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NATIONAL ADOPTION INFORMATION
CLEARINGHOUSE

THE PERMANENCY PROJECT

Final Report to the U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau

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1Clinical Assessment Package for Risks and Strengths, Jane F. Gilgun, Ph.D., LICSW, associate professor, School of Social Work, University of Minnesota, St. Paul, Minnesota.

PERMANENCY PROJECT FINAL REPORT
Adoption Opportunities Demonstration Grant 90CO039

EXECUTIVE SUMMARY

Program Overview

Child welfare services in Anoka County have shifted from serving a broad base of children and families having diverse child welfare concerns to a smaller but growing number of children experiencing maltreatment within their homes. Our system is no longer able to address child and family well-being or stability unless safety is also an issue. As a result, Anoka County is seeing an alarming number of children reenter the social service system with deteriorating and/or disrupted adoptions. Additionally, we are seeing children who had been permanently placed with relatives through the permanency process via transfers of physical and legal custody reenter the system as their placements deteriorate and/or disrupt.

The Permanency Project, an Adoption Opportunities funded Demonstration Project, proposed to improve permanency outcomes for children in adoptive and relative care placements by promoting safety, placement stability and improved child and family functioning. The Project's objective was to promote the stability of the placements of children in these homes while improving child and family functioning (well-being) and safety for children by implementing a program of coordinated and collaborative services from the resource family's point of entry into the system and through a minimum of one year and potentially to three years beyond legal finalization of the permanent placement.

The Permanency Project intended to provide services to the relative and adoptive caregivers and to the child in their care through a variety of formats including case management, training (pre-service as well as during placement and post-finalization) family preservation services (including a Families First Model and a Family Preservation Model), parent skills training, Family Group Decision Making, whole family support groups and mentoring. Services were to be provided in the family home, in the community and in the local social services agency. Project staff included a Project Coordinator, a Kinship Social Worker and 1.5 Adoption Social Workers.

The Project Coordinator was responsible for program management, development and monitoring. The Kinship Social Worker provided ongoing case management services to the relative foster parents during the placement period to support them in acquiring and utilizing the skills necessary to effectively and appropriately parent the child in their care as well as to monitor the stability of the family. The Adoption Social Worker provided case management services to the adoptive homes receiving Minnesota's Waiting Children for placement to support the success of these placements. The child's assigned caseworker continued to provide direct casework services to the child consistent with the child's placement plan.

Existing agency resources utilized to supplement project provided services included child protection, children's mental health services, developmental disabilities services, family support services, school-based team services, Interagency Early Intervention Committee, Proactive Intervention Program services and adoption services.

Respite care, respite child care, transportation funds and incidental expense funds were developed to provide necessary relief for project families and to break through existing barriers

to permanency. A line item for household accommodations was approved by DHHS as an addition to the original budget after project staff identified a new barrier to kinship placements. Educational Support Groups were developed to provide training and support for project families. Meals and childcare were provided to reduce barriers for participation. Alternative trainings were developed during the noon hour, again including lunch and childcare, to provide another opportunity for families to enrich skills and meet other project families. Family Building Activities were developed to provide family members opportunities to spend positive social time together as newly integrated families while building new rituals and traditions. Social Skills Activities were promoted to provide children opportunities to develop and enhance relationship and social skills. A Mentor Program was developed to provide new families support from experienced project families. Outreach and program networking were facilitated through the project newsletter and annual Permanency Celebrations. The previously existing Adoption Support group was encouraged and supported, through collaboration with NACAC, with training and ongoing stipends from the project, to evolve from an agency facilitated support group to a self-directed and facilitated support group.

Results

The project intended to improve permanency outcomes for children as demonstrated by children being safely maintained in their homes, children having permanency and stability in their living situations and families having enhanced capacities to care for their children's needs. Questions the Project intended to address were:

- Does the provision of direct services to caregiver families improve stability for children in adoptive and relative care placements and if so, which services?
- Does the promotion of stability of children in adoptive and relative care placements improve permanency outcomes for children in these homes, pre- and post- finalization?
- Does the improvement of child and family functioning (well-being) improve permanency outcomes for children in adoptive and relative care placements, pre- and post-finalization?

As the project evolved, an additional question was added:

- What are the differences in needs of kinship care[i] placements in comparison to adoptive placements?

The Permanency Project proposed to serve 20 kinship and 15 adoptive families each year during the 3-year grant period, totaling 105 families comprised of 60 kinship and 45 adoptive families. During the three-year grant period, a total of 36 adoptive and 64[xvi] kinship families were served in a total of 100 separate family placements. While 78% of Project Families participated in services, including case management, 69% of Kinship families participated versus 92% of Adoptive families.

It was the intent of the Project that the child's Caseworker and the Project Social Worker would collaborate on the decision about placement. Together, they would meet with the Kinship family, jointly addressing child needs and placement needs. The Kinship Social Worker would use this meeting as an opportunity to orient the family to the Permanency Project and begin the process of developing a case management relationship. More often than not, the Caseworker had already made the placement decision at the time of the referral, not only eliminating the opportunity for

joint assessment and placement decisions, but also eliminating the opportunity for any orientation to the Permanency Project. 56% of Kinship referrals were made post-placement, precluding the Project Social Worker from the opportunity to develop a relationship with the family at placement. Additionally, Caseworkers often introduced the Project as a funding resource rather than a support program.

Although Project Social Workers were required to offer the services of the Permanency Project to eligible families, families were not required to participate in them. Project Social Workers met with involved families at their homes and/or at Project activities, encouraged participation in activities through phone reminders, interactions at the trainings and contacts following training.

Adoptive Caregivers are required to participate in an assessment if they wish to be considered for adoptive placement. There is a contractual relationship in place between family and social worker for child placement: the Adoption Social Workers become the gatekeepers for child placement. The assessment process facilitates the development of the case management relationship.

Kinship caregivers tended to be slightly older, less likely to be married and more likely to be divorced or widowed, slightly more racially diverse, less educated, more likely to be retired, slightly more and slightly less affluent, less healthy, more likely to obtain their support from friends and family and less likely to obtain support from the community, and more likely to be related to the child in their home than were Adoptive caregivers in this project. (TABLE 17: CAREGIVER DEMOGRAPHICS, Appendix B) When comparing demographics of Project Kinship families to existing research, and in particular to data from Minnesota's CACSW[2] study, Project Kinship families were more likely to be employed outside the home, were more likely to be married, were better educated and had higher incomes than families in existing studies.

Demographic data concerning children in Project families is consistent with the literature. Children in Kinship families tended to be older, have fewer emotional and learning disabilities, fewer emotional disturbances, fewer documented school problems, fewer placements prior to their Project placements and were slightly older at their first placement than were children in Adoptive placement. While children in Kinship and Adoptive placements were equally likely to have experienced neglect as a condition associated with placement, children in Kinship placements were less likely to have experienced abuse and were less likely to exhibit risk behaviors associated with disruption. (TABLE 22: CHILD DEMOGRAPHICS, Appendix B.)

Project caregivers declining services were older, had more education, were more likely to be retired, had higher incomes, were more likely to receive support from other family and friends, and were more likely to be grandparents than those caregivers participating in services. (TABLE 17: CAREGIVERDEMOGRAPHICS; TABLE 18: CAREGIVER DEMOGRAPHICS: NO PROJECT SERVICES, Appendix B.) Child demographic data reveals that the children in non-involved Project families are slightly older, were less likely to be receiving special education services, were less likely to have identified disabilities, were more likely to be physically abused, less likely to be sexually or emotionally abused, and had fewer identified risk behaviors. (TABLE 22: CHILD DEMOGRAPHICS, TABLE 23: CHILD DEMOGRAPHICS: NO

2 KINSHIP FOSTER CARE IN MINNESOTA: A STUDY OF THREE COUNTIES, Final Report to the Minnesota Department of Human Services, Sandra Beeman, Ph.D., Esther Wattenberg, M.A., Laura Boisen, M.S.S.W., M.P.A., Susan Bullerdic, M.S.W., 1996.

PROJECT SERVICES, Appendix B.) Additionally, data demonstrate placements of children with non-involved Kinship caregivers were of short duration. (TABLE 17: CAREGIVER DEMOGRAPHICS, TABLE 18: CAREGIVER DEMOGRAPHICS: NO PROJECT SERVICES, Appendix B.)

In response to a focus group question (Table 16: Permanency Project Participant Responses to Focus Group Questions, Appendix B,) one Adoptive caregiver replied, "the family is in 'placement shock' when the child arrives." This response is clearly true for Kinship caregivers, who have little if any preparation before placement. Excluding Case Management, the three most utilized project services for Kinship caregivers were Household Accommodations, Social Skills Building and Respite Childcare. For Adoptive families, those services were Respite Childcare, Project Sponsored Trainings and Social Skills Building. (TABLE 10: PROJECT PROVIDED SERVICES UTILIZATION, Appendix B,)

Adoptive families respond to the challenge by utilizing respite care, attending specialized, topic specific trainings and acquiring services to support skill development in the children they are caring for. This is reflected in the fact that Project Sponsored Trainings were the 2nd most utilized service for this population. Demographic data concerning children placed in these homes (Table 22: Child Demographics (general), Appendix B,) reveal children placed with Adoptive families are more likely to have disabilities, including mental health issues, and to have experienced physical, sexual and/or emotional abuse in addition to neglect than children placed with Kinship families. Many Project Sponsored trainings, also offered to the general community, addressed topics related to specialized mental health issues.

In most cases, Kinship families did not anticipate receiving a kin for placement. They were often overwhelmed with the additional burdens associated with adding on to their family and viewed support group as one more problem. Findings from the literature search conducted by Beeman, CASCW[3], suggested Kinship caregivers felt more responsibility for concrete caregiving tasks, such as day to day parenting responsibilities, transporting children to appointments, etc., and emotional tasks of the child, such as assisting them with issues related to their separation from parents. They were less likely to see the need for training, experienced increased psychological stress due to their changed role as primary caregiver for the child and increased tension with social workers due to their dual roles as foster parent and family member. Kinship caregivers respond by making changes to the structure of their homes, acquiring beds, car seats and other items required to meet immediate care giving needs, acquiring services to support skill development in the children they are caring for and utilizing respite care. While comments on respite care forms of Adoptive caregivers identified how the children were being impacted by respite childcare, comments from Kinship care providers generally focused on how the stipend was helping them.

Educational Support Groups and Project Sponsored Trainings were developed, in part, to facilitate increased caregiver understanding of the complexities of the system and their roles and responsibilities in meeting the needs of the children in their care. Although the Educational Support Group was successful in soliciting participation by both Adoptive and Kinship

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3 KINSHIP FOSTER CARE IN MINNESOTA: A STUDY OF THREE COUNTIES, Final Report to the Minnesota Department of Human Services, Sandra Beeman, Ph.D., Esther Wattenberg, M.A., Laura Boisen, M.S.S.W., M.P.A., Susan Bullerdic, M.S.W., CACSW, University of Minnesota School of Social Work, 1996.

caregivers, participation by Adoptive caregivers consistently exceeded participation by Kinship caregivers. Kinship caregivers were more likely to attend Educational Support Group trainings than general Project sponsored trainings. Adoptive caregivers participated in both training formats.

Project Staff observed that Adoptive caregivers are inducted into training at the moment they act on the decision to adopt. Documentation of attendance at a two-day Adoption Orientation is a requirement of the Adoption Application. Upon completion of the application, they are assigned an Adoption Social Worker who prepares their home study and supports them during pre-placement, placement and finalization phases. Throughout their home study process and while waiting for placement, their Adoption Social Worker encourages their continued participation in training. Prospective Adoptive Parents are motivated to continue training participation as preparation for the parenting roles they are seeking to fulfill. Data reveal that half of Adoptive families participated in Educational Support Groups. Those who attended generally found them to be helpful. Participant training registrations revealed Adoptive caregivers routinely attended a variety of different Educational Support Groups. (TABLE 11: EDUCATIONAL SUPPORT GROUP TRAINING PARTICIPATION, Appendix B.)

Anoka County's previous experience with Kinship Foster Parent participation in training is that it is difficult to achieve once the child has been placed.[ii] As a means of engaging Project Kinship caregivers in support, the Kinship Social Worker promoted training, coached families about its value, reduced their feelings of inadequacy, and encouraged participants to broaden their perspectives. The Kinship Social Worker also attended the Educational Support Groups, furthering her role as supporter while connecting new families with others. Families bought into the education/training concept and accepted the support that came with it. The Permanency Project Coordinator noted that Kinship Caregiver participation in the Educational Support Groups seemed to be related to the amount and quality of contact the Project Social Worker had with the Caregiver. Once the Kinship Caregiver attended group and began making connections with other participants, their participation in Educational Support Groups and other Project components increased. Participants forged connections and established their own support systems within the larger group. The same "faces" kept showing up; familiarity created connections and stimulated more attendance at more events and networking ensued. This, coupled with the fact that Kinship caregivers did not participate in "less friendly" trainings, leads us to ask if the motivation for their attendance at Educational Support Group was training or support? Project Sponsored Trainings generally occurred during daytime hours and during the workweek and did not provide meals or childcare. Were they more willing to take a risk and attend Educational Support Groups because they were more accommodating? Implementation evaluation results suggest the Project learned a supportive encouraging relationship between the Project Social Worker and Project family could effectively facilitate participation in training.

Children placed in Kinship families tended to be older, have fewer emotional and learning disabilities, fewer emotional disturbances, fewer documented school problems, fewer placements prior to their project placements and were slightly older at their first placement than were children in Adoptive placement. While children in Kinship and Adoptive placements were equally likely to have experienced neglect as a condition associate with placement, children in Kinship placements were less likely to have experienced abuse and were less likely to exhibit risk behaviors associated with disruption. Topics associated with the Educational Support Group, while useful for Project participants, tended to be more generic and introductory in

nature. Topics associated with sponsored trainings were designed to meet the needs of a broader audience, including professionals, and generally addressed issues pertinent to unique populations or specific special needs. Additionally, they tended to be offered during the workday and did not include meals or childcare, although the project did offer stipends for childcare and training registration fees. Are the significant differences in attendance at Project Sponsored trainings related to differences between children placed with Adoptive families and Kinship families, barriers such as time of training, caregiver burden associated with meals and childcare, and/or is the need for affiliation a factor?

It was anticipated that application of benefits derived from caregiver participation in Project Trainings and Educational Support Group would improve placement stability for the children in their care. The Domain in the CASPARS tool associated with assets supporting stability is "Relationships Among Family Members."

91.5% of children in Project supported Adoptive placements experienced stability pre-permanency. 4 Adoptive families experienced disruptions involving 4 children pre-permanency. (TABLE 2: General Participant Demographic, Appendix B.) Issues associated with disruption included *child behavior, child needs exceeded caregiver skills, poor match* and *caregiver co-parenting conflict.* (TABLE 8: Disruption Issues, Appendix B.)

80% of children in Project supported Kinship placements experienced stability. 18 children in 12 Kinship families experienced placement disruption pre-permanency. Issues associated with disruption included *child behavior, child needs exceeded caregiver skills, poor match,* maltreatment *report, poor caregiver boundaries/role confusion, disqualified from foster care licensure, Case Manager expectations for permanency were unclear and required lifestyle change exceeded Caregiver capacity.*

"Child needs exceeded caregiver skills," "child behavior" and "poor match" were disruption issues common to both Kinship and Adoptive families and children. Comparing demographics (Tables 17, 19, 22, 24, Appendix B) for the full sample[iii] and the disruption sample reveals that while 29% of the full sample of children had two or more placements prior to their Permanency Project placement, 47% of children in the disruption sample had 2 or more previous placements. 100% of adoptive children who disrupted had 2 or more previous placements versus 42% of adoptive children in the full sample. Nearly twice as many children experiencing disruptions had previously experienced emotional abuse than children in the full sample. Nearly three times as many children in Kinship placements experiencing disruption had previously experienced emotional abuse than Kinship children in the full sample. The percentage of children displaying aggression in the disruption sample for children in adoptive placements was almost four times that of the full sample of children in adoptive placements. There was no discernable difference on this item for children in Kinship placements. Almost twice as many children placed with Adoptive caregivers received Special Education Services as children placed with Adoptive caregivers in the full sample. Almost twice as many Adoptive children experiencing disruption had Learning Disabilities, almost three times as many had emotional or emotional/behavioral disorders and four times as many had severe emotional disorders. Interestingly, 19% of the Adoptive children in the full sample had developmental disabilities; none of the children experiencing disruption were developmentally disabled. Is this reflective of caregivers having more realistic expectations for the child's capacity to grow, develop and change behaviors because the child has disabilities that are developmental in nature and/or greater caregiver

capacity for tolerance? Almost twice as many Kinship children in the disruption sample had learning disabilities than those in the full sample and almost four times as many had emotional or emotional/behavioral disorders. Finally, 55% of Kinship children experiencing disruption were placed in their Kinship homes prior to referral to the Permanency Project.

Caregiver demographics reveal Adoptive and Kinship caregivers experiencing disruptions tended to be better educated. Adoptive caregivers with disrupted placements tended to have higher incomes and less experience parenting than Adoptive caregivers in the full sample and were more likely to be involved with social resources in the neighborhood, work and school. 31% of Kinship caregivers in the full sample were not related or had a distant relationship to the child placed with them. Kinship caregivers in that category experienced 45.5% of disruptions. Finally, Adoptive and Kinship caregivers in both samples participated in services at comparable rates.

Two of the factors associated with disruptions specifically relate to qualities inherent in the children (*child behavior and child needs.*) Other factors associated with disruptions, *caregiver boundaries/role confusion, required lifestyle change exceeded Caregiver capacity, and child needs exceeded caregiver skills and poor match,* are all relevant to the assessment process. Cuddeback notes in his research study that the most common reason for kinship placement disruption is the caregiver's unwillingness to establish and maintain boundaries with the birth parents. Other reasons for disruption were noted as the caregiver's inability to care for special needs children, age and health limitations of the caregiver, difficulties of adolescents needing to adjust to more structure and unmet service needs.[4] One of the factors associated with disruptions for 2 Project children, "*Case Manager expectations for permanency were unclear,*" while outside the scope of the Permanency Project, speaks to the issue of collaboration between Social Services units. Meeting jointly with the caregiver family, Case Manager and Project Social Worker not only informs the family about goals, objectives, expectations and services, but also informs the Workers, creating opportunities for each Worker to recognize gaps in understanding on the part of the family.

Caregivers in the disruption sample participated in services at essentially the same rate as caregivers in the full sample, regardless of whether they were Adoptive or Kinship caregivers. As stated in other sections of this report, it is difficult to document application of learning for Project participants due to the absence of case documentation, however, results from the CASPARS assessments, particularly for the kinship population, support decreased interest on the part of the caregivers in caring for their kin placements. Assets consistently diminished for this population in all items associated with family relationships, on some items for as many as 42% of children assessed. Assets reportedly remained strong for children in Adoptive placements. Is this decrease in assets reflective of the cumulative stress associated with additional caregiving responsibilities or less empathy and tolerance for the child's special needs, as documented in the literature?

It was the intention of the Permanency Project to promote stability and safety for children placed with Project families by providing Family Preservations Services to the families. Family preservation services were defined as family-based therapy and family-based parent skills

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4 Kinship Family Foster Care: A Methodological and Substantive Synthesis of Research, Gary S. Cuddeback, University of Tennessee.

training. The Project anticipated families would utilize one or both of these services to assist them in appreciating and understanding the child's special needs and developing the resources they needed to effectively parent them. The Permanency Project also identified Respite Care and Social Skills Building as Family Preservation Services. The Project allocated funding for respite child care, providing the family defined periods of relief and recovery opportunities to meet other family needs while assuring the children in their responsibility are appropriately cared for. Additionally, The Permanency Project allocated funding for Social Skills development based on the assumption that as children gain more social skills, they become more skilled in developing and maintaining healthy peer relationships, leading to improved esteem and confidence.

Responses from feedback surveys and Directed Exit Interview reveal that Families who accessed family preservation services appreciated them. The Project was flexible in their use of these services and attempted to match them to the needs of each family. The Project used items from the Community Embeddedness, Emotional Expressiveness and Family Relationships Domains of the CASPARS tool to measure changes in protective and risk factors for children aged 6 and older in Kinship and Adoptive placements.

Adoptive caregivers reported strengthening one of the assets in the Community Embeddedness Domain related to their perception of access to resources for support. Kinship families reported an improvement on the Community Embeddedness item for 18% of children assessed associated with adults in the child's community modeling prosocial behaviors. Although Kinship caregivers reported strengthening of both assets in the Embeddedness domain for 17% of children assessed, they also reported assets were weakened to the degree that they became risk factors for 9% of children.

Adoptive caregivers consistently responded affirmatively to items in the Family Relationship Domain, reporting success at maintaining assets identified during the initial assessment. Kinship caregivers identified strengthening of assets for half of the items. Two of those assets addressed the capacity of children and caregivers for trust as demonstrated through respectful communication and the capacity for the child to confide in a member of the family. Another reflected improved consistency in discipline. Kinship caregivers also identified weakening of assets and increase in risk factors for all items for varying numbers of children.

