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Family Connection Discretionary Grants
2011-Funded Family Group Decision-making
Grantees
Cross-site Evaluation Report – FINAL
Executive Summary

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Family Connection Discretionary Grants 2011-Funded Family Group Decision-making Grantees

Cross-site Evaluation Report- FINAL

Executive Summary

The cross-site evaluation of the Family Connection Discretionary Grants examined the effectiveness of seven 3-year grants awarded by the Administration for Children and Families, Children's Bureau (CB) in September 2011 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 using Family Group Decision-making (FGDM).

Grantees conducted 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 each project and the seven grantees as a whole (i.e., cluster). The evaluation addressed process and outcome questions at the parent, child, family, and organizational and systems levels. Data sources included grantee summaries and profiles, grantee evaluation reports of aggregated process and outcome evaluation results, and discussions with key 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 and cluster. Coded data were categorized at the cluster level to identify similarities and commonalities across grantees; identify relationships, patterns, and themes; identify clusters and categories; and incorporate differences and outliers.

Process Evaluation Findings

All grantees served families with children who were in or at risk of entering the child welfare system, with additional eligibility criteria specific to local projects. Grantees were funded to implement FGDM, a family-focused intervention approach that brought together children, parents, foster parents, service providers, child welfare professionals, advocates, and community partners to make decisions that supported the safety, well-being, and permanency of children. Grantees made adjustments to key activities to better engage parents, children, and families and to accommodate families' needs.

Target Population. Grantees served families that were identified through screening protocols or referrals as at risk of child abuse and neglect.

- Families targeted to receive FGDM services were involved in voluntary in-home support services or out-of-home services from the public child welfare agency and/or private, nonprofit service-providing agency.
- Half of the families served had a history of child welfare involvement or legal system involvement, and one third of the families served experienced domestic violence and substance abuse issues.

Number Served. The number of adults, children, and families served by grantees was dependent on project capacity and geographic reach. From September 30, 2011 to December 31, 2014, the total reported numbers were the following:

- The number of children who received FGDM services ranged from 21 to 227.
- The total number of adults who received FGDM services ranged from 47 to 153.
- The total number of families that received FGDM services ranged from 15 to 274.
- The number of FGDM meetings conducted ranged from 16 to 323.

FGDM Service Models. Grantees used various FGDM models to empower families to take an active and leadership role in developing plans and making decisions to promote the safety, permanency, and well-being of their children. Despite using different models, grantees engaged in many similar activities related to FGDM service provision.

- All grantees held meetings for the long-term planning of a child's well-being through the following models: Family Group Decision Making (FGDM), Family Group Conferencing (FGC), Family Team Conferencing (FTC), Family Team Meeting (FTM), Family Unity Meeting (FUM), and Family Success Conferencing (FSC). Meeting preparation time ranged from 15 hours up to 7 months.
- One grantee held additional meetings for short-term, emergency placement decisions. The Family Team Decision Making (FTDM) model required a meeting to be convened within 24-72 hours of a report/removal.
- Common service model activities across projects included referrals to the project from other departments and agencies, meeting preparation and coordination, FGDM meeting facilitation (with the exception of one grantee, who did not use a facilitator for the FGDM meetings), follow-up services (e.g., follow-up meetings, counseling, parenting groups), and service model adaptation.
- Grantees engaged formal and informal family supports in FGDM, though they strategically involved more family members ($\bar{x}= 3.6$ per meeting) than service providers ($\bar{x}= 1.7$ per meeting) in FGDM meetings. Family members selected participants who could provide a broader view of the challenges and service needs of the family.

Implementation Components

Implementation science literature was used to organize and describe findings related to organizational characteristics with potential impact on project implementation and evaluation. The organizational characteristics, referred to as implementation components, included staffing, continuous quality improvement, leadership, collaboration, and challenges and facilitators to project implementation and evaluation.

