spaulding for Children, and its three university partners: the University of North Carolina at Chapel Hill, the University of Texas at Austin, and the University of Wisconsin-Milwaukee.

OVERVIEW OF THE INTERVENTION

The Wisconsin Department of Children & Families (DCF) created a new intervention, *Adoption and Guardianship Enhanced Support (AGES)*, to address the complex challenges faced by families who have adopted or assumed guardianship of a child. *AGES* was designed with the goal of responding to families who expressed feelings of being unprepared, ill-equipped, or unsupported in trying to meet the emerging needs of their children after adoption or guardianship was finalized.

Rather than implement an existing evidence-based practice, the Wisconsin site team made a decision to design, develop, and test a new program to offer comprehensive supports for families. *AGES* filled existing service gaps by providing enhanced case management services to families and linking families to external services that without the assistance of the *AGES* program they might not be aware of or know how to access.

Once enrolled in the *AGES* comprehensive support program, an *AGES* worker assesses the family's strengths and needs. Then, the *AGES* worker and the family collaborate to develop a custom support plan, covering critical areas such as social supports, case management, parenting-skills development, education, and other capacity-building activities.

Given that *AGES* was a new intervention, the site team also developed a highly detailed implementation plan, which created all of the core components; mapped the operational strategy; and develop supporting documentation, including a 120-page program manual.

During the QIC-AG project period, *AGES* was intended to target a broad population of all families in Northeastern Wisconsin with a finalized adoption or guardianship who requested services and met the indicated level of need. Additionally, families in Northeastern Wisconsin who had adopted a child through an intercountry or private domestic adoption agency were also eligible for *AGES*.

SNAPSHOT OF LESSONS LEARNED AND RECOMMENDATIONS

- 1. MAKE THE MOST OF LIMITED STAFF TIME WITH EFFICIENT PROJECT MANAGEMENT TOOLS**
- 2. COLLABORATE WITH INTERNAL AND EXTERNAL STAKEHOLDERS TO STRENGTHEN THE INTERVENTION**
- 3. CAPTURE KEY EVALUATION INFORMATION CONSISTENTLY, OBJECTIVELY, AND IN CONTEXT**

LESSON 1: MAKE THE MOST OF LIMITED STAFF TIME WITH EFFICIENT PROJECT MANAGEMENT TOOLS

It can be difficult for child welfare professionals to shift gears from attending to often urgent casework to carve out time to work on projects that might seem less pressing. Early in the project, the Wisconsin site discovered a critical aspect of their team management approach would be to maximize efficiency and effectiveness so all members of the team could carry out the work plan and meet the timelines. For example, the site team found that using Internet-based tools for virtual meetings and collaboration not only helped the team to work “smarter” but also come together as a cohesive unit.

The Wisconsin site team recognized the importance of finding a communication method that facilitated an open exchange of ideas and supported action, particularly when team members did not work in close proximity to each other. Although the most obvious option for communication was a weekly conference call, the Wisconsin team found that this method was not optimal. Having large team meetings over the phone was less than ideal because it meant important visual cues

were missed and less-than-satisfactory calls added stress to the complex process of developing an intervention. In retrospect, the site team determined that a meeting platform that included video conferencing would have been a more beneficial communication option. The videoconferencing option would have enabled all participants to view the materials being discussed as well as the faces of their teammates during the conversation. The time spent in meetings would have been more effective and the team might have “gelled” sooner.

Developing an intervention from scratch—from program concept to final implementation—requires input from many individuals and sources. Beyond the weekly conference calls, the site team needed an efficient way to review materials and share feedback. After some initial stumbles, they created a SharePoint collaboration website to manage the project online. Documents were posted to the website so all team members could review the current draft, provide feedback, and manage the updates. Using an online collaboration tool made it easier for all team members to efficiently carry out their responsibilities.