Children in Kinship placements demonstrated increases in protective factors on each of the items in the Emotional Expressiveness Domain. The mean percentage of children experiencing increased protective factors is 27.5. The mean percentage of children in Adoptive placements experiencing increased assets is 28.57. It is difficult to attribute this improvement to any particular program component in the absence of case documentation, however, comments on Respite Care forms support changes in the behavior of children consistent with changes revealed through the CASPARS assessment. It should be noted, however, that a corresponding number of children in the assessment sample experienced declining assets/increased risks as those who experienced increases in assets.

Again, caregivers in the disruption sample participated in services at essentially the same rate as caregivers in the full sample, regardless of whether they were Adoptive or Kinship caregivers. As stated in earlier sections of this report, it is difficult to document impact of family-based therapy and family-based parent skills training for Project participants due to the absence of case documentation, however, results from the CASPARS assessments demonstrate the mean

percentage of children in Kinship experiencing increases in protective factors in the Family Relationship Domain was 6.6%. The mean percentage of children in Kinship placements experiencing declining assets and increased risks in the Family Relationships Domain is 31.72%. This appears to support increased instability in the family setting. It would appear that, while children in both subgroups appeared to have improved assets in the Emotional Expressiveness Domain, children in Kinship Placement experienced a decline in assets in the Family Relationship Domain, supporting a greater risk for placement disruption for children in Kinship placements. Because Project case records have few case notes, we cannot identify if these changes are due to increased caregiver stress related to additional care giving responsibilities associated with caring for their kin child, increased stress associated with role changes within the larger family system or demands from the Social Service system, or having unrealistic expectations for the placement.

Almost three fourths of Kinship caregivers in the Project reported employment. Affordable childcare remains an unmet need for this population. Many kinship caregivers allocated the respite childcare stipend toward employment related childcare costs and, despite coaching from the Project Coordinator and/or Kinship Social Worker to reduce their dependence upon it, became threatened by its loss as program termination neared. Insufficient income to meet basic needs, including securing appropriate supervision for children during their caregivers' employment, threatens permanency stability.

Although a greater percentage of Adoptive caregivers reported employment than did Kinship caregivers, employment related childcare funding was not as significant a need for them as for the Kinship families. Again, in contrast to Kinship caregivers, Adoptive families make conscious planful decisions to accept children into their homes at the time they believe they are prepared to assume the responsibilities and burdens associate with adding to their families. They solicit these children through application and home study processes and prepare for the child they hope will join their family.

The Permanency Project proposed to ease the overall burden of adding members to the kin family by providing a stipend for Respite childcare. It was anticipated Caregiver stress would be reduced as a result of their use of this component. Associated benefits include increased safety for children. 30% of Kinship caregiver families utilized the Respite Childcare component while only 5% of Kinship caregivers utilized overnight respite care. Kinship caregivers had difficulty with the concept of having kin cared for by strangers and tended to utilize extended family members for weekend or overnight relief. Respite Childcare was the service component most utilized by Adoptive caregivers. Fully 75% of Adoptive caregiver families used this component at least once during their participation in the Project. Comments from respite care forms from Adoptive caregivers were far more descriptive than comments from Kinship caregivers and identified how the children were being impacted by respite childcare. Project Social Workers reported Adoptive families often declined Weekend respite stating, "we waited this long for a child, we can't use respite." Those families who used Weekend/overnight Respite care often were single parents or had older children in their homes and were worn out with the responsibilities of caring for them. They also reported Adoptive caregivers appeared to utilize Weekend respite care more readily following finalization of the adoption.

Although three items in the "Family Relationships" Domain in the CASPARS tool demonstrate increased assets for children in Kinship families, the majority of the items demonstrate a decline

in assets and increases in risk factors. Comments on Respite Care forms don't provide any insight into these declines. Differences in comments between Adoptive and Kinship caregivers suggest more Kinship caregivers utilized the Respite Childcare Stipend to meet a financial need associated with the child's placement than Adoptive caregivers. Comments by Adoptive caregivers were more focused on changes the child made as a result of participation in respite care. Because Project case records have few case notes, we cannot identify if these changes are due to increased stress related to additional care giving responsibilities associated with caring for their kin child, increased isolation associated with those responsibilities, increased stress associated with role changes within the larger family system or demands from the Social Service system, or having unrealistic expectations for the placement, or, as indicated above, if issues related to assessment, bias and/or staff turnover and expertise are affecting results. It is troubling to note such a dramatic decline in assets and increase in risks for this population.

Existing research suggests affordable childcare is one of the greatest needs for Kinship caregivers. The question remains: had affordable childcare been available, enabling Kinship caregivers to use the stipend as intended, would we have seen different results on the CASPARS assessments?

It was expected that as a result of their Project families' participation in the Educational Support Groups and Project Sponsored Trainings, 25 % of Project children aged 6 or older would have improved well-being as demonstrated by increases in protective factors and/or reduced risk factors. Adoptive caregivers consistently responded affirmatively to items in the Family Relationship Domain, reporting success at maintaining assets identified during the initial assessment. Is the consistency in reported results for Adoptive caregivers reflective of the assessment process these families undergo in order to qualify for adoptive placements (in comparison to the cursory review process associated with the selection of kin families) or is it associated with some type of inherent bias? There was great variability in responses for Kinship families. Although two items in the "Family Relationships" Domain in the CASPARS tool demonstrate increased assets for children, the majority of the items demonstrate a decline in assets and increases in risk factors. Because Project case records have few case notes, we cannot identify if these changes are due to increased stress related to additional caregiving responsibilities associated with their kin child, or insufficient or inadequate skills to meet the child's special needs, or increased stress associated with role changes within the larger family system or demands from the Social Service system, or having unrealistic expectations for the placement, or, as indicated above, if issues related to bias and/or staff turnover and expertise are affecting results.

Social Skills Building and Family Building Activities provided opportunities for children to improve social skills and children and families to develop new social supports by participating in a variety of activities. It was anticipated that improving skills and increasing supports, would facilitate and sustain connections for children with other children and adults and lead to increased well-being as demonstrated by increases in behaviors associated with attachment and protective factors.

Project Social Workers reported Adoptive caregivers increased connections with other Adoptive and kinship families through their participation in Family Building activities and Educational Support Group. Results from the CASPARS assessments demonstrate increased assets for

children residing with Adoptive caregivers in the "Community Embeddedness" domain, supporting that belief.

Kinship families ranked Family Building activities slightly higher than adoptive families. Those who participated were positive about their experiences. Families who participated in these activities, tended to be repeat participants. 65% of Kinship families were positive about availability of resources in their communities. Project Social Workers reported those Kinship caregivers who attended Educational Support Groups connected with other Kinship caregivers. Several grandparents, in particular, were observed sitting together at several groups and at the Family Building activities. Results from the CASPARS assessments support this, demonstrating a mean of 20% of children having increased assets on all three items selected from the "Embeddedness in the Community" Domain. Additionally, children residing with Kinship caregivers demonstrate increased assets on the item concerning seeking outside resources for assistance contained in the "Family Relationships" Domain.

Five items in the "Peer Relationship" Domain on the CASPARS instrument were associated with this outcome. Children in Adoptive and Kinship families experienced increases in assets on each of the five items. Results from the administration of the Attachment Checklists show improvements in attachment-associated behaviors on all 10 items for children in Kinship and Adoptive placements.

Alternatively, children in Kinship placements also experienced declines in attachment-associated behaviors in all behavior areas except initiating interaction, where their behavior either remained stable or improved. The behaviors on which the greatest number of children demonstrated declines included capacity to tolerate limits and controls and capacity to demonstrate a wide range of feelings.

Although a significant number of children demonstrated improvements in assets and attachment associated behaviors, and some exceeded the target on some items/behaviors, the goal was not achieved. Younger children in adoptive placements neared the objective; fewer older children in Kinship placement demonstrated improvements in protective factors.

The mentoring program was the final Project component implemented, primarily due to the need to graduate a sufficient number of families from the program to create a pool. The Project developed a small pool of Mentor Families to provide support and guidance for new adoptive and kinship families.

Families who adopt often become our greatest resource for future adoptive placement. Several of the Adoptive families joining the Permanency Project had previously adopted. Others participated in the Project long enough to have their second placement before the Permanency Project ended. While these families committed to the individual children they adopted, they were also committed to the concept of adoption. These families recognized that adoption is a permanent life-changing event and embraced it as one would embrace marriage. They also appreciated the external supports they received that nurtured their growing family and wished to reciprocate through mentoring.

Kinship families are committed to a particular child. For many, reunification was the permanency outcome. Once the child reunited with their parents, Kinship families were no

longer interested in continuing in the project as their involvement, and motivation, was child specific. For the majority of Kinship families, the commitment to "substitute caregiving" was temporary and reflected in their commitment to Project involvement. Only one Kinship family committed to mentoring other Kinship families.

Lessons Learned

- The child's Case Manager was responsible for planning for the child and the child's legal family; the Project Social Worker, identified as a Secondary Worker for the child, was responsible for the Project family. The referral process was problematic throughout the duration of the program, often resulting in the assignment of the Kinship Social Worker after the placement had been made. Agency Culture created a barrier for referrals. Family Social Services Supervisors were inconsistent in their support for the Project. Agency Case Managers were not schooled in collaborative decision-making and were threatened by that process. Some agency staff resisted the change in referral process, perceiving their power in decision-making undermined because of the requirement to collaborate on the decision determining appropriateness of the identified resource family. Additionally, for some Case Managers, time, or lack thereof, was the barrier to collaboration. Court and case management demands reduced the time available to collaborate on joint interviewing and thorough assessment processes, decreasing the opportunity for appropriate matching. Referrals were inconsistent among Case Managers, some occurring months after the child had been placed. Project eligible families were learning about the Project from Foster Care Licensing Social Workers when it was determined the family could not be licensed for foster care due to deficiencies in their homes. Several Kinship families received their child for placement before having met the child's social worker. Although the Project intended for the child's Case Manager and the Project Social Worker to collaborate on the placement decision, the original program design did not involve the Kinship Social Worker until after the placement decision was finalized and the child's Case Manager had forwarded a copy of the kinship licensing request to the Permanency Project Coordinator. The referral process was modified to a more collaborative format, requiring the case managing social worker to contact the kinship social worker when the potential kin placement was identified. The case managing social worker and the kinship social worker were to meet jointly with the resource family and collaborate on the placement decision. Upon joint approval, the resource family would be referred for licensing. Despite these changes, timeliness of referral continued to be problematic. An effective referral process, including collaborative pre-placement interviewing by Case Manager and Project Social Worker, would create the opportunity for Project Social Workers to engage with the families and provide them program information before the family's focus shifts to responsibilities associated with substitute care. It also creates the opportunity for screening out families who are not interested in what the program has to offer.

- Project Staff were required to implement the program before it was fully designed and struggled with feelings of incompetence. Project Social Workers needed to be supported to become assertive in sharing Project offerings and program expectations to all Project families and coached to recognize that even the most competent Project member could benefit from support and service. When the Project Social Worker had the opportunity to

engage the Project family, the case management relationship served as a bridge, linking the family to other Project families as well as Project services.

- An early lesson learned by Project staff was having so many areas of the project simultaneously in development created a tendency to do too many things at the same time. Additionally, staff needed to be cautious and avoid over-burdening Project families with too many opportunities within the same time frame. It is important to note staff found it helpful to do program development while admitting program participants as it allowed for input and participation from the recipient and increased the likelihood the program components matched needs.

- Project Staff welcomed the resources the Project offered their families but had difficulty accepting that the Permanency Project was a research project. Agency staff could not comprehend the restrictions concerning target populations. Additionally, Project staff strenuously resisted using the evaluation tools. Staff compliance with data requests was poor. If provided the opportunity, the Coordinator would coach staff differently from the start on the **value** of evaluation and the **process** of evaluation.

- A "Family Strengths Inventory" plan was designed to engage families in identifying strengths, areas of needs, including training needs, and goals for Project involvement. Expectations were developed for the Project Social Worker to review the Plan with the Project family at least quarterly to identify changes in needs and strengths as well as to review and update training needs. Project Social Workers resisted utilizing the tool, reporting it unnecessarily increased the burden for already overwhelmed Project families. Despite consistent coaching from Project Coordinator, Project Social Workers failed to utilize the instrument. By engaging families in creating and reviewing service plans, Project Social Workers would have had documentation of goals addressing stability and permanency and, coupled with case notes, of their efforts at supporting the families in meeting their permanency objectives. Communication errors could be identified and all involved could be assured information is adequate, understood and meets the caregivers' needs.

- As the Project evolved, the Coordinator became concerned Staff efforts at supporting families were enabling an entitlement culture. The Coordinator needed to coach them to creatively nurture and encourage families while teaching them about accountability and responsible use of program resources.

- The primary needs of Project families at placement relate to accommodation, through physical changes to their home to create space or comply with licensing requirements, acquiring beds or other furnishings, safety related items such as car seats, or meeting childcare needs. Midway through the first year of the grant period, Project Staff concluded a significant barrier for kinship placements had been overlooked in the application. The financial burden associated with accommodating the kin child's presence in their home was precluding placements. The Project requested and received approval, effective the 2001-2002 budget year, to modify the grant budget by adding a no cost line item for household accommodations. Household Accommodations was the Project service most utilized by Kinship Families. Budgets for programs supporting resource families should include a line item for Household Accommodations.

- Almost three fourths of Kinship caregivers reported employment. Affordable childcare remains an unmet need for this population. Many kinship caregivers allocated the respite childcare stipend toward employment related childcare costs and, despite coaching from the Project Coordinator and/or Kinship Social Worker to reduce their dependence upon it, became threatened by its loss as program termination neared. Insufficient income to meet basic needs, including appropriate supervision for children during their caregivers' employment, threatens permanency stability. Budgets for programs supporting kinship foster families should include a line item for employment related childcare.

- Although a greater percentage of Adoptive caregivers reported employment than did Kinship caregivers, employment related childcare funding was not as significant a need for them as for the Kinship families. Again, in contrast to Kinship caregivers, Adoptive families make conscious planful decisions to accept children into their homes at the time they believe they are prepared to assume the responsibilities and burdens associate with adding to their families.

- Kinship Care Providers in this project are primarily 2 parent families, some at upper income levels. Initially, this subgroup was not comfortable with the support group concept. This component was repackaged as an educational component, blending education with support, and added to the family strengths inventory (contracting plan) as a goal for purposes of engagement. Families bought into the education/training concept and accepted the support that came with it. The group attending education support group became so large at times, the Project couldn't provide support in the traditional way, however, participants forged connections and established their own support systems within the larger group. The same faces kept showing up at the different groups; familiarity created connections and stimulated more attendance at more events and networking ensued.

- Initially, it was anticipated Project families would utilize existing licensed respite care resources, however, families were not interested in having their children cared for by strangers. The childcare respite fund was restructured as a monthly stipend the family could utilize to best meet their family's unique needs.

- Weekend respite care was not as well utilized as the respite childcare stipend. Kinship Families did not condone the concept of sending their kin children to someone else's home while they had a respite break. Adoptive Families were so eager to parent, they could not conceive of even a short break from parenting. Project staff continued to coach families to take more time away from their children on the weekends as a prevention tool. More Adoptive Families took advantage of this opportunity following finalization of their adoptions.[iv]

- The mentoring program was the final component implemented, primarily due to the need to graduate a sufficient number of families from the program to create a pool. This component was least utilized of all components. Project Social Workers learned not every family needs a Mentor family. Informal mentoring connections were being made as a part of the networking that goes on at project functions. An informal process may be as effective as a formal Mentor Program.

- Flexibility and creativity in defining eligible needs and scope of "family preservation" increases utilization. Family preservation services were utilized more creatively to send a therapist with the family and child to a specialized therapy program to assure continuity of therapy from a trained therapist in their community upon completion of the program. This not only created a therapy resource for the family, but for the entire community. The Project Coordinator believes, based upon experiences, particularly with Adoptive families accepting sibling groups for placement or inexperienced Adoptive families accepting special needs children for placement, parent skills training would be effective in reducing the risk for disruption. The Coordinator recommends coaching staff to encourage families to participate in this service as a means of increasing parent resources and supporting stability.

- The interest in home-based service delivery did not materialized as expected; the home-based family preservation component was not implemented as originally planned. Instead, staff developed a resource library, including the purchase of a taped series from Child Welfare League of America. They developed a Lunch and Learn workshop series at the Permanency Project office for parents who could not attend evening activities. When parents attended this workshop they were encouraged to borrow materials from the resource library to review at home.

- Despite not being able to implement the home-based training component, Project Staff advise the concept is good and merits attention. One of the lessons they learned from the Educational Support Group component is that not all training topics fit all families and that developing individual training opportunities to meet unique needs can be more efficient and cost effective than providing a poorly attended group training.

- Although Kinship Families did receive training through participation in Educational Support Groups, fewer Kinship Caregivers attended than Adoptive Caregivers. The Project supported additional training opportunities either by bringing Workshops to the community or paying registration fees for non-Project trainings. Again, Adoptive Caregivers attended these trainings in significantly greater numbers than Kinship Caregivers.

- The Permanency Project incorporated recommendations made by Denice M. Rothman, Ph.D., Technical Advisor associated with James Bell & Associates, for changes in feedback forms and training evaluations that greatly strengthened the value of evaluations from the Educational Support Groups and Project Sponsored Trainings. These changes not only assisted Project Staff in acquiring data concerning training effectiveness (documented learning,) but also assisted them in better appreciating the needs of the target audience. Curriculums were modified to incorporate those needs; attendance at Educational Support Group remained high.

- Foster parents cited childcare, transportation and time constraints as impediments to their participation. The Project allocated funding for and/or provided childcare and reimbursement for transportation expenses for trainings to reduce barriers for participation. Staffing the childcare room was always a stress point for Project Staff. Initially, the Project relied on volunteers from the Project or other Agency staff to provide childcare. Midway through the Project, Project teenagers were solicited to

provide childcare and were rewarded with gift cards for their assistance. By the end of the Project, two experienced teenagers not affiliated with the Project committed to providing childcare for Project events. This arrangement proved most effective as these childcare providers became familiar with Project children and their special needs through repeated exposure. Project children also grew to know the childcare providers and their expectations. Familiarity and consistency resulted in fewer behavior problems.

- The Project learned that a supportive encouraging relationship between the Project Social Worker and Project family could effectively facilitate participation in training. The Educational Support Group culture created by Project members assisted participation. Project Staff sowed the seeds for this by being welcoming and nurturing. Project participants assimilated this construct and became supportive and welcoming with new and existing participants. Participants forged connections and established their own support systems within the larger group. The same "faces" kept showing up; familiarity created connections and stimulated more attendance at more events and networking ensued.

- Family Building Activities, a spin off of the educational support groups, were designed to provide families an opportunity to have new family experiences in a positive, shared encounter and to build cohesiveness. They also served as an opportunity to maintain and build connections with Project staff. This was one of the more successful components of the project, not only providing opportunities for creating family identity, but also creating opportunities for families to connect with each other through mutual experiences. These events provided social skill building opportunities for the children while supporting healthy development of the family. Finally, they contributed to the creation of an adoption community. Families not only forged connections with each other, but also took ownership of the project, investing time and energy in providing feedback and suggesting resources as well as continuing to participate in activities post-finalization.

- An unanticipated outcome of the Permanency Project is the network of support between kinship care and adoptive families. For example, a child whose adoptive placement was dissolving had a positive relationship with a Kinship provider who was willing to serve as a transition placement and possible adoptive family. An experienced kinship caregiver also became an accepted and valued respite care resource for both Kinship and Adoptive families.

- Kinship families are committed to a particular child. For many, reunification was the permanency outcome. Once the child reunited with their parents, Kinship families were no longer interested in continuing in the project as their involvement, and motivation, was child specific. For the majority of Kinship families, the commitment to "substitute caregiving" was temporary and reflected in their commitment to Project involvement.

- Families who adopt often become our greatest resource for future adoptive placement. Several of the Adoptive families joining the Permanency Project had previously adopted. Others participated in the Project long enough to have their second placement before the Permanency Project ended. While these families committed to the individual children they adopted, they were also committed to the concept of adoption. These families recognized that adoption is a permanent life-changing event and embraced it as one

would embrace marriage. They also recognized that external support is a protective factor key in successfully sustaining families.

In summary, the Permanency Project intended to improve permanency outcomes for children as demonstrated by children being safely maintained in their homes, children having permanency and stability in their living situations and families having enhanced capacities to care for their children's needs, enhancing well-being, through the provision of services to the caregiver families. Children in Project placements experienced safety: the National Standard for safety for children in substitute care was achieved for children placed in Project homes. The utilization of Respite Childcare Stipend likely contributed to this as demonstrated by its' ranking in service utilization by participants, positive comments on Respite Childcare Forms identifying benefits for the child in terms of changes in child functioning and benefits to the family in terms of improvements in child behavior and adjustment and reduced financial stress, and responses to the Directed Exit Interview and other feedback instruments.

While we did not achieve our target outcome for increased well-being for children, the provision of Family Building Activities and Social Skills Training led to increases in protective factors associated with child well-being varying from a low of 25.8% for older children in Kinship placements to a high of 47% for younger children in Adoptive placement. Additionally, Family Preservation Services, including family-based therapy and family-based parent skills training, are associated with increases in protective factors for Emotional Expressiveness for children placed with Project families.