Staffing. FGDM coordinator and facilitator abilities to engage, inform, and support families throughout the FGDM process were essential to implementing the intervention. Preparation and ongoing supervision of staff members were critical components of the FGDM projects.

- Length of staff tenure was stable across FGDM projects, with 77 percent of project stakeholders having been in their roles for at least 2 years. However, staff turnover was a challenge for grantees, particularly in smaller projects with fewer staff members to carry out project activities.
- All grantees provided ongoing training/professional development activities for staff members. Increased training efforts improved staff commitment to practicing FGDM models with fidelity.

- Regular coaching and supervision provided project staff members with an ongoing source of support and the opportunity to receive feedback on their work.

Continuous Quality Improvement. Continuous quality improvement processes enhanced grantees' ability to provide data-informed, responsive services. Project and service model fidelity data were used to improve the quality of service delivery and provide staff performance monitoring and feedback.

- Most grantees developed fidelity instruments in collaboration with evaluators in order to evaluate service delivery.
- Fidelity ratings were positive among all projects where assessment data were collected. While this suggests that high-quality FGDM meetings were conducted for these sites, grantees also acknowledged that scores may have been clustered toward the high end of fidelity scales due to a lack of response ranges on the scales.
- In response to fidelity findings, five grantees developed new policies and procedures related to referral processes, staff training, FGDM model updates, and participant recruitment.

Leadership. Project leaders played an important role in guiding implementation and promoting successful outcomes. Grantee leaders used adaptive and technical leadership styles to achieve project goals and objectives.

- All grantees reported benefitting from having a 'project champion' who was actively involved in developing the Family Connection grant proposal.
- Commonly identified strategies across projects were regular communication with staff members regarding project progress, providing evaluation support, conducting outreach to community stakeholders, and providing staff member training opportunities.
- A majority of FGDM grantees reported positive perceptions of leadership support. The few instances where project representatives noted dissatisfaction with project leadership were due to executive leadership's lack of involvement at the beginning of the projects and lack of information sharing regarding the evaluation component of the projects.

Collaboration. FGDM project partners contributed expertise, provided training and consultation, offered substance abuse, mental health, and domestic violence services and resources, and facilitated project exposure to the broader community. All grantees partnered with the public child welfare agencies in some capacity to provide project referrals and/or coordinate service delivery.

- Five grantees had pre-established working relationships with their partnering agencies prior to implementation. Those who had no prior working relationship with their partners experienced more project implementation delays and challenges.
- Collaboration helped address service gaps and expand FGDM services for four grantees. Project partners assisted grantees by providing resources and services the grantees did not have the capacity to provide.
- Different organizational processes and conflicting service goals in working with children and families were the most common challenges to collaborating with partners for five grantees.

Challenges and Facilitators to Project Implementation and Evaluation. Facilitators and challenges were similar for public and private/not-for-profit grantees. Evaluation challenges were often related to implementation challenges, such as low referral rates, sample sizes, and response rates.

- Supportive leadership, project planning during the start-up period, staff members invested in the work, and the strengths-based focus of FGDM models facilitated FGDM implementation.

Implementation challenges were related to project delays due to lack of referrals to the projects, staff member and/or project partner resistance to FGDM, lack of qualified individuals to fill key positions, and difficulty engaging families in FGDM.

- Project evaluations were facilitated by collaborating between project and evaluation team members, selecting effective instruments to capture process and outcome data, using project databases specifically tailored to FGDM projects, and training staff members on evaluation processes. Challenges to demonstrating project impact included low referral rates from project partners, small sample sizes, and low survey/instrument response rates.

Outcome Evaluation Findings

Preliminary data suggest that Family Connection-funded FGDM projects positively impacted the safety, permanency, and well-being of children over time; however, data are incomplete and must be interpreted with caution. Site visit discussion data suggest that FGDM projects made a positive impact on child welfare service delivery systems in local communities.