LESSON 2: COLLABORATE WITH INTERNAL AND EXTERNAL STAKEHOLDERS TO STRENGTHEN THE INTERVENTION

When designing a new intervention, it is crucial to get input from the people who will be served as well as those in and outside of the organization who will be providing the service. Each stakeholder group brings unique perspectives and insights invaluable throughout the project cycle. For this fundamental step, the Wisconsin project kicked off with a stakeholder meeting that included several adoptive and guardianship families; the meeting agenda was to explore post-permanency resources, gaps in services, and strengths and needs of the system. This early collaboration established the framework that guided the development of AGES. Some of the families who participated in this first stakeholder meeting became a part of the project's Stakeholder Advisory Team, which also included agency representatives and service providers.

Using the stakeholder feedback, the site team evaluated many interventions to determine if an existing program would fit the needs of Wisconsin's adoptive and guardianship families. However, the site team determined none of the available interventions would adequately address the needs expressed by their families. Therefore, the site team decided to create a new intervention. Most important, from the inception of the new intervention through usability testing and subsequent modifications, the Wisconsin site team collaborated with diverse stakeholder groups across the state, including families, county administrators, staff of private agencies, and tribal directors to create a program specific to the needs of the targeted families. When the initial development of the intervention was completed, the site team went back to these stakeholders to get their feedback and suggestions for refining the AGES manual. Following implementation of AGES, the site team again sought feedback on the program from participating families. Families receiving AGES services were interviewed about their service needs, the effect of AGES on their family's well-being, and their suggestions for improvements. Collaboration enriched the all aspects of the process of developing and implementing AGES, enhanced the support

for system change, and ultimately, benefitted families by improving the process and quality of services.

The AGES program was also enhanced through the project's collaboration with external agencies. The Wisconsin DCF awarded a bid to Lutheran Social Services to hire and maintain staff for the AGES program. AGES also benefitted from collaborative relationships with other adoption-related programs with a shared focus on improving service delivery to families. For example, many clinicians participated in the *Training for Adoption Competency* program, which was offered in two Wisconsin regions under two separate grants. Additionally, training on the Neurosequential Model of Therapeutics was offered in Wisconsin's Western region, equipping therapists with a new treatment approach that was shared with other professionals across the state. As a result of the collaboration with these programs, the Wisconsin site team created a deeper pool of adoption competent service providers that could provide supports to families.

LESSON 3: CAPTURE KEY EVALUATION INFORMATION CONSISTENTLY, OBJECTIVELY, AND IN CONTEXT

To measure the effectiveness of the AGES intervention, the site team developed rigorous evaluation procedures. Whereas well-constructed data collection procedures can yield reliable information about effectiveness, quantitative survey data without context can lead to an incomplete picture of a program that overlooks or misses important aspects of the full impact of the service provided to a family. For case information to tell the whole story of an intervention's effects on family well-being, case documentation has to be specific and must adequately describe the activities that took place during the interaction.

The Wisconsin team developed methods to help AGES workers and their supervisors document the interactions with families to ensure the case records reflected all the activities and interactions that occurred. AGES workers incorporated qualitative questions in their initial assessments and recorded the responses in their case notes; the recorded responses

were used in later discussions with team members to help the team “push” for a deeper understanding of the work being done. Over the course of the project, the site team held multiple discussions with the *AGES* workers and supervisors that revealed areas of the program where actual program implementation differed from implementation as intended. These discussions helped to clarify and to strengthen service delivery.

In addition, the site team initiated another layer of evaluation that called for family interviews to be conducted by an outside evaluator or staff member, using a structured interview tool. This evaluation component provided families an opportunity to discuss how well and to what extent the *AGES* program met their needs and to gather their suggestions for improving the *AGES* program.

Taken together, these efforts created a multi-faceted program evaluation, including case records, stakeholder qualitative feedback, and quantitative data, which enabled the site team to thoroughly evaluate the service delivery and the extent to which *AGES* successfully met family needs and the program goals as intended.



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