84% of children in Project placements experienced placement stability, however, a significantly greater number of children in Adoptive placements experienced stability than children in Kinship placements. Adoptive families utilized respite care, attended specialized, topic specific trainings and participated in services to support skill development in the children they were caring for. Adoptive caregivers also recognized the value of layered support and achieved that through participation in multiple project services, including Educational Support Group, 4 Keeps Adoption Support Group and Family Building Activities. Results from the literature search conducted by Sandra Beeman, CASCW[5], suggested Kinship caregivers felt more responsibility for concrete caregiving tasks, such as day to day parenting responsibilities, transporting children to appointments, etc., and emotional tasks of the child, such as assisting them with issues related to their separation from parents. They were more likely to experience increased psychological stress due to their changed role as primary caregiver for the child and increased tension with social workers due to their dual roles as foster parent and family member. Kinship caregiver priorities involved making changes to the structure of their homes, acquiring beds, car seats and other items required to meet immediate care giving needs, acquiring services to support skill development in the children they were caring for and utilizing respite care.

With the exclusion of developmental disabilities, research suggests children having increased special needs and risk factors associated with disruption are more likely to disrupt from placement. While this was true for both disruption subgroups, the Kinship subgroup tended to be older, have fewer emotional and learning disabilities, fewer emotional disturbances, fewer

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5 KINSHIP FOSTER CARE IN MINNESOTA: A STUDY OF THREE COUNTIES, Final Report to the Minnesota Department of Human Services, Sandra Beeman, Ph.D., Esther Wattenberg, M.A., Laura Boisen, M.S.S.W., M.P.A., Susan Bullerdic, M.S.W., CACSW, University of Minnesota School of Social Work, 1996.

documented school problems, fewer placements prior to their project placements and were slightly older at their first placement than the Adoption subgroup. While children in Kinship and Adoptive placements were equally likely to have experienced neglect as a condition associated with placement, children in Kinship placements were less likely to have experienced abuse and were less likely to exhibit risk behaviors associated with disruption yet a greater percentage of children in Kinship placement experienced disruptions than children in Adoptive placements. While children in both subgroups appeared to have improved assets in the Emotional Expressiveness and Peer Relationship Domains, children in Kinship Placement experienced a decline in assets in the Family Relationship Domain, identifying increased instability in the family setting and greater risk for placement disruption for children in Kinship placements. Findings from a multi-state study concerning children placed in foster care with relatives[6] suggest the motivation for relatives to foster parent revolves around identification with, commitment to and maintaining the child's place within the family. Results from the CASPARS instruments would suggest that as Kinship placements lengthen caregivers become less satisfied with their role and/or responsibilities and the risk for disruption increases. Additionally, although CASPARS results reveal increased assets for children in the Community Embeddedness Domain, it appears increases in support and community resources do not outweigh the escalating decline in satisfaction Kinship caregivers experience as placement lengthens.

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6 CHILDREN PLACED IN FOSTER CARE WITH RELATIVES: A Multi-state Study. Final Report. U.S. Department of Health and Human Services, ACYF, November 19. 1998.

CHAPTER I. Introduction

A. Background information

In 1978, the Federal Government enacted the Adoption Opportunities Program (Child Abuse Prevention and Treatment and Adoption Reform Act of 1978) as a legislative means of encouraging the elimination of barriers to adoption concurrent with the promotion of permanent homes for children who would benefit from adoption. In 1980, P.L. 96-272, the Adoption Assistance and Child Welfare Act of 1980, was enacted, clearly establishing permanence as a primary need for children in foster care and emphasizing the importance of permanency and timely decision-making for these children. The Adoption and Safe Families Act of 1997 (P.L. 105-89) established safety, permanency and well-being as our nation's goals for children in the child welfare system. The Act included provisions shortening the allowable time frames for making permanency plan determinations. In 1998, the State of Minnesota enacted legislation effective July 1, 1999 further shortening those time frames for permanency decisions to six months for children under the age of eight. In an effort to meet these time lines and effect stable, nurturing permanent placements for children when reunification was not possible, Minnesota enacted legislation promoting Concurrent Permanency Planning. The intent of this legislation is consistent with the ASFA priority that permanency efforts begin immediately upon placement and is designed to assure the availability of a permanent home for children as early as possible and at least at the time of the permanency hearing. It further intended to reduce the total number of placements children experience, thereby promoting stability for children in care. Legislation and public policy promote maintaining children within their family systems. As a result, the utilization of relatives for kinship foster care placement and, for permanency purposes, transfers of legal and physical custody of children to relatives, is increasing. Additionally, to assure more timely legal permanence for children in adoptive placements, Minnesota reduced the allowable time frame for filing an adoptive petition from 24 months from date of placement to 12 months from date of placement.

In an effort to facilitate the transition of children in non-relative placements to relative caregivers, Minnesota enacted legislation in 1997 establishing an "Emergency Foster Care License," allowing relative and kin caregivers meeting basic licensure requirements to care for specific related children prior to the completion of their full foster care study. This licensing process clearly facilitates the transition of children from "stranger" care to relatives. While potentially providing the children with a greater degree of familial and emotional support, this license potentially placed a disproportionate burden upon the shoulders of the relative caregivers who often had not received the formal training and support consistent with traditional entry into the foster care system. The temporary license, effective for 120 days, often resulted in significant gaps in agency support between the issuance of the temporary license and the initiation of the full licensure study. Research indicated relative foster parents received fewer agency delivered services[7] and fewer caseworker contacts than other foster care providers.[8] Additionally, studies reported significant differences in the attitudes of caregivers toward physical discipline and in level of empathy for the child's needs. These two factors, coupled with reduced services, are significant when considering child safety, placement stability and child well-being.

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[7] CASCW Practice Notes #3: *Davis, N.; & Chiancone, J. Research basics: The kinship care option: Applying research to practice.* Child Law Practice, 15 (6).

[8] *Gebel, Timothy J.: Kinship Care and Non-Relative Family Foster Care: A Comparison of Caregiver Attributes and Attitudes.* Child Welfare, Vol. LXXV, #1 pgs. 5 - 17

Those families adopting Minnesota's State Wards, children whose parental rights have been terminated through Juvenile Court Proceedings and whose guardianship has been placed with the Commissioner of the Department of Human Services, are also less likely to receive significant post-finalization services. In Anoka County, formal child welfare services to children in adoptive placement cease upon finalization of the adoption unless those children qualify for services through the children's mental health or developmental disabilities systems. As many of these children come with from families with histories of maltreatment, are older children or are children with special needs, they are at greatest risk for adoption disruption.

Anoka County is Minnesota's fourth largest county with a population exceeding 300,000. Located north of the Twin Cities, it is comprised of small municipalities in rural to quasi-urban settings. Projections suggest the population will increase by 90,000 between 1990 and 2020.[9] An evaluation of the economy of Anoka County during the last decade indicates an overall decline in the quality of life experienced by a significant number of residents. From 1988 to 1994, the number of Anoka County fathers delinquent in child support payments jumped 46%. From 1988 to 1993, the number of households using food stamps increased by 74%. Anoka County has the third highest population of single parent households in Minnesota, following Ramsey and Hennepin Counties. Anoka County also ranked third, at 5.3%, in the number of people living below the federal poverty level. Between 1986 and 1991, Anoka County experienced a 40% increase in the number of children living in poverty. Between 1989 and 1994, the County experienced a 56.5% increase in children eligible for free and reduced school lunches and an 81% increase in the number of families waiting for subsidized childcare. Anoka County has the lowest median housing value in the region. Sixty percent of Anoka County residents work outside the county. [10]

The juvenile population of Anoka County has steadily increased from an estimated 74,369 in 1990 to 86,217 in 2000[11]. Funding had not grown commensurate with the needs of this population. As a result, as seen nationally, child welfare services in Anoka County shifted from serving a broad base of children and families having diverse child welfare concerns to a smaller but growing number of children experiencing maltreatment within their homes. Our system is no longer able to address child and family well-being or stability unless safety is also an issue. As a result, Anoka County is seeing an alarming number of children reenter the social service system with deteriorating and/or disrupted adoptions. Additionally, we are seeing children who had been permanently placed with relatives through the permanency process via transfers of physical and legal custody reenter the system as their placements deteriorated and/or disrupted.

Outcome goals developed by the Department of Health and Human Services in response to the Adoption and Safe Families Act included increasing permanency for children in foster care, reducing time in foster care to adoption and increasing placement stability. The changes in Federal and State legislation and policy resulted in an increased demand for early permanency planning, initiation of concurrent permanency planning efforts and reduced the time allowed to shift from foster care placement to permanent placement finalization. These policies may, in fact, actually create barriers and impede the achievement of the outcome goals.

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9 *MN State Demographic Office*
10 *Source: JTPA Title IIA*
11 2000 US Census Data

The Permanency Project intended to improve permanency outcomes for children as demonstrated by children being safely maintained in their homes, children having permanency and stability in their living situations and families having enhanced capacities to care for their children's needs. The project proposed to accomplish this through the provision of services to the families caring for these children and the development and delivery of staff and provider training. Questions intended to be addressed by the project included:

- Does the provision of direct services to caregiver families improve stability for children in adoptive and relative care placements and if so, which services?
- Does the promotion of stability of children in adoptive and relative care placements improve permanency outcomes for children in these homes, pre- and post- finalization?
- Does the improvement of child and family functioning (well-being) improve permanency outcomes for children in adoptive and relative care placements, pre- and post-finalization?

As the project evolved, an additional question was added:

- What are the differences in needs of kinship care[v] placements in comparison to adoptive placements?

B. Program model

The Permanency Project, an Adoption Opportunities funded Demonstration Project administered by the Anoka County Community Social Services and Mental Health Department, Anoka, Minnesota, was a direct service program for adoptive and kinship care families.

As stated in the original grant application, the purpose of the Permanency Project was to improve permanency outcomes for children by implementing a program of coordinated and collaborative services to kinship foster care providers and to Anoka County's families adopting Minnesota's State Wards. The program intended to operate from the resource family's point of entry into the system and through a minimum of one year and potentially to three years and beyond legal finalization of the permanent placement. The overall project goals were to improve permanency outcomes for children in adoptive and kinship care placements pre- and post- adoption finalization, maintain children safely in their homes whenever possible and appropriate and promote stability of the placements of children in these homes through improving child and family functioning (well-being) and safety for children. The Target Population was defined as those relative foster parents in Anoka County with Anoka County child placements and Anoka County adoptive families receiving Minnesota's State Wards for adoptive placement. [vi]

The service delivery approach included the Program Coordinator, a Kinship Social Worker and an Adoption Social Worker with extensive knowledge in Child Protection and Child Welfare Services.[vii] The Program Coordinator's responsibilities, in addition to day-to-day program management, included design and implementation of focused site and home-delivered trainings, family mentor program, support groups and coordination of family preservation services. The Project Coordinator also had the responsibility of monitoring families following permanency finalization. The Kinship Social Worker's function, in addition to monitoring the stability of the family, was to provide ongoing case management services to the relative foster parents during the placement period to support them in acquiring and utilizing the skills necessary to effectively and appropriately parent the child in their care. The Adoption Social Worker continued to

provide case management services to the adoptive families receiving Minnesota's Waiting Children for placement.[viii]

The project's objective was to support the family. The staff assisted families through a continuum of services. Specific services described in the original grant application are:

- Whole Family Support Groups
- Respite Services (respite child care, transportation funds, leisure activities, incidental expense funds to provide necessary relief to caregivers)
- Social Work Case Management
- Focused Site and Home-Delivered Trainings (pre-service, during placement and post-finalization and parenting skills)
- Mentoring
- Family Preservation Services (Families First model, Family Preservation model)

Proposed program outcomes in the original grant application:

- Children are safely maintained in their homes whenever possible and appropriate
- Children will have permanency and stability in their living situations
- The continuity of family relationships and connections will be preserved for children
- Families will have enhanced capacity to provide for their children's need
- Staff and provider training

The Permanency Project was predicated on the premise, based upon the literature, that stability, permanency and well-being for children are improved through the provision of supportive services to the families caring for them. At the time they are solicited to care for their kin children, kinship caregivers have inadequate information, support (financial, programmatic, service and case work) and training to understand the complexities of the system and their roles and responsibilities in meeting the needs of the children in their care. The Project developed a small pool of Mentor Families to provide support and guidance for new adoptive and kinship families. The design called for whole family mentoring, including all family members in both families, which focusing on families doing things with other families. An incentive (e.g. coupons for recreational activities) was provided to the Mentor Family to encourage them to take their own time together as a family.

Initially, Project staff considered the possibility of have 2 support groups: one for adoptive families and one for kinship. Both need education. Some adoptive parents were also kinship parents and the Project wanted to make the best use of resources, serving as many people as possible. They determined the only way to accomplish this was to designate one group an education group open regardless of the discipline focus (hence, adoptive parents, kinship parents, foster parents, and families outside the system attend.)

The Project also planned on facilitating the formation of whole family support groups, ultimately family facilitated, to provide additional support. The Adoption Support Group (4 Keeps) completed the transition from an agency-facilitated group to a family-facilitated support group. Support group participation increased and maintained that increase following the transition. The group initially was activity based, however, as the group evolved, subgroups began to emerge

(couples group, dad's night out, mom's night out) and they are now developing a mother's support group for conversation and support.

Research and agency experience identified deficits in caregiver training as an unmet need for kinship caregivers. Foster parents cited childcare, transportation and time constraints as impediments to their participation. This project allocated funding for and/or provided childcare and reimbursement for transportation expenses for trainings. Additionally, trainings were designed to facilitate family participation, incorporating meals and socialization in addition to education. Trainings occurred during the day, evenings and on weekends, increasing opportunities for participation.

Children were presenting with multiple diagnoses, multiple disabilities, histories of complex abuse and other dysfunction. The complexities associated with these children require greater allowances for transition and integration to assure maximum opportunity for placement stability and success. Relative caregivers were found to have a lower level of empathy for the child's needs than non-relative caregivers[5]. This fact, coupled with stress associated with parenting these challenging children, increases the risk of placement instability. The Permanency Project allocated funding for respite child care, providing the family defined periods of relief and recovery opportunities to meet other family needs while assuring the children in their responsibility are appropriately cared for. Social Skills Funding was utilized to purchase memberships at the local YMCA, swimming, dance, karate and other similar lessons. As children gain more social skills, they become more skilled in developing and maintaining healthy peer relationships, leading to improved esteem and confidence.

The Project also provided for planned overnight respite services. The weekend respite care component offered families a more flexible respite care option than what is traditionally available. The respite was intended to provide the kin/adoptive parent the opportunity to spend time with their own children while helping sustain the placement by providing temporary relief from dealing with difficult behaviors. Program participants arranged for their own relief provider, with approval of the child's case manager, and received the approved respite care rate to pay that provider while they continued to receive their foster care subsidy.

It was the intention of the Permanency Project to promote stability and safety for children placed with Project families by providing Family Preservations Services to the families. Family preservation services were defined as family-based therapy and family-based parent skills training. The Project anticipated families would utilize one or both of these services to assist them in appreciating and understanding the child's special needs and developing the resources they needed to effectively parent them.

a. Collaborative efforts

The Permanency Project was, by nature, collaborative. The project did not recreate services already in existence, focusing instead on facilitating access to services for families traditionally underserved, or not served at all, by Child Welfare Agencies. Exceptions to this were in the area of training and social skills development. The project collaborated with their Agency Foster

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[5] *Gebel, Timothy J.: Kinship Care and Non-Relative Family Foster Care: A Comparison of Caregiver Attributes and Attitudes.* Child Welfare, Vol. LXXV, #1 pgs. 5 - 17

Care Unit, the Minnesota Department of Human Services, North American Council on Adoptive Children (NACAC), the Minnesota Adoption Resource Network (MARN) and local therapists to design and deliver trainings to our project families. The project opened up these trainings to the general public, resulting in participation by non-project kin and adoptive families, foster care providers, local and other agency staff, and representatives of the adoption community.

The project collaborated with the local YMCA to provide memberships for project families, creating opportunities for children to enhance social skills during organized activities as well as recreational opportunities for the entire family.

Through collaboration with the North American Council on Adoptive Children (NACAC), the Permanency Project sent two adoptive parents to Leadership Training for Parent Facilitators. Upon their return to Anoka County, they assumed their roles as Parent Leaders for the Anoka County Adoption Support Group (4 Keeps.)[ix]

The Permanency Project Advisory Board was a collaboration of representatives of local government administration, the judiciary, practitioners in the field of adoption, social service representatives from a variety of child welfare disciplines, local therapists, the Minnesota Department of Human Services, MARN, NACAC and PATH. Representatives from two other Adoption Opportunities Grantees (NACAC and PATH) were also on the board. The Permanency Project Coordinator also served on the Advisory Board of another Grantee.

b. Special issues

The greatest referral source for the Project was Child Protective Services. It was the intent of the Project that the child's Caseworker and the Project Social Worker would collaborate on the decision about placement. More often than not, the placement decision was already made at the time of the referral. In at least two different cases, children were placed without the Caseworker having ever met the family. As a means of improving placement outcomes, the Project Coordinator focused on improving assessments and placement decisions of project staff. Failed placements were analyzed in an attempt to identify weaknesses and or lessons to be applied in the future, however, existing staff resisted and continued to resist implementation of best practices methods of assessing placement appropriateness.

The Permanency Project grant proposal provided for one Project Coordinator, one Kinship Social Worker and one Adoption Social Worker. The Project budget allocated funding for the Project Coordinator and Kinship Social Worker. As part of its required in-kind contribution, Anoka County Social Services allocated 50% of an existing Adoption Social Worker position to the Permanency Project. The Agency added an additional ½ Adoption Social Worker position just prior to the implementation of the Project. While the Project Coordinator and Kinship Social Worker positions were filled through an application and interview process, the incumbent Adoption Social Workers had no choice about their participation in the Project.

The Adoption Social Worker positions are permanent agency positions; the Kinship Social Worker position was limited to the term of the Federal Grant. There was consistency in Adoption positions throughout the duration of the Project; the Kinship Social Worker position turned over twice and impacted program continuity.

The Permanency Project was designed to provide support for families following finalization of their permanency plan. Assessment of the need for services was expected to occur in response to requests from the families or during the post-finalization contacts by the Project Coordinator. While 67% of families achieved permanency (TABLE 4: PERMANENCY OUTCOMES, Appendix B), there was insufficient time post finalization to collect meaningful data.

The Adoption Opportunities Grant supporting the Permanency Project provided for a three-year grant period. Because the existence of the project was dependent upon the award of the grant, no preparation began before receipt of the Award Letters and efforts toward implementing the program did not begin until the grant period officially began. The first year focused on developing components of the program. The program continued to evolve over the next year and a half, during which the greatest number of participants participated. The final 6 months of the grant period were devoted to phasing out the program. The extension provided the opportunity to complete some elements begun late in the project's pendency. This process is, at best, providing only about 18 months worth of data.[x]

c. Funding information

The Permanency Project was an Adoption Opportunities funded Demonstration Project funded for the three-year period of October 2000 through September 2003. The total budget for this 3-year project was $849,912. Of that amount, we proposed to use the Adoption Opportunities Grant to fund $672,417 in program costs, leaving $177,495, or a 21% local match, for Anoka County to fund from local funds. About $10,000 of the local match was to be cash and the remainder in-kind. In addition to line items associated with personnel related expenses, infrastructure, equipment and supplies, line items were developed for Project family training, respite care, support group/mentoring and social skills development. Midway through the first year of the grant period, Project staff concluded a significant barrier for kinship placements had been overlooked in the application. The financial burden associated with accommodating the kin child's presence in their home was precluding placements. The Project requested and received approval, effective the 2001-2002 budget year, to modify the grant budget by adding a no cost line item for household accommodations.

The Project's initial award, from September 30, 2000 through September 29, 2001, was refunded the following two years through September 29, 2003. The Project received a six-month no cost extension extending the project time frame to March 30, 2004. The budget for the first year was $192,000; budgets for the next two years were $302,000 and $330,000.

The Permanency Project was designed to meet the needs of kinship and adoptive families before and after finalization of the child's permanency plan. At the time of the program's inception, it was anticipated the program would continue beyond the conclusion of the grant period. Significant changes in the economy rendered this impossible, as existing funding must, by necessity, be diverted to programs mandated through legislation or rule. Project staff were challenged by having to identify supports for the families while creating a respectful transition process for them.

C. Overview of Methodology:

The goal of the Permanency Project was to improve permanency outcomes for children in adoptive and relative care placements, pre- and post-finalization. The objective was to promote the stability of the placements of children in these homes while improving child and family

functioning (well-being) and safety for children. Questions the Project intended to address included:

- Does the provision of direct services to caregiver families improve stability for children in adoptive and relative care placements and if so, which services?
- Does the promotion of stability of children in adoptive and relative care placements improve permanency outcomes for children in these homes, pre- and post- finalization?
- Does the improvement of child and family functioning (well-being) improve permanency outcomes for children in adoptive and relative care placements, pre- and post-finalization?

As the project evolved, an additional question was added:

- What are the differences in needs of kinship care[xi] placements in comparison to adoptive placements?

A Comparison Group within the Social Service Department had been identified at the time the grant was written, however, that group became unavailable and a replacement comparison group could not be identified. As a result, the Project compared results in literature. The Project also compared and contrasted similarities and differences in the experience of kinship care and adoptive families. The purpose of this type of comparison was to begin to isolate or show a change in the experience of adoptive and kinship care parents as a result of participating in the project.