Safety. Grantees observed mixed trends in terms of the number of subsequent CPS referrals and substantiated reports for families receiving FGDM services, though there were positive trends in risk reduction from pre- to post-test for families receiving FGDM services. Family safety assessment outcomes provided the strongest evidence to support the effectiveness of FGDM.

Permanency. Data from grantees showed positive trends for FGDM services that helped maintain intermediate and long-term stability in children's living situations. A trend across five grantees showed that at 3, 6, and 12 months post-FGDM, children who received FGDM services tended to have lower subsequent child welfare involvement and placement changes than those who did not receive services.

Well-Being. Six key areas were used to measure well-being among the grantees: protective factors, family functioning, social support, family needs, parenting stress, and child well-being.

- Evaluation results suggested that FGDM was associated with positive outcomes related to family functioning and resiliency (a key protective factor), child health and behavior, and youth relationships.
- While grantees reported mixed results in the areas of protective factors, family needs, and parenting stress, trends were mainly in the positive direction.

Organizational and Systems-level Impact. Implementing FGDM projects positively impacted the child welfare service delivery systems, and grantees noted positive changes among service providers within public child welfare agencies and private/not-for-profit organizations as a result of FGDM project implementation. Sustaining core components of FGDM projects were critical to all grantees, as they felt a pressing need for FGDM services within their communities.

- As a result of FGDM projects, grantees noted improvements in child welfare attitudes and practices, child welfare support and advocacy for FGDM increased among child welfare workers, service planning was strengthened, family engagement in child welfare services increased, and relationships with tribes improved.
- Grantees planned to sustain core components of their FGDM projects by leveraging State/Tribal funding to continue services, integrating FGDM service models into child welfare practice, developing new policies and procedures for referrals, and manualizing FGDM practices.

Project Costs. Grantees' cost study findings suggested cost savings associated with providing FGDM services compared to foster care services and other evidence-based interventions. While this has implications for cost savings for the child welfare system, more rigorous outcome and cost evaluations would strengthen grantees' ability to determine whether FGDM is more effective than current practices and interventions.

Project and Evaluation Lessons Learned from Grantees

Grantees' lessons learned regarding successful implementation of FGDM addressed the need for thoughtful and thorough project planning and early involvement of executive leadership; effective communication regarding project progress among staff members and stakeholders; selection of qualified, skilled facilitators; and the training of all project stakeholders and partners on the FGDM process. Grantees' observations on designing and implementing local evaluations encompassed developing a collaborative relationship between project and evaluation staff members; selecting and designing effective and programmatically useful evaluation instruments; and selecting safety, permanency, and well-being outcomes that could feasibly be demonstrated within the 3-year Family Connection funding period.

Recommendations

Recommendations to the child welfare field are based on process evaluation report findings and address the successful implementation of FGDM services funded through Family Connection grants. Key recommendations for future FGDM projects are listed.

- Organizations implementing FGDM are encouraged to select models based on their intended target populations, objectives of the conducted meetings, and each agency's staffing resources. Adapting the FGDM models may be helpful in increasing the cultural relevance of the intervention, though adaptations should be made in consultation with FGDM consultants in order to preserve the integrity of the models.
- Organizations are encouraged to provide interactive, ongoing FGDM training and coaching to project staff members to build skills in working with families.
- Organizations may consider including key project staff members in FGDM service model fidelity discussions to ensure that they are committed to executing services as intended.
- Project leadership plays a strong role in disseminating information about FGDM and implementing and enforcing policies supporting FGDM services. Involving high-level leadership in the project from the beginning reinforces the agency's commitment to providing FGDM.
- Organizations are encouraged to engage key partners in discussions to clarify their roles and commitment to FGDM service delivery. Clarifying common terms, providing service model training, and sharing project progress with partners help strengthen their investments in the success of FGDM services.
- Sustainability planning begins in the early stages of project implementation. Organizations are encouraged to include potential partners and stakeholders in project planning and advisory boards to inform them on outcomes related to FGDM service delivery. Sharing cost study findings with stakeholders provides potential funders with data to make funding decisions.