The grant also proposed to prepare the agency for the Child and Family Services Review by incorporating goals for safety, permanency and well being in outcomes. While incorporating these standards into outcome objectives would not provide us with a comparison opportunity, they did provide benchmarks for success. National Child Welfare standards were applied to the Permanency Project placement only and did not reflect prior placements.

Tools were created to capture demographic data, including characteristics associated with post-finalization outcomes for children[xii] and caregiver families.[xiii] Demographic data were deemed important as they not only afforded us the opportunity to better understand the families and children we were serving but also provided insight into risk factors potentially impacting safety, stability, permanency and well-being of children in placement.

One of the tools the Project used to evaluate changes in well-being was the CASPARS tool developed by Jane Gilgun, Ph.D., LICSW, University of Minnesota School of Social Work. CASPARS is comprised of a series of instruments, based on theory and having reliability and validity, used to identify strengths, or assets/protective factors, to be increased through intervention, and risks also to be decreased through intervention. The instruments address 5 Domains: Emotional Expressiveness, Family Relationships, Family Embeddedness, Peer Relationships and Sexuality. The domains differentiate individuals who have good and poor outcomes under conditions of childhood adversity. The instruments were designed to allow for customization for a variety of practice settings and populations.[12] Permanency Project staff

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12 Clinical Assessment Package for Risks and Strengths, Jane F. Gilgun, Ph.D., LICSW, associate professor, School of Social Work, University of Minnesota, St. Paul, Minnesota.

consulted with Jane Gilgun concerning the effectiveness of the tool for our population. The tool was modified to incorporate her suggestions and further condensed at time of evaluation.

Project Social Workers were required to exercise clinical judgment in completing the CASPARS tool. They completed the CASPARS tool with Project families for children aged 6 or older during the first 30 days of the child's placement and again at permanency. 8 children and their Adoptive families and 12 children and their Kinship families participated. Changes were reported for 1) assets being strengthened, maintained, weakened or weakened to a risk factor and 2) risk factors being weakened to greater risk, maintained, strengthened to a lesser risk or strengthened to an asset. (TABLE 12: Asset and Risk Factors: Change During Placement, Appendix B.) Results from the CASPARS assessments are for all children aged 6 or older who were assessed and are not limited to the particular service component associated with the outcome component being addressed.

The Permanency Project developed a tool to measure changes in attachment for children under the age of 6.[xiv] Project Social Workers were instructed to complete the Attachment Checklist with Project families for children aged 5 or younger during the first 30 days of the child's placement and again at permanency. The tool was administered to Caregivers of 29 children placed with Adoptive families and 35 children placed with Kinship families. Ten items from the Checklist were selected for representing changes in attachment. (TABLE 13: Attachment Checklist Results, Appendix B.) Changes were reported for increases in a particular behavior, decreases in a particular behavior, no change in a particular behavior or identifying the defined behavior as not relevant for the child.

A "Family Strengths Inventory" plan was designed to engage families in identifying strengths, areas of needs, including training needs, and goals for Project involvement. Following an on-site meeting with a Technical Advisor from James Bell & Associate, the tool was revised to incorporate measures for change in the family's support network. The tool also provided documentation of continuing and new relationships for children in Project homes. Project Social Workers were to meet with the Project Family within the first 30 days of placement to complete the initial inventory and then meet quarterly thereafter to review, update and modify the inventory.

Following an on-site meeting with a Technical Advisor from James Bell & Associate, the Project created a tool for Project Social Workers to use to guide them in inquiries with caregivers about effectiveness of trainings they participated in. With this process, Social Workers would obtain documentation of the families' applications of new learning and its effectiveness. The "cheat sheet" prompted Social Workers to ask caregivers (1) what they had learned at recent trainings, (2) if they had had an opportunity to use what they learned, (3) if what they learned was helpful, and (4) if they (family) could provide an example. Social Workers were asked to use the form during monthly meetings with their Project Families.

The Permanency Project developed a Feedback Survey utilizing a 3 point Likert Scale to measure participant attitudes concerning Project Services and mailed it to Project families. Fifteen Project families, 9 Kinship, 5 Adoptive and 1 Unidentified, returned Feedback Surveys. (TABLE 9: PARTICIPANT RATING: PROJECT PROVIDED SERVICES, Appendix B.)

The Project developed an Exit Interview using a 5 point Likert Scale to measure participant attitudes concerning Project Services and administered it over the telephone to one of the adult Caregivers in the Project family. 19 Adoptive and 29 Kinship families were interviewed following their exits from the program.

Other sources of data included training attendance record, training evaluations (also improved, based upon recommendations from the Technical Advisor, to include documentation of new learning acquired at the trainings,) Caregiver comments on Monthly Respite Care forms, SSIS (Social Services Information System) records of Child Welfare Maltreatment Reports, Resource Library lending records.

Finally, Social Workers are required to record their time in a computerized information system that simultaneously creates case notes if entered into the activity log. Although Project Social Workers completed their time recording, they provided little case note documentation concerning the content of discussions with Project families, eliminating case records as a source of data documenting change in resources and tools for families.

The project did not budget for an external evaluation. The Grant author assumed the responsibility for the evaluation process. The evaluator was the original Project Supervisor, however, assumed a different position during the course of the grant and did not continue with those duties. Limitations in expertise in outcome evaluation restricted the development of that component of the evaluation. The project's strength was in the process component. With the exception of Quarterly Process Review meetings with Project Staff and additional meetings with the Project Coordinator, the evaluator had limited involvement with Project Staff until the conclusion of the project.

CHAPTER II. Process Evaluation: Implementation Objectives

The purpose of the Permanency Project was to improve permanency outcomes for children placed with Anoka County kinship foster care providers and Anoka County's families adopting Minnesota's State Wards. The program intended to operate from the resource family's point of entry into the system and through a minimum of one year and potentially to three years and beyond legal finalization of the permanent placement. The overall project goals were to improve permanency outcomes for children in adoptive and kinship care placements pre- and post-adoption finalization, maintain children safely in their homes whenever possible and appropriate and promote stability of the placements of children in these homes through improving child and family functioning (well-being) and safety for children. The project proposed to address these concerns by implementing a program of coordinated and collaborative services through a variety of formats including case management, training (pre-service as well as during placement and post-finalization) family preservation services (including a Families First Model and a Family Preservation Model), parent skills training, Family Group Decision Making, whole family support groups and mentoring. Services were to be provided in the family home, in the community and in the local social services agency.

The project's objective was to support the family. The staff assisted families through a continuum of services. Specific services described in the original grant application are:

- Whole Family Support Groups
- Respite Services (respite child care, transportation funds, leisure activities, incidental expense funds to provide necessary relief to caregivers)
- Social Work Case Management
- Focused Site and Home-Delivered Trainings (pre-service, during placement and post-finalization and parenting skills)
- Mentoring
- Family Preservation Services (Families First model, Family Preservation model)

The Process Evaluation includes the following eight implementation objectives and associated research questions:

I. Provide an array of child welfare services to 60 kinship and 45 adoptive families that are available before, during and following permanency finalization.

- *What differences are there between those families accepting and declining project services?*
- *What differences are there in the experience of kinship care families and adoptive families that suggest different models of service delivery?*
- *How did the advisory committee support or impede project implementation? What are some specific examples? What was the value of the advisory committee to the project overall?*
- *How have relationships with other service providers in the community helped or hindered the delivery of services to families in this program?*

II. Engage 45 adoptive and 60 kinship caregiver families in support groups.

- *What factors facilitated or impeded involvement of kinship families in training and support group?*
- *What differences are there in the experience of kinship care families and adoptive families that suggest different models of service delivery?*

III. Provide 45 adoptive and 60 kinship caregiver families with social work case management.

- *What differences are there in the experience of kinship care families and adoptive families that suggest different models of service delivery?*

IV. Provide adoptive and kinship caregiver families with home-based training.

- *What differences are there in the experience of kinship care families and adoptive families that suggest different models of service delivery?*

V. Provide mentor families to adoptive and kinship caregiver families.

- *What differences are there in the experience of kinship care families and adoptive families that suggest different models of service delivery?*

VI. Provide family preservation services to project families.

- *What differences are there in the experience of kinship care families and adoptive families that suggest different models of service delivery?*

VII. Provide 60 Kinship Caregiver families with respite services.

- *What factors facilitated or impeded involvement of kinship families in utilization of the respite childcare stipend and weekend respite care?*
- *What differences are there in the experience of kinship care families and adoptive families that suggest different models of service delivery?*

VIII. Facilitate a variety of networking activities (i.e. annual networking event, newsletter.)

- *What differences are there in the experience of kinship care families and adoptive families that suggest different models of service delivery?*

I. Provide an array of child welfare services to 60 kinship and 45 adoptive families that are available before, during and following permanency finalization.

The target population for the Permanency Project was defined as relative/kin foster parents in Anoka County with Anoka County child placements and Anoka County adoptive families receiving Minnesota's State Wards for adoptive placement. The Project proposed to serve 20 kinship and 15 adoptive families each year during the 3-year grant period, providing services to them during the placement and following finalization of permanency.

Initial program activities focused on recruiting the Project Coordinator and Kinship Social Worker. The existing Adoption Social Worker and new half-time Adoption Social Worker were assigned to the project. Once project staff was hired, initial referral criteria were established. Kinship placements were eligible if the placement family was related to and/or was an important person to the child and/or child's parent. Adoptive families were eligible if a Minnesota State Ward was placed with them for adoption. Eligible families were identified, contacted and invited to participate. The first kinship family to enter the project had their child placed with them 10/2/01. The first adoptive family to enter the project had their child placed with them 11/1/00.

Although the program was conceptualized, it was not yet developed. Project Staff were strongly child and family focused and determined their priority was to support families through service provision even if the program parameters were not yet defined. Case Management services were immediately available to families.

Once assigned, the Kinship Social Worker had the responsibility of meeting with the Project family to inform them about the project and offering to support them through supportive case management and Project services. If interested, the family and Kinship Social Worker would meet, completing a Family Strengths Inventory, identifying strengths and areas where the Project could provide assistance and creating a plan with the family for goals associated with safety, stability and well-being. A training needs assessment was included in the Family Strengths inventory and provided the opportunity for a discussion concerning the Educational Support Group and Project supported trainings. The Project design planned for at least monthly contacts between the Kinship Social Worker and project families and quarterly meetings to review the Family Strengths Inventory.

The Adoption Social Workers had caseloads comprised of Project and pre-Project families. The program design called for the Adoption Social Workers to collaborate with the Child's Caseworker on the placement decision and to support the stability of that placement by providing supportive services to the Adoptive caregivers. The Adoption Social Workers had the added responsibility of completing all the paperwork associated with finalizing the adoption. The Adoption Social Workers collaborated with professionals from other public and private Adoptions Agencies on the design and implementation of trainings to meet the needs of adoptive caregivers. For those cases involving Project families, the Adoption Social Workers were expected to have monthly contact with their families, complete the Family Strengths Inventory, identifying strengths and areas the Project could provide assistance and creating a plan with the family for goals associated with safety, stability and well-being. A training needs assessment was included in the Family Strengths inventory and provided the opportunity for a discussion concerning the Educational Support Group and Project supported trainings. The Family Strengths inventory was to be reviewed with the family on a quarterly basis.

Significant time and attention was paid to promoting the Project and soliciting referrals. Project Staff regularly attended Staff meetings of child placing units to inform and update child welfare staff about the Project and encourage referrals. The Project Coordinator participated in local radio interviews in December of 2000 and October of 2001. Presentations were made at a Director's All Staff Meeting 2/21/01 and the Family Services Retreat 3/7/01. A Newsletter was developed and sent monthly to agency staff and Project families. The Project sought professional assistance in developing the program brochure and display board.[xv] The Project fostered resource family recruitment at the annual Anoka County Fairs and recognized families providing permanent homes for children by hosting Permanency Celebrations in November 2001, 2002 and 2003. Project Staff presented the Permanency Project to the Anoka County Human Services Committee of the Anoka County Board of Commissioners on June 26, 2002. The Permanency Project Coordinator participated on the Advisory Board for PATH (Professional Association of Treatment Homes,) another Adoption Opportunities Grantee.

Several months into the project, referral criteria were revised and expanded to allow participation of families with placements not previously anticipated. Two referrals involved placements of siblings into a home where another sibling was already placed. Kinship criteria were expanded to allow for the kinship connection to exist between the children in placement and/or between the child and the family. A number of foster families not previously identified as permanency resources accepted their foster children for adoptive placement following termination of parental rights. We expanded Adoption criteria to allow foster-adoptive family participation when the child's case plan did not previously identify the foster parent as a permanency option. Adoption criteria were also expanded to accept families participating in "legal risk" placements.[xvi]

The referral process was also modified after several months. Initially, the Kinship Social Worker became involved after the placement decision was finalized and the Case Manager (child's social worker) had forwarded a copy of the kinship licensing request to the Permanency Project Coordinator. Agency Culture created a barrier for referrals. Family Social Services Supervisors were inconsistent in their support for the Project. Referrals were inconsistent among Case Managers, some occurring months after the child had been placed. Project eligible families were learning about the Project from Foster Care Licensing Social Workers when it was determined they could not be licensed for foster care due to deficiencies in their homes. Several Kinship families received their child for placement before having met the child's social worker.

The referral process was modified to a more collaborative format, requiring the Case Manager to contact the Kinship Social Worker when the potential kin placement was identified. The Case Manager and the Kinship Social Worker were to meet jointly with the resource family and collaborate on the placement decision. Upon joint approval, the resource family would be referred for licensing. Agency Case Managers were not schooled in collaborative decision-making and were threatened by that process. Some agency staff resisted the change in referral process, perceiving their power in decision-making undermined because of the requirement to collaborate on the decision determining appropriateness of the identified resource family. Additionally, for some Case Managers, time, or lack thereof, was the barrier to collaboration. Court and case management demands reduced the time available to collaborate on joint interviewing and thorough assessment processes, decreasing the opportunity for appropriate matching.

Agency Culture and practice limitations also created barriers to collaboration. Agency Case Managers were inconsistently trained on placement and sibling issues. The Permanency Project's focus was on permanency, stability, well-being and maintaining connections. In several instances, the Kinship Social Workers found that the Case Managers had not talked with the Kinship family about permanency yet assumed the Kinship family would agree to adoption. In one instance, the Kinship caregivers told the Kinship Social Worker they would not adopt and told their Foster Care Social Worker they would not adopt, however, had not yet had a conversation with the Case Managing Social Worker about permanency. In one instance, this greatly delayed permanency for a sibling group of three children because the Case Manager ceased relative search efforts once the children were placed with grandparents despite grandparents' voiced resistance to being a permanency resource. Relative issues persist to this date for these children, who continue to lack permanency.

As a means of improving placement outcomes, the Project Coordinator focused on improving assessments and placement decisions of Project staff. Failed placements were analyzed in an attempt to identify weaknesses and/or lessons to be applied in the future, however, existing staff resisted and continued to resist implementation of best practices methods of assessing placement appropriateness.

Children were presenting with multiple diagnoses, multiple disabilities, histories of complex abuse and other dysfunction. The complexities associated with these children require greater allowances for transition and integration to assure maximum opportunity for placement stability and success. Relative caregivers were found to have a lower level of empathy for the child's needs than non-relative caregivers[5]. This fact, coupled with stress associated with parenting these challenging children, increases the risk of placement instability. The Permanency Project allocated funding for respite child care, providing the family defined periods of relief and recovery opportunities to meet other family needs while assuring the children in their responsibility are appropriately cared for. The stipend was finalized and implemented 4/1/01. Families were required to complete a Respite Care Agreement and submit a monthly utilization form.

The Project also provided for planned overnight/weekend respite services. The weekend respite care component offered families a more flexible respite care option than what is traditionally available. Respite was intended to provide the kin/adoptive parent the opportunity to spend time with their own children while helping sustain the placement by providing temporary relief from dealing with difficult behaviors. It was originally intended that respite services would be provided by an existing pool of licensed respite foster parents, however, program participants arranged for their own relief provider, with approval of the child's Case Manager, and received the approved respite care rate to pay that provider while they continued to receive their foster care subsidy. The Stipend was finalized and implemented 4/1/01. When a child's behavior precluded placement in a respite home, one Adoptive family utilized the program to bring a Personal Care Attendant into the home to care for the child. Another utilized family members for support due to the fragility of their child.

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[5] *Gebel, Timothy J.: Kinship Care and Non-Relative Family Foster Care: A Comparison of Caregiver Attributes and Attitudes.* Child Welfare, Vol. LXXV, #1 pgs. 5 - 17

Social Skills Funding was utilized to purchase memberships at the local YMCA, swimming, dance, karate and other similar lessons. As children gained more social skills, they became more skilled in developing and maintaining healthy peer relationships, leading to improved esteem and confidence. As the Project progressed, staff came to the conclusion that Social Skills Funding also provided respite opportunities for families while the children were participating in camps, YMCA and other activities.

An early lesson learned by Project staff was having so many areas of the project simultaneously in development created a tendency to do too many things at the same time. Additionally, staff needed to be cautious and avoid over-burdening Project families with too many opportunities within the same time frame. For example, research and agency experience identified deficits in caregiver training as an unmet need for kinship caregivers. Initially, Project staff considered the possibility of have 2 support groups: one for adoptive families and one for kinship. Both populations needed education. Some adoptive parents were also kinship parents and the Project wanted to make the best use of resources, serving as many people as possible. They determined the only way to accomplish this was to designate one group an education group open regardless of the discipline focus (hence, adoptive parents, kinship parents, foster parents, and families outside the system attend.) The group was intended to begin October 23, 2001, however, it took longer than expected to narrow down a convenient location large enough to accommodate the group, resulting in a delay.

The Permanency Project began the Educational Support Group in January 2002. The group was designed to blend education with support. Project Staff consulted with Agency Foster Care staff and the MN DHS[xvii] staff to identify topics pertinent to Kinship and Adoptive families. Content and topics were later modified to reflect feedback and concerns in training evaluations and requests from Project families. Ten educational topics were offered throughout the course of each year. Permanency Project families were expected to attend a minimum of five out of the ten sessions. The topics they chose correlated with their training needs assessment. Group attendance was open to kinship providers, adoptive parents and Anoka County foster providers. Educational Support Groups were designed to facilitate family participation, incorporating meals and socialization in addition to education. The educational support group trainings were held the fourth Tuesday of each month from 6:00 to 8:00 P. M.

The Project provided topic specific trainings in addition to the Educational Support Groups. These trainings were open to Project families, non-Project families, foster parents, Agency Staff and Community Members and occurred during the day, evenings and on weekends, increasing opportunities for participation. Alternative trainings were developed during the noon hour, again including lunch and childcare, to provide another opportunity for Project families to enrich skills and meet other project families. The Project provided stipends enabling Project families to participate in community provided seminars and trainings.

Foster parents cited childcare, transportation and time constraints as impediments to their participation. The Project allocated funding for and/or provided childcare and reimbursement for transportation expenses for trainings to reduce barriers for participation. Staffing the childcare room was always a stress point for Project Staff. It was difficult to plan for adequate childcare resources due to the variation in attendance at each event. Although participants were required to pre-register, including registering the number of children attending, cancellations, "no shows" and "drop ins" were frequent. Often, there were wide variations in the ages of the children in

childcare. Initially, the Project relied on volunteers from the Project or other Agency staff to provide childcare. Midway through the Project, Project teenagers were solicited to provide childcare and were rewarded with gift cards for their assistance. By the end of the Project, two experienced teenagers not affiliated with the Project committed to providing childcare for Project events. This arrangement proved most effective as these childcare providers became familiar with Project children and their special needs through repeated exposure. Project children also grew to know the childcare providers and their expectations. Familiarity and consistency resulted in fewer behavior problems.

The Project also planned on facilitating the formation of whole family support groups, ultimately family facilitated, to provide additional support. Through collaboration with the North American Council on Adoptive Children (NACAC), the Permanency Project sent two adoptive parents to Leadership Training for Parent Facilitators. Upon their return to Anoka County, they assumed their roles as Parent Leaders for the Anoka County Adoption Support Group (4 Keeps.) The Adoption Support Group (4 Keeps) completed the transition from an agency-facilitated group to a family-facilitated support group. Support group participation increased and maintained that increase following that transition. The group initially was activity based, however, as the group evolved, subgroups began to emerge (couples group, dad's night out, mom's night out) and they are now developing a mother's support group for dialogue and support.

The Permanency Project intended to provide individualized trainings to Project families in their homes and purchased potential curriculum materials. Although staff believes this component creates the opportunity to engage families by bringing the training to them and deserves development, the Project was unable to implement it due to the size of the adoption caseloads. Staff developed a resource library including books and video tapes. Project Staff encouraged families to check out materials of interest and often "rolled" the Library Cart into trainings to encourage interest and increase access. They also brought relevant materials with them on home visits with Project families. The Project Coordinator believes the home-based training component could have been developed had the grant period been longer.

It was the intention of the Permanency Project to promote stability and safety for children placed with Project families by providing Family Preservations Services to the families. Family preservation services were defined as family-based therapy and family-based parent skills training. The Project anticipated families would utilize one or both of these services to assist them in appreciating and understanding the child's special needs and developing the resources they needed to effectively parent them. Contrary to our expectations, Project families were not interested in traditional family-based therapy or parents skills training services. The Project utilized these services creatively to provide the same service in a less traditional format. An Adoptive family utilized family-based therapy services to work through trauma associated with their disrupted adoptive placement. One Kinship family utilized family-based therapy during the visiting process for family integration therapy. Another utilized it to address and repair relationship issues between siblings: the Kinship caregiver and the child's parent. The Project sent a family-based therapist to a local Attachment Center, with the child and Adoptive family, not only to participate with the family in the therapeutic process at that center, but also to be trained in Attachment therapy to acquire the clinical skills necessary to support the child and family in their own community. Another Adoptive family considering accepting 3 siblings of a child they had adopted earlier utilized family-based therapy to process issues concerning this decision. The Project Coordinator believes, based upon experiences, particularly with Adoptive

families accepting sibling groups for placement or inexperienced Adoptive families accepting special needs children for placement, parent skills training would be effective in reducing the risk for disruption and would focus on coaching staff to encourage families to participate in this service as a means of increasing parent resources and supporting stability.

During the first six months of programming, the Project identified a significant barrier for families wishing to provide permanence for relatives through kinship and adoptive placement not foreseen when the grant was written. The grant did not identify the need for start-up funding for kin and adoptive families required to modify their homes or purchase beds or other household items to comply with licensing regulations and accommodate their growing family. These unforeseen expenses created insurmountable barriers for some families and jeopardized at least one kinship placement. The Project requested permission to modify our budget by adding the line item "Household Accommodations" to the Contractual category of our budget. We proposed to shift dollars from Family Preservation Services to this new line item. DHHS approved the requested budget modification. Funds in this category were utilized to purchase egress windows required for licensing, fire extinguishers, surveillance cameras for the families of children with histories of sexual acting out, beds and other furnishings and car seats. Additionally, the Project put together a "Welcome Package" including a first aid kit, to be given to families at their time of entry into the Project.

Family Building Activities were developed to provide family members opportunities to spend positive social time together as newly integrated families while building new rituals and traditions. Group Social Skills Activities were promoted to provide children opportunities to develop and enhance relationship and social skills. Outreach and program networking was facilitated through the project newsletter and at annual Permanency Celebrations. Permanency Celebrations occurred in conjunction with National Adoption Awareness month. All Project Families were invited as well as other families in the community celebrating permanency. The Project hosted two "Back to School" events. Other events including outings at Valley Fair Amusement Park, group tickets to a Minnesota Twins game, Summer Craft and Picnic events, Winter Craft and Lunch events, group admission to the Minnesota Zoo, "Cookies and Story Telling," and a Creative Writing Series specifically for children. Articles in the Project's Newsletter about Project families created opportunities for Project families to acknowledge each other's accomplishments when they met at trainings and other Project events.

Approximately eighteen months after the grant award, the Project created the Mentor component, intended to provide new families support from experienced project families. The Permanency Project was only partially successful in attaining this objective. The mentoring program was the final component implemented, primarily due to the need to graduate a sufficient number of families from the program to create a pool. The design called for whole family mentoring, including all family members in both families, and focused on the Project family participating in activities with their Mentor family. On April 30, 2002, a small pool of experienced Project families participated in a "kick off dinner," completed a survey to examine their motives for mentoring, were oriented to the expectations of the component and participated in training to prepare them for their mentoring experience. They also participated in a 2-day community training on mentoring. Mentor families were expected to make a six-month commitment involving weekly telephone contacts and monthly participation in a community activity with the family they were matched to. Contacts were to be tracked on a recording form submitted monthly to the Project Coordinator. Mentor families were offered annual passes to the

Minnesota Children's Museum or Minnesota Zoo as resources for participation in community activities with the family they were mentoring. The Project recognized the commitment the Mentor families made by rewarding them with incentives (gift cards or coupons for recreational opportunities.) The incentives also encouraged the Mentor family to sustain their own family outside their mentoring responsibilities.

A small pool of Mentor Families committed to provide support and guidance for new adoptive and kinship families. The Project Social Workers matched Mentor families with new families entering the Project. It is noteworthy that in two instances, matches made by Project staff were rejected by the "client family" who later self-selected a different Project family as a support resource. The mentoring component was least utilized of all components and Project staff continues to ponder what barriers interfered with its success. Despite this, the Project Coordinator believes this component merits development.

I. Research Questions for Assessment

- ***What differences are there between those families accepting and declining project services?***

Demographic data reveals that Project caregivers declining services were older, had more education, were more likely to be retired, had higher incomes, were more likely to receive support from other family and friends, and were more likely to be grandparents. 40% of non-involved caregivers were over the age of 60 versus 8% of the full Project sample.[xviii] 48% of non-involved caregivers had bachelors and/or graduate degrees versus 28% of involved caregivers. 30% of non-involved caregivers were retired versus 8% for the entire Project sample. 46% of non-involved caregivers had annual incomes exceeding $75, 000 versus 27% of the full Project sample. 56% Non-involved caregivers reported receiving support from other family versus 40% of the total Project sample. 46% of the non-involved subgroup reported receiving support from other friends versus 32% of the full Project sample. 63% of non-involved caregivers identified their relationship as grandparents versus 28% of the full Project sample.

Additionally, data demonstrate placements of children with non-involved Kinship caregivers were of short duration. 65% of non-involved Kinship caregivers had placements of 2 months or less and 89.5% of Kinship placements were 4 months or less. (TABLE 17: CAREGIVER DEMOGRAPHICS, Appendix B; TABLE 17: CAREGIVER DEMOGRAPHICS: NO PROJECT SERVICES, Appendix B.)

Child demographic data reveals that the children in non-involved Project families are slightly older (41% versus 25% aged 10 or older,) were less likely to be receiving special education services (5% versus 29%,) were less likely to have identified disabilities, were more likely to be physically abused (32% versus 22%) and less likely to be sexually (4.5% versus 14%) or emotionally (4.5% versus 14%) abused, and had fewer identified risk behaviors. (22: CHILD DEMOGRAPHICS, Appendix B; TABLE 23: CHILD DEMOGRAPHICS: NO PROJECT SERVICES, Appendix B.)

- ***What differences are there in the experience of kinship care families and adoptive families that suggest different models of service delivery?***

Gary S. Cuddeback, Children's Mental Health Services Research Center, University of Tennessee, conducted a Casey Family Programs funded research synthesis project studying Kinship family foster care.[13] Results from this project suggest kinship caregivers are more likely to be African American, older, single, unemployed and of lower socioeconomic status than nonkinship caregivers. Evidence suggested grandparents caring for their grandchildren reported limitations of daily activities increased depression, lower levels of marital satisfaction and poorer health than grandparents not caring for their grandchildren. Cuddeback found some evidence, albeit limited, that grandparent caregivers benefit from support groups. He reported strong evidence that kinship families receive less training, fewer services and less support than nonkinship families. The literature was unclear if this was due to lack of interest, inquiry or refusal on the part of the kinship family or due to practice issues by child welfare workers who may feel the same level of service is not as necessary for kinship families when compared with nonkinship families. He found evidence that kinship families, when compared to nonkinship families, might be less qualified to foster, suggesting physical environments of kinship homes tended to be more crowded, in worse structural condition and not as safe or pleasant. Kinship parents were less likely to use times out or points systems for behavior management, were more likely to have favorable attitudes toward physical discipline, less empathy toward the child's needs and were less likely to have realistic expectations of the child relative to their development. There is evidence that child welfare professionals apply different standards to kinship and nonkinship families. Cuddeback notes the Child Welfare League of America recommends kinship foster homes be held to the same standards as nonkinship homes concerning child safety and protection and that the assessments of kinship homes specifically address the quality of the relationship between caregiver and birth family, capacity and desire of the caregiver to protect the child from further maltreatment, the possibility the caregiver would influence the child to recant allegations and the caregiver's willingness to comply with agency policy concerning corporal punishment. Evidence suggested the caregiver's unwillingness to establish and maintain boundaries with the birth parents is the most frequent reason associated with placement disruption. Other disruption reasons included age and health limitations of the caregiver, inability to care for the child's special needs, adolescent adjustment issues associated with a more structured setting and unmet service needs.

Project Kinship caregivers made their decisions to accept children into their home for placement when placement was imminent. The primary needs of Project families at placement related to accommodation, through physical changes to their home to create space or comply with licensing requirements, acquiring beds or other furnishings, safety related items such as car seats, or meeting childcare needs. Household Accommodations was the Project service most utilized by Kinship Families. Budgets for programs supporting resource families should include a line item for Household Accommodations.

Almost three fourths of Kinship caregivers in the Project reported employment. Affordable childcare remains an unmet need for this population. Many kinship caregivers allocated the respite childcare stipend toward employment related childcare costs and, despite coaching from the Project Coordinator and/or Kinship Social Worker to reduce their dependence upon it,

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13 Kinship Family Foster Care: A Methodological and Substantive Synthesis of Research, Gary S. Cuddeback, University of Tennessee.

became threatened by its loss as program termination neared. Insufficient income to meet basic needs, including appropriate supervision for children during their caregivers' employment, threatens permanency stability. Budgets for programs supporting kinship foster families should include a line item for employment related childcare.

In most cases, Kinship families did not anticipate receiving a kin for placement. They were often overwhelmed with the additional burdens associated with adding on to their family and viewed support group as one more problem responsibility. Anoka County's previous experience with Kinship Foster Parent participation in training is that it is difficult to achieve once the child has been placed.[xix] As a means of engaging Project Kinship caregivers in support, the Kinship Social Worker promoted training, coached families about its value, reduced their feelings of inadequacy, and encouraged participants to broaden their perspectives. The Kinship Social Worker also attended the Educational Support Groups, furthering her role as supporter while also connecting new families with others. Families bought into the education/training concept and accepted the support that came with it. The Permanency Project Coordinator noted that Kinship Caregiver participation in the Educational Support Groups seemed to be related to the amount and quality of contact the Project Social Worker had with the Caregiver. Once the Kinship Caregiver attended group and began making connections with other participants, their participation in Educational Support Groups and other Project components increased.

Kinship families are committed to a particular child. For many, reunification was the permanency outcome. Once the child reunited with their parents, Kinship families were no longer interested in continuing in the project as their involvement, and motivation, was child specific. For the majority of Kinship families, the commitment to "substitute caregiving" was temporary and reflected in their commitment to Project involvement. Only one Kinship family committed to mentoring other Kinship families. In addition to mentoring, this Kinship family provided regular respite care for other project families and became an Open Program Foster Family.

Project Staff observed that Adoptive caregivers are inducted into training at the moment they act on the decision to adopt. Documentation of attendance at a two-day Adoption Orientation is a requirement of the Adoption Application. Upon completion of the application, they are assigned an Adoption Social Worker who prepares their home study and supports them during pre-placement, placement and finalization phases. Throughout their home study process and while waiting for placement, their Adoption Social Worker encourages their continued participation in training. Prospective Adoptive Parents are motivated to continue training participation as preparation for the parenting roles they are seeking to fulfill.

Although a greater percentage of Adoptive caregivers reported employment than did Kinship caregivers, employment related childcare funding was not as significant a need for them as for the Kinship families. Again, in contrast to Kinship caregivers, Adoptive families make conscious planful decisions to accept children into their homes at the time they believe they are prepared to assume the responsibilities and burdens associate with adding to their families. They solicit these children through application and home study processes and prepare for the child they hope will join their family.

Families who adopt often become our greatest resource for future adoptive placement. Several of the Adoptive families joining the Permanency Project had previously adopted. Others

participated in the Project long enough to have their second placement before the Permanency Project ended. While these families committed to the individual children they adopted, they were also committed to the concept of adoption. These families recognized that adoption is a permanent life-changing event and embraced it as one would embrace marriage. They also recognized that external support is a protective factor key in successfully sustaining families.

- ***How did the advisory committee support or impede project implementation? What are some specific examples? What was the value of the advisory committee to the project overall?***

The Permanency Project Advisory Board included a County Commissioner, Juvenile Court Judge, representative from the Adoption and Guardianship Section of the Minnesota Department of Human Services, professor from the University of Minnesota School of Social Work, representatives from the North American Council on Adoptive Children (NACAC,) PATH[xx] and the Minnesota Adoption Resource Network (MARN,) two private practice clinical social workers, a Guardian ad litem, representatives from a local Early Childhood Family Education program, representatives from various agency child welfare disciplines, a representative from Juvenile Community Corrections and Project Staff. The project considered inviting a parent/parents to serve on the Advisory Board, however, decided it would not be appropriate due to confidentiality issues as case discussion occurred at the meetings.[xxi] The Board met quarterly.

Expectations established for Advisory Board members included sharing ideas, strategies and resources and providing feedback and recommendations in support of the development of the Permanency Project. Two advisory board members assisted in critiquing and revising an attachment checklist form used for data collection. Another member developed the CASPARS tool, also used in the evaluation. Members were updated on Project progress and were asked for feedback. Attendance was consistently high throughout the course of the project. One advisory board member provided the Project Coordinator's name as a resource for consultation concerning adoption issues. For example, a private adoption agency called to inquire about how we arranged childcare services at trainings. We were able to use an advisory board member as a trainer for Children's Mental Health issues at an Educational Group. Another advisory board member attended several of our Educational Groups and was able to provide useful feedback concerning those sessions. MARN advertised Project trainings on their Web Site and cancelled one of their trainings, recommending their registrants attend a Permanency Project event. At the beginning of the Project, another Board member provided facilitator training for Project Social Workers. Additionally, she provided valuable advice concerning transitioning the existing agency-led Adoption Support Group to a parent-led group. She also shared insights and advice for strategies to manage negativity in groups.

- ***How have relationships with other service providers in the community helped or hindered the delivery of services to families in this program?***

The Permanency Project provided services to families not otherwise provided by community service providers. The Social Workers assigned to the project served as members of the team for the resource family and child. Feedback from providers in the community has been positive; the added resources brought to the family by the Project are viewed as further supports for family and child. Community Providers were added to the Project Newsletter mailing list; one provider reported using a poem printed in the Newsletter in her therapy group. A community provider advised of their availability to provide mental health assessments for purposes of obtaining

Medical Assistance exemptions from Health Maintenance Program Enrollment for children in Project families, leading to reduced burden on Family Preservation funds.

The assigned therapist for a sibling group in the Project had recommended splitting siblings. These children participated in Project childcare while their adoptive parents attended Educational Support Groups. The Childcare supervisors observed that the interactions among the children in that setting were positive and shared those observations with the Project Social Worker. Those observations influenced the permanency decision and the children remained together. The children continue to do well and the assigned therapist has reversed her position.

The adoptive placement of a child with significant attachment issues was in danger of disrupting. The Project sent a family-based therapist to a local Attachment Center, with the child and Adoptive family, not only to participate with the family in the therapeutic process at that center, but also to be trained in Attachment therapy so she had the clinical skills necessary to support the child and family in their own community. The child continues to make progress.

Morrison County Social Services chose an Anoka County family for placement of one of their Minnesota State Wards. The Morrison County Social Worker was considering several families with very similar attributes. She advised the resources the Permanency Project had available were the determining factor in her choosing the Anoka County family. She knew this family would have added support and services in place. The Permanency Project was able to maintain the integrity of the Adoptive parents' role as parents, alleviating them of the responsibility of wearing the tutor or therapist hat. The Permanency Project was also able to bring a therapist into the family home, eliminating the need to drive to the placing county for continuity in therapy. This assisted in maintaining the integrity of an at risk placement.

The Permanency Project Coordinator received many calls from Adoption Program Staff in other Public and Private settings requesting advice on planning trainings.

Finally, the Permanency Project forged a supportive and encouraging relationship with the Adoption unit at the state Department of Human Services.

II. Findings

a. Success/effectiveness in attaining each objective

The Project proposed to serve 20 kinship and 15 adoptive families each year during the 3-year grant period for a total of 105 families: 60 kinship and 45 adoptive families. During the first year, the Project served 30[xxii] families; 10 of these families were adoptive and 20 were kinship.14 During year two, 35 families were served; 11 were adoptive and 19 were kinship. During year three, 35 families were served by the Project; 15 of these were adoptive families and 15 were kinship. Seventeen of those families entered during the last six months of the Project. In summary, 36 adoptive and 64[xvi] kinship families were served during the three-year grant period for a total of 100 separate family placements. The Project overestimated the number of adoptive family placements by 9 but underestimated the number of kinship family placements by 4. 77.78% of Project Families participated in services. 69% of Kinship families participated in services versus 92% of Adoptive families.

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14 It should be noted that not all services were available to early families entering the Project. Household Accommodations were not available until year two.

In reviewing caregiver demographics for Project families (TABLE 17, Appendix B,) we note slightly less than half of project families (47%) were between the ages of 26 and 40 and slightly half were between the ages of 41 and 60 (45%.) A small percentage (8%) was over the age of 60. Adoptive caregivers tended to be younger than Kinship caregivers: 61% of Adoptive caregivers were between the ages of 26 and 40 as compared to 38% of Kinship caregivers. 39% of Adoptive caregivers were over 40 as compared to 61% of Kinship caregivers.

Caregivers were almost evenly split between female and male: 53% were female and 47% were male. The majority of caregivers were married: 80% for all project participants. Adoptive caregivers were more likely to be married (94%) than Kinship caregivers (71%). Kinship caregivers were more likely to be divorced or widowed (19%) than Adoptive caregivers (0%.)

2000 Census data reveals Minnesota is racially homogenous: 94.4% of the adult population reported being Caucasian, 1.3% reported being Black or African American, 0.7% reported being American Indian or Alaskan Native and 1.6% reported being Asian, Native Hawaiian or other Pacific Islander. The racial composition of Project caregivers was similar, although Kinship caregivers were slightly more diverse: 94% of Kinship caregivers were Caucasian, 5% were Black and 1% were American Indian. 97% of Adoptive caregivers were Caucasian, 1% were Black and 1% were Asian.

Kinship caregivers tended to be less educated than Adoptive caregivers: 41% of Kinship caregivers had post-secondary education; 62% of Adoptive caregivers reported post-secondary education.

Similar percentages of Kinship and Adoptive caregivers were employed (77% of Kinship caregivers versus 81% of Adoptive.) Kinship caregivers were more likely to be retired (14% versus 0% for Adoptive caregivers) and were less likely to identify themselves as "Homemakers," (6% versus 19% for Adoptive caregivers.)

2000 Census data reveals the median family income for Anoka County families with their own children under age 18 was $63,481. Project date reveal Kinship caregivers were slightly more affluent, 54% reporting annual incomes greater than $50,000 versus 43% of Adoptive caregivers and slightly less affluent, 37% reporting incomes less that $40,000 versus 23% of Adoptive caregivers. 17% of Kinship caregivers reported annual incomes in excess of $100,000 versus no Adoptive caregivers. 5% of Kinship caregivers reported annual incomes less than $20,000 versus no Adoptive caregivers.

Kinship caregivers tended to be in poorer health than Adoptive caregivers: 73% of Kinship caregivers reported themselves to be in good health versus 99% of Adoptive caregivers.

2000 Census data reveal 80.47% of Minnesota children reside in two parent households. Kinship caregivers were more likely to be parenting as single parents: 25% of Kinship families were headed by a single parent versus 6% of Adoptive families. Additionally, for those two parent families, Kinship caregiver fathers were less likely to be actively involved with their children (81%) than were Adoptive caregiver fathers (100%.)

Kinship and Adoptive caregivers were almost equally likely to have previously parented: 88% of Kinship caregivers had previously parented versus 81% of Adoptive caregivers.

Kinship caregivers tended to obtain their support from family and friends (80% for Kinship versus 66% for Adoptive.) 20% of Kinship caregivers also received support from community supports versus 34% of Adoptive caregivers.
As would be expected, Kinship caregivers were more likely to be related to the child placed with them than were Adoptive caregivers. 45% of Kinship caregivers were grandparents, 24% reported being Aunts or Uncles and 14% reported being an extended relative. 16% of Kinship caregivers reported being an unrelated important person to the child or parent. 86% of Adoptive caregivers were not related to the child placed with them for adoption. Another 8% reported being foster parents who agreed to become the permanency family for the child. 3% reported being grandparents and another 3% reported being an Aunt or Uncle.

While Project data reveal differences in demographics between Kinship and Adoptive caregivers comparable to differences in existing research between related and nonrelated foster care providers, Project data reveal differences in demographics between Project Kinship families and existing research.

In 1993, TransAmerica Systems, Inc. received a grant from the Department of Health and Human Services, Administration for Children, Youth and Families, to conduct a multi-state study, including Minnesota, concerning outcomes for children in relative foster care. Literature and demographic reviews were conducted in association with this study. Results from their literature review suggested significant differences in mental health functioning between children placed with relatives and children placed with nonrelatives. Relative caregivers were identified as having different perceptions of their roles as foster parents. Demographic differences included age, marital status, income and geography. It was noted that most research had centered on urban populations rather than rural or suburban populations. Data suggested relative caregivers were older, single African American females who were more likely to be employed outside the home and have less education than nonrelative foster parents. They were more likely to report not being in good health. Motivation for foster parenting revolved around identification with, commitment to and maintaining the child's place within family.[15]

Anoka, Hennepin and Blue Earth Counties in Minnesota participated in a 2-year research project of the Center for Advanced Studies in Child Welfare (CACSW), University of Minnesota School of Social Work, funded by the Minnesota Department of Human Services, examining the status of kinship foster care in Minnesota[16]. The study sought to identify similarities and differences in the experiences of and provision of services to kinship and non-kinship foster families. A literature review conducted by the project team in association with this study revealed, when compared to non-kinship foster families, kinship foster providers were more often women of color who were older, heads of their household, in poorer health, had substantially less income, fewer years of formal education and were more likely to care for a sibling group. General demographic data from this study is reported for the primary caregiver in the household; demographic data from the Permanency Project is reported for all caregivers regardless of role within the family and cannot be compared to the CACSW study data. Summary data from the CACSW Study reveals that in 40.9% of kinship homes, both parents were employed outside the

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15 CHILDREN PLACED IN FOSTER CARE WITH RELATIVES: A Multi-state Study. Final Report. U.S. Department of Health and Human Services, Administration for Children, Youth and Families, November 19, 1998.
16 KINSHIP FOSTER CARE IN MINNESOTA: A STUDY OF THREE COUNTIES, Final Report to the Minnesota Department of Human Services, Sandra Beeman, Ph.D., Esther Wattenberg, M.A., Laura Boisen, M.S.S.W., M.P.A., Susan Bullerdic, M.S.W., 1996.

home. 31.8% of kinship foster parents were married, however, approximately the same number of adults were providing care in kinship and nonkinship homes regardless of marital status. 77.3% of kinship foster parents were high school graduates. 13.6% of kinship foster parents were college graduates. 50% of kinship foster parents had income below $20,000. 13.6% had incomes between $30,000 and $60,000; 36.4% had incomes below $10,000.

The majority of Permanency Project Kinship caregivers were between the ages of 26 and 60 (86%.) 71% of Kinship caregivers were married, 99% had graduated high school, and 28% had college degrees. While 5% of Kinship caregiver families reported annual incomes less than $20,000, 28% reported annual incomes in excess of $75,000 and 54% had annual incomes in excess of $50,000.

Cuddeback's research synthesis revealed that children in kinship homes had fewer emotional and learning disabilities and fewer emotional disturbances and school problems than children in nonkinship care and were less likely to have documented developmental or behavioral problems prior to placement. Placements of children in kinship homes were found to be more stable. Children placed in kinship homes also had fewer prior placements than children placed in nonkinship homes. There was evidence that reunification proceeded at a slower rate for children placed in kinship homes than for children in nonkinship homes.

TransAmerica's study used Minnesota data from 1995. The sample data revealed that children placed with nonrelatives tended to be older and less healthy than children placed with relatives. Minority children were more likely to be placed with relatives. Receiving services was found to be associated with placement: children placed with nonrelatives were more likely to have received psychological services than children placed with relatives. Time in placement, grade in school, educational status, permanency planning goals, frequency of family visitations and frequency of contacts with workers were not associated with the type of placement.

Data from the University of Minnesota CASCW final report reveal 58 children were in kinship foster care placements in Anoka County between January 1 and June 1, 1994. 53.4% of these children were female. 13.7% of children in kinship care were children of color: 10.3% were African American, 3.4% were American Indian and 86.2% were White. Ages of these children ranged from 11 months to 18 years with a mean age of 9.41 years. Their ages at first removal from home ranged from .29 to 17 with an average age of 8.41. Their mean age at their kinship placement was 8.68 with a range from .34 to 17. 93.1% of children in kinship placements had no known disability. 6.9% were identified as having an emotional disturbance—not severe. 32.8% had no known special needs, 3.4% had an identified disability, 29.3% were members of a sibling group, 22.4% had an identified behavior problem, and 8.6% had a history of abuse, neglect or multiple placements. 60.3% of children in kinship placements had no prior out of home placement. 13.8% had one prior placement, 15.5% had 2 prior placements, 8.6% had 3 to 5 prior placements and 1.7% had 6 or more prior placements. For this particular sample, 8.3% of children were moved to a different placement, 41.7% returned home, 8.3% were adopted, 8.3% ran away and 33.3% had their substitute care terminated.[xxiii] For children in the sample leaving kinship care between January 1 and June 30, 1994 (12 children,) 8.3% were in kinship care less than 1 month, 25% were in kinship care between 1 and 6 months, 50% were in kinship care between 6 months and 12 months, 8.3% had been in kinship care 12 months and 8.3% had been in kinship care longer than 5 years. 59.1% of children in kinship care were perceived to be in good health, 36.4% in fair health and 4.5% had identified serious health problems. 27.3% had

ongoing serious mental health problems; 31.8% had occasional behaviors reflecting mental health problems. 60% of children in kinship care were receiving special education services.

Demographic data for children involved with the Permanency Project (TABLE 22, Appendix B) reveal that 62% of the children in Kinship family placements were female while only 33% of the children placed in adoptive Project families were female. This data is similar to that in the literature.

Children placed in Kinship family placements were less racially diverse: 89% were Caucasian, 7% were Black or African American, 2% were Biracial and 2% were American Indian/Alaskan Native. Only 59% of children placed with Adoptive families were Caucasian; 25% were Black or African American, 8% were Asian, 4% were Biracial and 4% were American Indian/Alaskan Native. The racial/ethnic diversity of children in Kinship family placements was comparable to that of their Kinship caregivers; children placed in Adoptive families were considerably more diverse than their Adoptive caregivers.

Children placed with Kinship families tended to be older: 26% were below the age of 2 compared to 35% of children placed with Adoptive families. Percentages were identical for both populations for children placed between the ages of 2 and 6: 27%. 14% of children placed with Kinship families were ages 6 through 9 versus 26% of children placed with Adoptive families. 33% of Kinship children were age 10 or older versus 12% of children placed with Adoptive families. These findings are consistent with existing literature.

As expected when considering existing research, fewer children placed with Project Kinship families had identified special education needs: 13% of children placed in Kinship care received Special Education Services versus 55% of children placed in Adoptive care.

Children placed in Kinship foster care were less likely to have identified disabilities: 1% had Developmental Disabilities, 8% had a Learning Disability, 3% had an identified Emotional or Emotional Behavioral Disability and 6% had an identified Severe Emotional Disturbance. 2% of children placed with Adoptive families had Physical Disabilities, 19% had Developmental Disabilities, 13% had an identified Learning Disability, 17% had an Emotional or Emotional Behavioral Disability and 17% had an identified Severe Emotional Disturbance. Again, these findings are consistent with the literature.

The health status of both populations of children tended to be similar: approximately 96% of children placed were reported to have good health.

As documented in the literature, children placed in Kinship foster care tended to be slightly older at the time of their first placement out of the home: while slightly less than 1/3 of children in Kinship care experienced their first placement before the age of 2, slightly more than 50% of children placed with Adoptive families had their first placement before age 2. 47% of children placed in Kinship foster care experienced their first out of home placement at age 6 or later; 81% of children placed with Adoptive families experienced their first out of home placement <u>before</u> age 6.

Children placed with Kinship families also had fewer prior placements than children placed with Adoptive families: 52% of children placed with Kinship families had no prior placement versus

11% of children placed with Adoptive families, 94% of children in Kinship foster care had 2 or fewer previous placements versus 79% of children placed for adoption.

While both populations of children were likely to have experienced neglect as a condition associated with out of home placement (72%,) children placed with Kinship families were less likely to experience physical abuse (18% of kinship versus 29% of adoptive,) sexual abuse (12% of kinship versus 22% of adoptive) and/or emotional abuse (8% of kinship versus 27% of adoptive.) Children placed in Kinship foster care were also slightly less likely to exhibit risk behaviors associated with disruption: 1% of children placed in kinship care acted out sexually versus 6% of children placed in adoptive care, 5% of children placed in kinship care acted out physically versus 13% of children placed in adoptive care. Small percentages (2%) of children placed for adoption displayed stealing and vandalism; similar percentages of children placed in kinship care exhibited suicide threats/behaviors (3%) and/or eneurisis/encopresis (1%.)

In summary, when comparing Project subgroups, Kinship caregivers tended to be slightly older, less likely to be married and more likely to be divorced or widowed, slightly more racially diverse, less educated, more likely to be retired, slightly more and slightly less affluent, less healthy, more likely to obtain their support from friends and family and less likely to obtain support from the community, and more likely to be related to the child in their home than were Adoptive caregivers. Kinship caregivers were less likely to be involved with Project services than Adoptive caregivers.

When comparing demographics of Project Kinship families to existing research, and in particular to data from Minnesota's CACSW study, Project Kinship families were more likely to be employed outside the home, were more likely to be married, were better educated and had higher incomes than families in existing studies.

Demographic data concerning children in Project families and children in the literature is consistent. Children in Kinship families tended to be older, have fewer emotional and learning disabilities, fewer emotional disturbances, fewer documented school problems, fewer placements prior to their project placement and were slightly older at their first placement than were children in Adoptive placement. While children in Kinship and Adoptive placements were equally likely to have experienced neglect as a condition associated with placement, children in Kinship placements were less likely to have experienced abuse and were less likely to exhibit risk behaviors associated with disruption.

b. Barriers and/or facilitators

- ***What factors supported and/or impeded implementation of the project and how were these issues addressed (or not)?***
- During the first year of the Project, the program was in its infancy and development was the focus. Staff was feeling incompetent because program elements were not developed and found it difficult to engage the families when feeling incompetent.

- The Project utilized existing staff, some of whom were resistant to new elements and expectations associated with the program. These staff did not have a choice about program participation. This, coupled with a lack of awareness and understanding of outcome based program management and the value of continuous process review, through evaluation, as a means of continuous program improvement led to resistance in

use and application of evaluation tools and reduced effectiveness/validity of results from tools applied.

- Staff was overburdened with administratively required paperwork and were resistant to the use and application of project tools designed to increase family engagement in the case planning process and improve awareness of family needs and progress toward identified goals.

- The limited term nature of the Kinship position created limited interest in the position. Turn over in the Kinship Social Worker position resulted in inconsistent levels of experience in that position, inconsistent application of evaluation tools and impacted results of measures applied at different stages of a family's involvement with the Project.

- Simultaneously developing and implementing the program created a tendency to do too many things at the same time.

- Agency Culture created a barrier for referrals. Agency Caseworkers were not schooled in collaborative decision-making and were threatened by that process. Family Social Services Supervisors were inconsistent in their support for the Project.

- For some Case Managers, time, or lack thereof, was the barrier to collaboration. Court and case management requirements reduced the time available to collaborate on joint interviewing and thorough assessment processes, decreasing the opportunity for appropriate matching.

- Agency Case Managers viewed the Project as a funding resource and, in many instances, ignored the referral process. Almost 50% of the referrals to the Project were made after placement, precluding screening and assessment. Many of the post-placement referrals came from the Foster Care Licensing Unit, seeking financial assistance for Kinship Caregivers required to make modifications to their homes for licensing purposes. A Judge ordered a child into a kinship placement; the referral resulted from that order. Engagement was more difficult when the family had been functioning independently.

- Project Social Workers also viewed the Project as a funding resource. Existing Agency Culture concerning adoptive services focused on supporting adoptive placements by "giving" services instead of conducting thorough assessment and effective needs assessments. Although the Project Coordinator expended considerable efforts at influencing culture and supporting best practices with Project staff and Child Welfare Supervisors, three years is a relatively short period of time to impact existing Agency Culture.

- The length of the grant was a barrier to program implementation and evaluation. Three years is an extremely short period of time to develop, implement, educate, collect meaningful data and evaluate a program. This grant process provided at most only about 18 months worth of data.

- Financial burdens associated with licensing, accommodating the child/children and childcare expenses associated with Kinship Placements were huge issues for families; one family declined a placement due to financial issues.

c. Lessons learned

- Although the program was conceptualized, it was not yet developed at the time staff was hired. Project Staff were strongly child and family focused and determined their priority was to support families through service provision even if the program parameters were not yet defined. An early lesson learned by Project staff was having so many areas of the project simultaneously in development created a tendency to do too many things at the same time. Additionally, staff needed to be cautious and avoid over-burdening Project families with too many opportunities within the same time frame. It is important to note staff found it helpful to do program development while admitting program participants as it allowed for input and participation from the recipient and increased the likelihood the program components matched needs.

- Effective program development and delivery profits from continuous process review and evaluation. Project staff strenuously resisted using the evaluation tools. Staff compliance with data requests was poor. If provided the opportunity, the Coordinator would coach staff differently from the start on the **value** of evaluation and the **process** of evaluation.

- Project Staff welcomed the resources the Project offered their families but had difficulty accepting that the Permanency Project was a research project. As the Project evolved, the Coordinator became concerned Staff efforts at supporting families were enabling an entitlement culture. The Coordinator needed to coach them to creatively nurture and encourage families while teaching them about accountability and responsible use of program resources.

- The primary needs of Project families at placement relate to accommodation, through physical changes to their home to create space or comply with licensing requirements, acquiring beds or other furnishings, safety related items such as car seats, or meeting childcare needs. Household Accommodations was the Project service most utilized by Kinship Families. Budgets for programs supporting resource families should include a line item for Household Accommodations.

- Almost three fourths of kinship caregivers reported employment. Affordable childcare remains an unmet need for this population. Many kinship caregivers allocated the respite childcare stipend toward employment related childcare costs and, despite coaching from the Project Coordinator and/or Kinship Social Worker to reduce their dependence upon it, became threatened by its loss as program termination neared. Insufficient income to meet basic needs, including appropriate supervision for children during their caregivers' employment, threatens permanency stability. Budgets for programs supporting kinship foster families should include a line item for employment related childcare.

- In contrast to Kinship caregivers, Adoptive families make conscious planful decisions to accept children into their homes at the time they believe they are prepared to assume the responsibilities and burdens associate with adding to their families. They solicit these children through application and home study processes and prepare for the child they

hope will join their family. Kinship families are committed to a particular child; Project Kinship caregivers made their decisions to accept children into their home for placement when placement was imminent. For the majority of Kinship families, the commitment to "substitute caregiving" was temporary and reflected in their commitment to Project involvement. They were often overwhelmed with the additional burdens associated with adding on to their family and viewed support group as one more problem. The Project learned that a supportive encouraging relationship between the Project Social Worker and Project family could effectively facilitate participation in training. The Educational Support Group culture created by Project members served to facilitate participation. Project Staff sowed the seeds for this by being welcoming and nurturing. Project participants assimilated this construct and became supportive and welcoming with new and existing participants. Participants forged connections and established their own support systems within the larger group. The same "faces" kept showing up; familiarity created connections and stimulated more attendance at more events and networking ensued.

- Trust the family to know what is best for them. Allowing the family to be the expert more effectively engages them in the process and improves communication.

II. Engage 45 adoptive and 60 kinship caregiver families in support groups.

Initially believing Adoptive and Kinship caregivers both need education, Project staff considered the possibility of having 2 support groups: one for adoptive families and one for kinship. Project staff recognized some adoptive parents were also kinship parents. They also wanted to make the best use of resources, serving as many people as possible and determined the only way to accomplish this was to designate one group an education group open regardless of the discipline focus. Adoptive parents, kinship parents, foster parents, and families outside the system would be invited to attend. The Project also planned on facilitating the formation of whole family support groups, ultimately family facilitated, to provide additional support.

The Permanency Project began the Educational Support Group in January 2002. The Group was designed to blend education with support. Ten educational topics were offered throughout the course of each year. Permanency Project families were expected to attend a minimum of five out of the ten sessions. The topics they chose correlated with their training needs assessment. Group attendance was open to kinship providers, adoptive parents and Anoka County foster providers. The educational support group trainings were held the fourth Tuesday of each month from 6:00 to 8:00 P. M.

Through collaboration with the North American Council on Adoptive Children (NACAC), the Permanency Project sent two adoptive parents to Leadership Training for Parent Facilitators. Upon their return to Anoka County, they assumed their roles as Parent Leaders for the Anoka County Adoption Support Group (4 Keeps.) The Adoption Support Group (4 Keeps) completed the transition from an agency-facilitated group to a family-facilitated support group. Support group participation increased and maintained that increase following that transition. The group initially was activity based, however, as the group evolved, subgroups began to emerge (couples group, dad's night out, mom's night out) and they are now developing a mother's support group for conversation and support.

A. Research Questions for Assessment

- ***What factors facilitated or impeded involvement of kinship families in training and support group?***

Project staff advertised the group in their newsletter and mailed a flier to each project family each month. Meals and Childcare were provided to reduce barriers to participation. Project Social Workers encouraged participation through phone reminders, interactions at the trainings and contacts following training. The Kinship Social Worker was present at most Educational Support Groups, furthering her role as supporter by welcoming them while also connecting them with other participants. Once the Kinship caregiver attended group and began making connections with other participants, their participation in Educational Support Groups and other Project components increased.

Project staff initially designed the curriculum based upon review of existing curriculums. They strongly encouraged participants to complete training evaluations and learned that some of the topics that they chose for the first calendar of the support group did not fit the needs of a large number of participants. They modified the curriculum to insure the topics were useful for a large population.

- ***What differences are there in the experience of kinship care families and adoptive families that suggest different models of service delivery?***

Although the Educational Support Group was successful in soliciting participation by both Adoptive and Kinship caregivers, participation by Adoptive caregivers consistently exceeded participation by Kinship caregivers. Kinship caregivers were more likely to attend Educational Support Group trainings than general Project sponsored trainings. Adoptive caregivers participated in both training formats and often suggested topics for future trainings.

As noted in the previous implementation objective, children placed in Kinship families tended to be older, have fewer emotional and learning disabilities, fewer emotional disturbances, fewer documented school problems, fewer placements prior to their project placement and were slightly older at their first placement than were children in Adoptive placement. While children in Kinship and Adoptive placements were equally likely to have experienced neglect as a condition associated with placement, children in Kinship placements were less likely to have experienced abuse and were less likely to exhibit risk behaviors associated with disruption. Topics associated with the Educational Support Group, while useful for Project participants, tended to be more generic and introductory in nature. Topics associated with sponsored trainings were designed to meet the needs of a broader audience, including professionals, and generally addressed issues pertinent to unique populations or specific special needs. Additionally, they tended to be offered during the workday and did not include meals or childcare, although the project did offer stipends for childcare and training registration fees. An additional question might be are the significant differences in attendance at Project Sponsored trainings related to differences between children placed with Adoptive families and Kinship families, barriers such as time of training, caregiver burden associated with meals and childcare, and/or is the need for affiliation a factor? Or, were topic specific trainings of greater interest to Adoptive caregivers seeking increased knowledge and skills to better meet the special needs of their children?

Project Staff observed that Adoptive caregivers are inducted into training at the moment they act on the decision to adopt. Documentation of attendance at a two-day Adoption Orientation is a requirement of the Adoption Application. Upon completion of the application, they are assigned an Adoption Social Worker who prepares their home study and supports them during pre-placement, placement and finalization phases. Throughout their home study process and while waiting for placement, their Adoption Social Worker encourages their continued participation in training. Prospective Adoptive Parents are motivated to continue training participation as preparation for the parenting roles they are seeking to fulfill.

Traditional Foster Care Providers learn about the Foster Care Program by attending orientation training. Licensure requires their participation in specific trainings during the first year of licensure and each year thereafter. When they decide to pursue licensure, they are assigned a Foster Care Social Worker who prepares their home study, encourages them to attend selected trainings and provides ongoing support to them while they are licensed foster care providers. Foster Care placement occurs after home study and licensing procedures are complete. Foster Care Parents are motivated to participate in training to demonstrate their preparedness for foster parenting.

Kinship caregivers traditionally make their decisions to accept children into their home for placement when placement is imminent. A cursory investigation is implemented to rule out basic safety concerns and a 120-day provisional license is awarded. The referral to the Foster

Care Program for full licensure is typically made after the placement occurs. Anoka County's previous experience with Kinship Foster Parent participation in training is that it is difficult to achieve once the child has been placed.[xxiv]

In most cases, Kinship families did not anticipate receiving a kin for placement. They were often overwhelmed with the additional burdens associated with adding on to their family and viewed support group as one more problem. As a means of engaging Project Kinship caregivers in support services, the Kinship Social Worker promoted training, coached families about its value, reduced their feelings of inadequacy, and encouraged participants to broaden their perspectives. The Kinship Social Worker also attended the Educational Support Groups, furthering her role as supporter while also connecting new families with others. Families bought into the education/training concept and accepted the support that came with it. The Permanency Project Coordinator noted that Kinship Caregiver participation in the Educational Support Groups seemed to be related to the amount and quality of contact the Project Social Worker had with the Caregiver. Once the Kinship Caregiver attended group and began making connections with other participants, their participation in Educational Support Groups and other Project components increased.

Finally, Educational Support Groups occurred on a consistent schedule and provided childcare and meals. While they were open to the general public, the majority of attendees were project families. The reverse was true for Project Sponsored general trainings. They occurred days, evenings and weekends and did not offer meals or onsite childcare.[xxv] A significant number of attendees were agency staff or other community professionals.

B. **Findings**

a. Success/effectiveness in attaining each objective

Data from the 1996 CACSW Kinship Foster Care Study document 13.6% of Kinship foster providers in their sample participated in support groups compared to 43.5% of nonrelated foster parents.[17]

The Educational Support Group was successful in soliciting participation by both Adoptive and Kinship caregivers. Fifty percent of Adoptive Caregivers attended Educational Support Groups; 17% of Kinship caregivers attended ESG. Adoptive caregivers were in attendance at 19 of 21 sessions; Kinship caregivers were in attendance at 11 of those same 21 sessions. One Kinship caregiver attended 7 different sessions; 3 Adoptive caregivers attended 8 sessions and 1 attended 9. The greatest number of Kinship caregivers at any Educational Support Group was 7; the greatest number of Adoptive caregivers was 11. (TABLE 11: EDUCATIONAL SUPPORT GROUP TRAINING PARTICIPATION, Appendix B.)

Project sponsored general training participation proved successful for Adoptive caregivers but not for Kinship caregivers. Only 3 Kinship caregivers attended a single Project Sponsored Training while as many as 8 Adoptive caregivers attended 8 different Project Sponsored Trainings and 1 Adoptive caregiver attended 10. (TABLE 10: PROJECT PROVIDED SERVICES UTILIZATION, Appendix B-).

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17 KINSHIP FOSTER CARE IN MINNESOTA: A STUDY OF THREE COUNTIES, Final Report to the Minnesota Department of Human Services, Sandra Beeman, Ph.D., Esther Wattenberg, M.A., Laura Boisen, M.S.S.W., M.P.A., Susan Bullerdic, M.S.W., 1996.

b. Barriers and/or facilitators

- The Project recognized that the added responsibilities associated with parenting kin or adoptive children complicated the lives of caregivers already juggling personal, family, employment, social and, in many instances, existing parenting responsibilities. The Project provided meals and childcare in an effort to ease the additional burden associated with adding training to already busy schedules.

- The Project also learned that a supportive encouraging relationship between the Project Social Worker and Project family could effectively facilitate participation in training. The Project's Newsletter also served to facilitate attendance. Phone calls to the Project office and registrations for trainings increased those days immediately following the Newsletter's mailing. Finally, the Educational Support Group culture created by Project members served to facilitate participation. Project Staff sowed the seeds for this by being welcoming and nurturing. Project participants assimilated this construct and became supportive and welcoming with new and existing participants. Participants forged connections and established their own support systems within the larger group. The same "faces" kept showing up; familiarity created connections and stimulated more attendance at more events and networking ensued.

- As the Educational Support Group Participation grew, its very size became a barrier as it became difficult finding a site large enough to accommodate the group and yet comfortable enough to meet the needs of the participants.

- Although the provision of childcare facilitated participation, arranging it was challenging. Initially, the Project relied on volunteers from Project or other Agency staff. Midway through the grant period, the Project solicited Project teenagers for childcare, rewarding them with gift cards for local shops. Ultimately, the Project was able to consistently access two community teenagers to provide childcare at Project events.

c. Lessons learned

- Kinship Care Providers in this project are primarily 2 parent families, some at upper income levels. Initially, this subgroup was not comfortable with the support group concept. It was repackaged as an educational component and added to the family strengths inventory (contracting plan) as a goal for purposes of engagement. The Kinship Social Worker promoted training, coached families about its value, reduced their feelings of inadequacy and encouraged participants to broaden their perspectives by attending training.

- The Project learned that a supportive encouraging relationship between the Project Social Worker and Project family could effectively facilitate participation in training. The Educational Support Group culture created by Project members served to facilitate participation. Project Staff sowed the seeds for this by being welcoming and nurturing. Project participants assimilated this construct and became supportive and welcoming with new and existing participants. Participants forged connections and established their own support systems within the larger group. The same "faces" kept showing up; familiarity created connections and stimulated more attendance at more events and networking ensued.

III. Provide 45 adoptive and 60 kinship caregiver families with social work case management.

The Permanency Project was predicated on the premise, based upon the literature, that stability, permanency and well-being for children are improved through the provision of supportive services to the families caring for them. While the child's Case Manager was responsible for planning for the child and the child's legal family, the Project Social Worker was responsible for the Project family. Although the Project intended that the child's Case Manager and the Project Social Worker would collaborate on the placement decision, the original program design did not involve the Kinship Social Worker until after the Case Manager forwarded a copy of the kinship foster care licensing request to the Permanency Project Coordinator. The referral process was modified to facilitate earlier involvement of the Kinship Social Worker. With the new protocol, the child's Case Manager would contact the Kinship Social Worker at the time they identified a potential kin placement. The Case Manager and the Kinship Social Worker would meet jointly with the identified kin home and would collaborate on the placement decision. Upon approval, the licensing process would begin.

Once assigned, the Kinship Social Worker had the responsibility of meeting with the Project family to inform them about the project and offering to support them through case management and Project services. If interested, the family and Kinship Social Worker would meet, completing a Family Strengths Inventory, identifying strengths and areas the Project could provide assistance and creating a plan with the family for goals associated with safety, stability and well-being. A training needs assessment was included in the Family Strengths inventory and provided the opportunity for a discussion concerning the Educational Support Group and Project supported trainings. The Project design planned for at least monthly contacts between the Kinship Social Worker and project families and quarterly meetings to review the Family Strengths Inventory.

The Adoption Social Workers had caseloads comprised of Project and pre-Project families. The program design called for the Adoption Social Workers to collaborate with the Child's Caseworker on the placement decision and to support the stability of that placement by providing supportive services to the Adoptive caregivers. The Adoption Social Workers had the added responsibility of completing all the paperwork associated with finalizing the adoption. The Adoption Social Workers collaborated with professionals from other public and private Adoptions Agencies on the design and implementation of training to meet the needs of adoptive caregivers. For those cases involving Project families, the Adoption Social Workers were expected to have monthly contact with their families, complete the Family Strengths Inventory, identifying strengths and areas the Project could provide assistance and creating a plan with the family for goals associated with safety, stability and well-being. A training needs assessment was included in the Family Strengths inventory and provided the opportunity for a discussion concerning the Educational Support Group and Project supported trainings. The Family Strengths inventory was to be reviewed with the family on a quarterly basis.

A. Research Questions for Assessment

- ***What differences are there in the experience of kinship care families and adoptive families that suggest different models of service delivery?***

Although Project Social Workers were required to offer the services of the Permanency Project to eligible families, families were not required to participate in them. Project Social Workers met with involved families at their homes and/or at Project activities, encouraged participation in activities through phone reminders, interactions at the trainings and contacts following training.

It was the intent of the Project that the child's Case Manager and the Project Social Worker would collaborate on the decision about placement. Together, they would meet with the Kinship family, jointly addressing child needs and placement needs. The Kinship Social Worker would use this meeting as an opportunity to orient the family to the Permanency Project and begin the process of developing a case management relationship. More often than not, the placement decision was already made at the time of the referral, not only eliminating the opportunity for joint assessment and placement decisions, but also eliminating the opportunity for any orientation to the Permanency Project by Project Staff. Case Managers often introduced the Project as a funding resource rather than a support program.

Upon assignment, the Kinship Social Worker would contact the family, describe the Project, and meet with the family if they were interested. Her role was to support the family in identifying strengths and to connect them to resources they agreed would facilitate successful placement. The Kinship Social Worker was present at most Educational Support Groups, furthering her role as supporter by welcoming Project families while also connecting them with other participants. Once the Kinship caregiver attended group and began making connections with other participants, their participation in Educational Support Groups and other Project components increased.

Adoptive Caregivers are required to participate in an assessment if they wish to be considered for adoptive placement. There is a contractual relationship in place between family and social worker for child placement. The Adoption Social Workers become the gatekeepers for child placement. The assessment process facilitates the development of the case management relationship.

B. Findings

a. Success/effectiveness in attaining each objective

Project Social Workers contacted each family, offering services, including case management. Those families participating in Project services reported the services they received from their Project Social Worker benefited their family.

While 78% of Project Families participated in services, including case management, only 69% of Kinship families participated versus 92% of Adoptive families. As 56% of Kinship referrals were made post placement, precluding the Project Social Worker from the opportunity to develop a relationship with the family at placement, one cannot make assumptions about the differences in Project participation between the two populations solely on demographics.

b. Barriers and/or facilitators

- The time frame associated with the grant project made the Kinship Social Worker position less attractive for candidates having the most to offer. The last two Kinship Social Workers had no previous Child Welfare experience and limited understanding of the system and how their role fit into the larger schema. This limited their ability to be effective, as Kinship families need someone "troubleshooting" the system with them.

- The Permanency Project was implemented before it was fully developed requiring Project Social Workers to engage families in services before the Social Workers fully understood what the Project had to offer.

- Agency Caseworkers viewed the Project as a funding resource and, in many instances, ignored the referral process. Almost 50% of the referrals to the Project were made after placement, precluding screening and assessment. Engagement is more difficult when the family has been functioning independently.

- 56% of Kinship placement referrals were made to the Project after placement had occurred. 65% of non-involved Kinship caregivers had placements of 2 months or less. In some instances, the children were reunited with parents before assignment was made to the Kinship Social Worker. There was little if any opportunity for the Kinship Social Worker to establish a relationship with these families.

- Adoptive Caregivers are required to participate in an assessment if they wish to be considered for adoptive placement. The assessment process facilitates the development of the case management relationship.

c. Lessons learned

- Project Staff were required to implement the program before it was fully designed and struggled with feelings of incompetence. Project Social Workers needed to be supported to become assertive in sharing Project offerings and program expectations to all Project families and coached to recognize that even the most competent Project member could benefit from support and service. When the Project Social Worker had the opportunity to engage the Project family, the case management relationship served as a bridge, linking the family to other Project families as well as Project services.

- Adoptive Caregivers are required to participate in an assessment if they wish to be considered for adoptive placement. There is a contractual relationship in place between family and social worker for child placement. The Adoption Social Workers become the gatekeepers for child placement. The assessment process facilitates the development of the case management relationship.

IV. Provide adoptive and kinship caregiver families with home-based training.

The Permanency Project purchased materials for home-based training, however, due to large caseloads and the need to serve as many Project families as possible, the Project was unable implement this component. The Project attempted to utilize a variety of training formats in order to accommodate the unique needs of each family, including creating a Resource Library with a variety of books and videos available for loan. Project Social Workers rolled the mobile library into Educational Support group and other venues and identified available resources linked to presentation topics. They also brought materials of interest to families when visiting with them in their homes. Library records indicate 4 Kinship and 5 Adoptive families accessed the Library. Kinship caregivers checked out books dealing with grandparent issues, how to tell the child the truth, aggression and the "Multiple Transitions" video. Adoptive caregivers checked out materials dealing with attachment, trust building, mental health disabilities, parenting special needs children, sexual abuse and self-care. Project families began recommending resources for purchase so other Project members could access them.

The Project also provided a three session "Lunch and Learn " parenting class geared toward caregivers raising one to four year old children. The series was offered at the local Social Services offices and included childcare and lunch.

Despite not being able to implement the home-based training, Project Staff advise the concept is good and merits attention. One of the lessons they learned from the Educational Support Group component is that not all training subjects fit all families and that structuring individual training opportunities to meet unique needs can be more efficient and cost effective than structuring a poorly attended group training.

V. Provide mentor families to adoptive and kinship caregiver families.

The Project's design called for whole family mentoring, including all family members in both families, and focused on families mentoring while participating in activities with the other family. On April 30, 2002, the Project held a "kick-off dinner" for 5 Adoptive families and 1 Kinship family interested in mentoring new Project families. Project Staff described the concept and expectations of Whole Family Mentoring, including making a six-month commitment to the family they are matched with, having weekly telephone contact and a monthly community activity. The Project recognized that sharing time with another family reduced their time for their own family and encouraged the Mentor family to take time together by providing coupons for recreational activities after each Mentor outing.

One Adoptive family was matched with an Adoptive Mentor family. The Mentor family had adopted before and was receiving a new child for placement at about the same time the other family was expecting their first placement. The Project Social Worker was familiar with both families, had identified commonalities between them, and believed would they would connect. The pairing was a mismatch. The personality styles of the two families were incongruent.

One Kinship family participated in Mentor Training and remained available for matching. This particular family has provided support to both Adoptive and Kinship families by being available for respite care for children of Project families. They also accepted short-term placements of Project children whose placements were disrupting and became an Open Program Foster Family.

Project Staff reported the families they consider for mentoring are less skilled and/or have greater needs than the majority of Project families, requiring the Mentor family to be more skilled and sophisticated. Project Staff noted two other Adoptive families in the Project had connected through a Respite Care arrangement. Staff reported that although neither of these families were the most able Project family and Project Staff would not have matched them, the families made their own match and were supporting each other.

Project Staff also reported that Family Building Activities created a less formal opportunity for families to make connections. Within a less structured, social environment, families can choose their own social supports.

A. Research Questions for Assessment

- ***What differences are there in the experience of kinship care families and adoptive families that suggest different models of service delivery?***

Families who adopt often become our greatest resource for future adoptive placement. Several of the Adoptive families joining the Permanency Project had previously adopted. Others participated in the Project long enough to have their second placement before the Permanency Project ended. While these families committed to the individual children they adopted, they were also committed to the concept of adoption. These families recognized that adoption is a permanent life-changing event and embraced it as one would embrace marriage. They also appreciated the external supports they received that nurtured their growing family and wished to reciprocate through mentoring.

Kinship families are committed to a particular child. For many, reunification was the permanency outcome. Once the child reunited with their parents, Kinship families were no

longer interested in continuing in the project as their involvement, and motivation, was child specific. Their commitment to "substitute caregiving" was temporary and reflected in their commitment to Project involvement.

C. Findings

a. Success/effectiveness in attaining each objective

The Permanency Project was only partially successful in attaining this objective. The mentoring program was the final component implemented, primarily due to the need to graduate a sufficient number of families from the program to create a pool. The Project developed a small pool of Mentor Families to provide support and guidance for new adoptive and kinship families.

This component was least utilized of all components and Project staff continues to ponder what barriers may be interfering with its success. It is noteworthy that in two instances, matches made by Project staff were rejected by the "client family" who later self-selected a different Project family as a support resource.

b. Barriers and/or facilitators

- No Mentor families were available at the onset of the Project. The Project needed to develop a pool of qualified Mentors before addressing this component. The Project was well into its second year before a sufficient number of Mentor Family candidates were identified.

- Time constraints associated with a grant funded program precluded further efforts in implementing this component.

- Diversity issues create problems for matching mentors. Our community is not racially diverse, however, families are accepting children of other races for placement. Many of their questions revolve around the child's ethnicity and cultural needs.

- Some of the mentors had challenges in their own families and didn't have the capacity or energy to mentor another family.

- Boundary issues inherent in Kinship families created an additional challenge. Many Kinship families required extensive training and skill development to become qualified.

c. Lessons learned

- Kinship families are committed to a particular child. For many, reunification was the permanency outcome. Once the child reunited with their parents, Kinship families were no longer interested in continuing in the project as their involvement, and motivation, was child specific.

- Not every family needs a Mentor family. Ask them if they'd like a mentor. Staff and families may have different notions about what traits or skills create an appropriate match. Ask them, and the Mentor family, what they are looking for in a match. Give families permission to decline the match.

- Informal mentoring connections are being made as a part of the networking that goes on at project functions. An informal process may be as effective as a formal Mentor Program.

VI. Provide family preservation services to project families.

It was the intention of the Permanency Project to promote stability and safety for children placed with Project families by providing Family Preservations Services to the families. Family preservation services were defined as family-based therapy and family-based parent skills training. The Project anticipated families would utilize one or both of these services to assist them in appreciating and understanding the child's special needs and developing the resources they needed to effectively parent them.

Contrary to our expectations, Project families were not interested in traditional family-based therapy or parents skills training services. The Project utilized these services creatively to provide the same service in a less traditional format. An Adoptive family utilized family-based therapy services to work through trauma associated with their disrupted adoptive placement. One Kinship family utilized family-based therapy during the visiting process for family integration therapy. Another utilized it to address and repair relationship issues between siblings: the Kinship Caregiver and the child's parent. The Project sent a family-based therapist to a local Attachment Center, with the child and Adoptive family, not only to participate with the family in the therapeutic process at that center, but also to be trained in Attachment therapy to acquire the clinical skills necessary to support the child and family in their own community. Another Adoptive family considering accepting 3 siblings of a child they had adopted earlier utilized family-based therapy to process issues concerning this decision.

A. Research Questions for Assessment

- ***What differences are there in the experience of kinship care families and adoptive families that suggest different models of service delivery?***

14% of Adoptive families and 6% of Kinship families utilized family Preservation Services. There were no identified differences between the two populations concerning use of this component.

B. Findings

a. Success/effectiveness in attaining each objective

Only 10% of Project families took advantage of these services. Excluding case management, of 10 Project provided services utilized by both target groups, ranked by participant use, Family Preservation Services ranked 7th for Kinship caregivers and 8th for Adoptive caregivers.

In response to a focus group question, one Adoptive caregiver replied, "the family is in "placement shock" when the child arrives." This response is clearly true for Kinship caregivers, who have little if any preparation before placement. In reviewing Project Services Utilization Data (TABLE 10: PROJECT PROVIDED SERVICES UTILIZATION, Appendix B,) we note the three most utilized project services, excluding Case Management, for Kinship caregivers were Household Accommodations (43%,) Social Skills Building (38%) and Respite Childcare (30%.) For Adoptive families, those services were Respite Childcare (75%,) Project Sponsored Trainings (69%) and Social Skills Building (58%.)

Project Adoption Social Workers reported Adoptive families increased their use of family based therapy following finalization of their adoption.[xxvi]

b. Barriers and/or facilitators

- The majority of children placed with Project families were involved in some type of community based therapy.

- At the time children are placed with the Project family, the family is in "placement shock" and is focused on surviving the adjustments all members need to make to create the new family system.

- Distance from community therapy resources facilitated use of family-based services.

- Flexibility and creativity increased utilization.

c. Lessons learned

- The primary needs of Project families at placement relate to accommodation, through physical changes to their home to create space or comply with licensing requirements, acquiring beds or other furnishings, safety related items such as car seats, or meeting childcare needs.

- Flexibility and creativity in defining eligible needs and scope of "family preservation" increases utilization.

VII. Provide 60 Kinship Caregiver families with respite services.

The Permanency Project allocated funding for respite childcare, providing the family defined periods of relief and recovery opportunities to meet other family needs while assuring the children in their responsibility are appropriately cared for. Approximately 50% of Project families used the respite childcare stipend as it was intended; the other 50% used it to offset employment related childcare expenses.

The Project also provided for planned overnight respite services. The weekend respite care component offered families a more flexible respite care option than what is traditionally available. The respite was intended to provide the kin/adoptive parent the opportunity to spend time with their own children while helping sustain the placement by providing temporary relief from dealing with difficult behaviors. Program participants arranged for their own relief provider, with approval of the child's Case Manager, and received the approved respite care rate to pay that provider while they continued to receive their foster care subsidy.

A. Research Questions for Assessment

- ***What factors facilitated or impeded involvement of kinship families in utilization of the respite childcare stipend and weekend respite care?***

The Permanency Project proposed to ease the overall burden of adding members to the kin family by providing a stipend for childcare. It was initially designed to provide a specified number of hours of childcare per week so the caregivers could meet family needs difficult to achieve due to increased family size, however, was redesigned as a stipend to provide the family greater flexibility in meeting this need. It was not intended for childcare needs related to employment.

Almost three fourths of Kinship caregivers reported employment. (TABLE 17: CAREGIVER DEMOGRAPHICS, Appendix B.) Childcare expenses associated with Kinship placements were huge issues for families.[xxvii] At least one kinship placement was precluded due to the family's inability to meet childcare expenses. Project Staff modified criteria to allow families to use their stipend to reduce childcare costs. As placements lengthened, some families became dependent upon the stipend and had problems meeting financial obligations if checks arrived late. Staff increased efforts at cautioning Project families against incorporating the stipend into their budget.

Kinship families rarely utilized Weekend Respite Care. They either relied on other extended family to meet this need or used the Respite Childcare component. Those who did utilize it were often single parents.

- ***What differences are there in the experience of kinship care families and adoptive families that suggest different models of service delivery?***

Demographic data concerning children placed with Project families (TABLE 22: CHILD DEMOGRAPHICS, Appendix B,) reveal a larger percentage of children placed in Adoptive families have emotional, behavioral and/or developmental disabilities, have special education needs and have been exposed to physical, emotional and/or sexual abuse than children placed in Kinship families.

30% of Kinship caregiver families utilized the Respite Childcare component. Comments on respite care forms from Kinship caregivers revealed that at least 3 Kinship families were utilizing the stipend as it was originally intended. Comments from 4 other families indicated they were using the stipend for childcare expenses. Comments generally focused on how the stipend was helping them. 19 others either didn't comment or didn't specify how the program was helpful for them.

Only 5% of Kinship caregivers utilized overnight respite care. As reported above, Kinship caregivers had difficulty with the concept of having kin cared for by strangers and tended to utilize extended family members for weekend or overnight relief.

Respite Childcare was the service component most utilized by Adoptive caregivers. Fully 75% of Adoptive caregiver families used this component at least once during their participation in the Project. Comments from respite care forms from Adoptive caregivers were far more descriptive than comments from Kinship caregivers and identified how the children were being impacted by respite childcare. One Adoptive parent reported using respite childcare as an opportunity to have "alone time" with a previously adopted child.

Project Social Workers reported Adoptive families often declined Weekend respite stating, "we waited this long for a child, we can't use respite." Families who used Weekend/overnight Respite care really needed it. They often were single parents or had older children in their homes and were worn out with the responsibilities of caring for them. They also reported Adoptive caregivers appeared to utilize Weekend respite care more readily following finalization of the adoption.

Although the majority of Adoptive families did not utilized Weekend respite (81%), Adoptive families utilized the weekend/overnight respite care stipend to arrange for alternative relief. When a child's behavior precluded placement in a respite home, one Adoptive family utilized the program to bring a Personal Care Attendant into the home to care for the child. Another utilized family members for support due to the fragility of their child.

B. Findings

a. Success/effectiveness in attaining each objective

Respite childcare was the most utilized Project service for Adoptive families (75%.) It was the third most utilized Project Services for Kinship families (30%,) following Household Accommodations and Social Skills Building. Overnight Respite ranked 7th for Adoptive families (19%) and 8th (tied with Project delivered trainings) for Kinship families (5%.)

b. Barriers and/or facilitators

- Anxiety concerning a child's behavioral reaction to weekend respite increased resistance to this component. Caregivers reported the children would return from respite with behavioral challenges requiring caregivers to increase efforts to restore stability.

- Project Social Workers were very sensitive about creating additional burdens for Adoptive families. They needed coaching to appreciate that Weekend Respite Care, as well as other services, can help preserve families. They also needed to be coached on how to effectively listen to their families, recognize need and create context for the respite service for the family.

c. Lessons learned

- Weekend respite care was not as well utilized as the respite childcare stipend. Kinship Families did not condone sending their kin children to someone else's home while they had a respite break. Adoptive Families were so eager to parent, they could not conceive of even a short break from parenting. Project staff continued to coach families to take more time away as a prevention tool. More Adoptive Families took advantage of this opportunity following finalization of their adoptions.

- Initially, it was anticipated Project families would utilize existing licensed respite care resources, however, families were not interested in having their children cared for by strangers. The respite childcare fund was restructured as a monthly stipend the family could utilize to best meet their family's unique needs.

- Almost three fourths of kinship caregivers reported employment. Affordable childcare remains an unmet need for this population. Many kinship caregivers allocated the respite childcare stipend toward employment related childcare costs and, despite coaching from the Project Coordinator and/or Kinship Social Worker to reduce their dependence upon it, became threatened by its loss as program termination neared.

VIII. Facilitate a variety of networking activities (i.e. annual networking event, newsletter.)

The Permanency Project developed a variety of Family Building Activities to provide opportunities for families to develop new rituals and traditions and connect with another Project families. The Project also created a project Newsletter and used it not only to inform Project families about activities, events, program changes, etc., but also to celebrate accomplishments of Project families. The Newsletter was mailed out monthly.

A. Research Questions for Assessment

- ***What differences are there in the experience of kinship care families and adoptive families that suggest different models of service delivery?***

Adoptive and Kinship families endorsed Family Building activities almost equally. 29% of Kinship families and 25% of Adoptive families participated in Family Building Activities.

Findings from the literature search conducted by the CASCW[18] suggested Kinship caregivers felt more responsibility for concrete caregiving tasks, such as day to day parenting responsibilities, transporting children to appointments, etc., and emotional tasks of the child, such as assisting them with issues related to their separation from parents. They were less likely to see the need for training, experienced increased psychological stress due to their changed role as primary caregiver for the child and increased tension with social workers due to their dual roles as foster parent and family member.

Permanency Project Kinship caregivers made their decisions to accept children into their home for placement when placement was imminent. In most cases, Kinship families did not anticipate receiving a kin for placement. The primary needs of Project Kinship families at placement related to accommodation, through physical changes to their home to create space or comply with licensing requirements, acquiring beds or other furnishings, safety related items such as car seats, or meeting childcare needs. They were often overwhelmed with the additional burdens associated with adding on to their family and viewed Project activities as an additional burden.

As a means of engaging Project Kinship caregivers in support, the Kinship Social Worker promoted Educational Support Group, coached families about its value, reduced their feelings of inadequacy, and encouraged participants to broaden their perspectives. The Kinship Social Worker also attended the Educational Support Groups, furthering her role as supporter while also connecting new families with others. Families bought into the education/training concept and accepted the support that came with it. The Permanency Project Coordinator noted that Kinship caregiver participation in the Educational Support Groups seemed to be related to the amount and quality of contact the Project Social Worker had with the caregiver. Once the Kinship caregiver attended group and began making connections with other participants, their participation in Educational Support Groups, Family Building Activities and other Project components increased. The same faces kept showing up at different groups and events; familiarity created connections and stimulated more attendance at more events and networking ensued.

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18 KINSHIP FOSTER CARE IN MINNESOTA: A STUDY OF THREE COUNTIES, Final Report to the Minnesota Department of Human Services, Sandra Beeman, Ph.D., Esther Wattenberg, M.A., Laura Boisen, M.S.S.W., M.P.A., Susan Bullerdic, M.S.W., 1996.

Upon completion of their application, Adoptive caregivers are assigned an Adoption Social Worker who prepares their home study and supports them during pre-placement, placement and finalization phases. Throughout their home study process and while waiting for placement, their Adoption Social Worker encourages their participation in training and support group. While these families committed to the individual children they adopted, they were also committed to the concept of adoption. These families recognized that adoption is a permanent life-changing event and embraced it as one would embrace marriage. They also recognized that external support is a protective factor key in successfully sustaining families.

B. Findings

a. Success/effectiveness in attaining each objective

The Permanency Project implemented a variety of activities for purposes of building support and connections among Project participants. In November of 2001, 2002 and 2003, in conjunction with National Adoption Awareness Month, the Project hosted Permanency Celebrations and invited all Project Families and other families in the community celebrating permanency. In 2002, 138 individuals from 28 families attended; in 2003, 152 individuals from 30 families attended. The Project hosted two "Back to School" events. In 2002, 113 individuals from 17 families attended; in 2003, 178 individuals from 38 families attended. Other events including outings at Valley Fair Amusement Park, group tickets to a Minnesota Twins game, Summer Craft and Picnic events, Winter Craft and Lunch events, group admission to the Minnesota Zoo, "Cookies and Story Telling," and a Creative Writing Series specifically for children. Participant lists from thirteen Family Building Activities between July 2002 and December 2003 total 1,293. Some families attended only one event; one family participated in as many as 10 events.

Articles in the Project's Newsletter about Project families created opportunities for Project families to acknowledge each other's accomplishments when they met at trainings and other Project events.

b. Barriers and/or facilitators

- Project participants reported the greatest barrier to attending family activities was financial. Many of their financial resources were stretched with additional childcare and housing costs. The Permanency Project eliminated the financial barrier by organizing, sponsoring and financing group events.

- Employment obligations limited recreational opportunities for participants. Events were hosted at a variety of times, including weekends and evenings, and during different times of the year to increase attendance opportunities for all participants.

c. Lessons learned

- Family Building Activities were designed to provide families an opportunity to have new family experiences in a positive, shared experience and to build cohesiveness. This was one of the more successful components of the project, not only providing opportunities for family identity formation, but also creating opportunities for families to connect with each other through mutual experiences. These events provided social skill building opportunities for the children while supporting healthy development of the family.

- Once the Kinship caregivers attended group and began making connections with other participants, their participation in Educational Support Groups, Family Building

Activities and other Project components increased. The same faces kept showing up at different groups and events; familiarity created connections and stimulated more attendance at more events and networking ensued.

CHAPTER III. Outcome Evaluation

The goal of the Permanency Project was to improve permanency outcomes for children in adoptive and relative care placements, pre- and post-finalization. The objective was to promote the stability of the placements of children in these homes while improving child and family functioning (well-being) and safety for children. Questions the Project intended to be address included:

- Does the provision of direct services to caregiver families improve stability for children in adoptive and relative care placements and if so, which services?
- Does the promotion of stability of children in adoptive and relative care placements improve permanency outcomes for children in these homes, pre- and post- finalization?
- Does the improvement of child and family functioning (well-being) improve permanency outcomes for children in adoptive and relative care placements, pre- and post-finalization?

As the project evolved, an additional question was added:

- What are the differences in needs of kinship care[xxviii] placements in comparison to adoptive placements?

A Comparison Group within the Social Service Department had been identified at the time the grant was written, however, that group became unavailable and a replacement comparison group could not be identified. As a result, the Project compared results to results in literature. The Project also compared and contrasted similarities and differences in the experience of kinship care and adoptive families. The purpose of this type of comparison was to begin to isolate or show a change in the experience of adoptive and kinship care parents as a result of participating in the project.

The grant also proposed to prepare the agency for the Child and Family Services Review by incorporating goals for safety, permanency and well-being in outcomes. While incorporating these standards into outcome objectives would not provide us with a comparison opportunity, they did provide benchmarks for success. National Child Welfare standards were applied to the Permanency Project placement only and did not reflect prior placements.

Proposed program outcomes in the original grant application were:

- Children are safely maintained in their homes whenever possible and appropriate
- Children will have permanency and stability in their living situations
- The continuity of family relationships and connections will be preserved for children
- Families will have enhanced capacity to provide for their children's needs
- Staff and provider training

Limitations

There are several important limitations to the data analyzed in this report. The project did not budget for an external evaluation. Limitations in expertise in outcome evaluation restricted the development of that component of the evaluation. All Project Staff had limited knowledge of the value and process of evaluation. The project's strength was in the process component.

The referral process was applied inconsistently and many referrals concerning kinship placements came from the Foster Care Licensing Unit after placement occurred, eliminating the opportunity for any assessment of placement appropriateness.[xxix]

Although close to our estimated target population (60 kinship and 45 adoptive families,) the sample, 63 kinship and 36 adoptive families, is small. Not all families chose to participate, further reducing the sample.[xxx]

Project staff chose to provide direct services immediately instead of focusing preliminary efforts primarily on program development. As a result, not all program elements were available to all families entering the program.

The Permanency Project was designed to provide support for families following finalization of their permanency plan. The three-year award period yielded insufficient time post finalization to collect meaningful data.

Project Staff resisted using the data collection tools. Data was collected inconsistently and outside the intended time parameters. Some data are missing and unknown. Percentages reported in the tables reflect the adjusted sample sizes for each item.

The comparison group identified in the original grant was not available and the Project was unable to identify a replacement comparison group. Comparisons are made between data from our sample and data from existing research.

Finally, it is important to note that the analyses in this report are primarily descriptive. The report describes the results of analyses in terms of differences for subgroups of caregivers and subgroups of children in kinship and adoptive placements. We do not draw conclusions from the data, suggesting instead questions for further research.

The Outcome evaluation includes the following four participant outcome objectives and four outcome objectives:

I. Participants will develop an effective support network.

- *How effective were the Networking Component and Educational Support Groups in increasing support resources for families?*

II. Participants will have expanded tools and resources to use in parenting their children.

- *How effective were Educational Support Groups, Permanency Project Sponsored Trainings and the Resource Library in increasing caregiver resources and tools for parenting. Were any components more effective for Kinship caregivers than Adoptive caregivers?*

III. Participants will have increased knowledge of parenting roles, responsibilities and child welfare system expectation.

- *How effective was Social Work Case Management in supporting Project families to achieve their permanency plans?*

IV. Participants will effectively use case management as a resource to support family stability.

- *How effective were Permanency Project Social Workers in engaging Project families in Project Services?*

V. Children are safely maintained in their homes whenever possible.

- *How effective were Respite Services in increasing families' assets and reducing risk behaviors?*

VI. Children will have permanency and stability in their living situations.

- *How effective were Project trainings and Educational Support Groups in reducing risk behaviors and increasing assets?*

VII. Continuity of family relationships and connections will be preserved for children.

- *How effective were Social Skills Building Services and Family Building activities in increasing well-being for the child?*

VIII. Families will have enhanced capacity to provide for their children's needs.

- *How effective were Family Preservation Services in reducing feelings of stress and increasing feelings of competence for caregivers?*

I. Participants will develop an effective support network.

A. Research Questions for Assessment

b. ***How effective were the Networking Component and Educational Support Groups in increasing support resources for families?***

c. Expectation for change: As a result of participating in the Permanency Project, families will have increased resources for support and stress relief as measured by changes in risk and protective factors.

d. Definitions

- **i.** Networking Component included Family Building Activities and Newsletter
- **ii.** Protective factors are factors individuals may utilize to cope with, adapt to or overcome risks. Protective factors are associated with positive outcomes when individuals are exposed to risk.[19]
- **iii.** Risks include childhood maltreatment, isolation, exposure to violence and living in an unsafe environment.[20]

B. Findings Related to Outcome-related Research Questions

a. Findings

In reviewing Project Services Utilization Data (TABLE 10: PROJECT PROVIDED SERVICES UTILIZATION, Appendix B,) we note Adoptive caregivers ranked Educational Support Groups 4th in terms of utilization. Family Building Activities were ranked 5th. Of service components utilized by Kinship caregivers, Family Building Activities ranked 4th and Educational Support Groups ranked 6th.

In contrast, we note the three most utilized project services, excluding Case Management, for Kinship caregivers were Household Accommodations (43%,) Social Skills Building (38%) and Respite Childcare (30%.) For Adoptive families, those services were Respite Childcare (75%,) Project Sponsored Trainings (69%) and Social Skills Building (58%.)

50% of Adoptive Caregivers attended Educational Support Groups. 17% of Kinship caregivers attended. (TABLE 10: PROJECT PROVIDED SERVICES UTILIZATION, Appendix B,) Adoptive caregivers were in attendance at 19 of 21 sessions; Kinship caregivers were in attendance at 11 of those same 21 sessions. One Kinship caregiver attended 7 different sessions; 3 Adoptive caregivers attended 8 sessions and 1 attended 9. The greatest number of Kinship caregivers at any Educational Support Group was 7; the greatest number of Adoptive caregivers was 11. (TABLE 11: EDUCATIONAL SUPPORT GROUP TRAINING PARTICIPATION, Appendix B.)

The Permanency Project implemented a variety of activities for purposes of building support and connections among Project participants. In November of 2001, 2002 and 2003, in conjunction

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19, Clinical Assessment Package for Risks and Strengths, Jane F. Gilgun, Ph.D., LICSW, associate professor, School of Social Work, University of Minnesota, St. Paul, Minnesota.

20 Clinical Assessment Package for Risks and Strengths, Jane F. Gilgun, Ph.D., LICSW, associate professor, School of Social Work, University of Minnesota, St. Paul, Minnesota.

with National Adoption Awareness Month, the Project hosted Permanency Celebrations and invited all Project Families and other families in the community celebrating permanency. In 2002, 138 individuals from 28 families attended; in 2003, 152 individuals from 30 families attended. The Project hosted two "Back to School" events. In 2002, 113 individuals from 17 families attended; in 2003, 178 individuals from 38 families attended. Other events including outings at Valley Fair Amusement Park, group tickets to a Minnesota Twins game, Summer Craft and Picnic events, Winter Craft and Lunch events, group admission to the Minnesota Zoo, "Cookies and Story Telling," and a Creative Writing Series specifically for children. Participants at thirteen Family Building Activities between July 2002 and December 2003 total 1,293. Some families attended only one event; one family participated in as many as 10 different events.

Participant lists reveal 3 Adoptive families attended only one event, 4 attended 2, 3 attended 3, 1 attended 5, 1 attended 6, 3 attended 8, 9 attended 9 and 1 attended 10 different events. 7 Kinship families attended only one event, 6 attended 2, 2 attended 3, 2 attended 4, 5 attended 5, 1 attended 6 and one family attended 9 different events.

The Permanency Project developed a Feedback Survey utilizing a 3 point Likert Scale to measure participant attitudes concerning Project Services and mailed it to Project families. Fifteen Project families, 9 Kinship, 5 Adoptive and 1 Unidentified, returned Feedback Surveys. (TABLE 9: PARTICIPANT RATING: PROJECT PROVIDED SERVICES, Appendix B) 8 of the Kinship families reported not using Educational Support Groups (89%) and 1 (11%) reported they were "ok." 5 of the Kinship families (56%) reported not attending Family Building Activities and 4 (44%) found them "very helpful." Adoptive caregivers reported 2 (40%) did not attend ESG, 1 (11%) found them to be "ok" and 2 (40%) found them to be "very helpful." 100% (5) of Adoptive caregivers responding to the Feedback Survey found Family Building Activities to be "very helpful."

The Project developed an Exit Interview using a 5 point Likert Scale to measure participant attitudes concerning Project services and administered it over the telephone to one of the adult Caregivers in the Project family. 19 Adoptive families were interviewed following their exit from the program. Of the 19 caregivers responding to the statement, *"Permanency Project sponsored support groups were helpful for my family"* 63% strongly agreed, 11% agreed and 26% reported they did not participate in support groups. As concerns the statement, *"My community provides adequate support services for Kinship/Adoptive families,"* 50% strongly agreed, 22% agreed, 22% were neutral and 6% disagreed. (TABLE 14: Directed Permanency Interview: Exit/Adoption, Appendix B.)

Of the 29 Kinship caregivers responding to the question, *"Permanency Project sponsored support groups were helpful for my family"* 21% strongly agreed, 7% agreed and 72% reported not attending support group. As concerns the statement, *"My community provides adequate support services for Kinship/Adoptive families,"* 36% strongly agreed, 29% agreed, 14% were neutral, 3% strongly disagreed and 18% reported the statement did not apply to them. (TABLE 15: Directed Permanency Interview: Exit/Kinship, Appendix B)

"Family and Child's Embeddedness in the Community" is one of the Domains in the CASPARS tool associated with adaptive and maladaptive outcomes. Project Social Workers were instructed to complete the CASPARS tool with Project families for children aged 6 or older during the first

30 days of the child's placement and again at permanency. 8 children and their Adoptive families and 12 children and their Kinship families participated in both assessments. Changes were reported for 1) assets being strengthened, maintained, weakened or weakened to a risk factor and 2) risk factors being weakened to greater risk, maintained, strengthened to a lesser risk or strengthened to an asset. (TABLE 12: Asset and Risk Factors: Change During Placement, Appendix B) Three of the items in that Domain specifically address the family's perceptions of connections to their community and access to resources.

On the first item, "*Family members have family or friends with whom they share resources*," Adoptive families reported 12.5% strengthened an existing asset and 87.5% maintained an existing asset. Kinship families reported 17% strengthening an existing asset, 50% maintaining an existing asset, an existing asset weakened for 25% and reported an existing asset was weakened to a risk factor for 8%.

On the second item, "*Family members have close friends with whom they share feelings and problems*," Adoptive families reported 100% maintaining an existing asset. Kinship families reported 25% strengthening an existing asset, 33% reported maintaining an existing asset, an existing asset weakened for 33% and reported an existing asset was weakened to a risk factor for 9%.

On the third item, "*Family members feel a sense of belonging in the neighborhood and/or larger community*," Adoptive families reported 25% strengthening an existing asset and 75% maintained an existing asset. Kinship families reported an existing asset was strengthened for 18%, an existing asset was maintained for 55%, an existing asset was weakened for 18% and an existing asset was weakened to a risk factor for 9%.

One item in the Domain "Relationships Among Family Members: Current," specifically addresses a Caregiver's capacity to utilize outside resources. On the item, "*Parental figures have a history of seeking outside help when needed,*" Adoptive caregivers reported 100% maintaining an existing asset. Kinship caregivers reported 15% strengthening an existing asset, 46% maintaining an existing asset, reported an existing asset was weakened for 31% and an existing asset was weakened to a risk factor for 8% of children.

b. Issues affecting data collection/analysis:

The Permanency Project was offered to 99 different families encompassing 138 children. Not all families chose to participate. As a result, the sample we are dealing with is very small. This is particularly relevant when considering data from Feedback Surveys and Directed interviews. Results from the CASPARS assessments are for all children aged 6 or older who were assessed and are not limited to the particular service component associated with the identified outcome component.

It was intended that Project Social Workers would complete the CASPARS tool within the first 30 days of a child's placement and again at Permanency. Almost half of placements with Project families were made before the family was referred, making it difficult for Project Social Workers to achieve consistency in the initial administration of the instruments. Project Social Workers were very inconsistent in conducting the final assessments. Many of these assessments were completed several months after permanency. While the results demonstrate change, there is no

certainty that the change occurred exclusively during the term of the families' involvement with the Permanency Project.
The Social Worker is required to exercise clinical judgment in completing the CASPARS tool. While there was consistency in Adoption Social Workers throughout the duration of the Permanency Project, three different Kinship Social Workers fulfilled that role during the Project's pendency. Each Kinship Social Worker varied in their levels of expertise and variability in results from the CASPARS may be reflecting those differences.

A "Family Strengths Inventory" plan was designed to engage families in identifying strengths, areas of need, including training needs, and goals for Project involvement. Following an on-site meeting with a Technical Advisor from James Bell & Associate, the tool was revised to incorporate measures for change in the family's support network. The tool also provided for documentation of continuing and new relationships for children in Project homes. Despite consistent coaching from the Project Coordinator, Project Social Workers failed to utilize the instrument.

Finally, Project Social Workers provided little documentation in case notes concerning the content of discussions with Project families, eliminating case records as a source of data documenting change in resources and supports for families. As a result, analysis concerning this outcome must be based upon training attendance records, training evaluations, CASPARS results and various feedback instruments.

c. Discussion of results

Data reveal that half of Adoptive families (18 of 36) participated in Educational Support Groups. Those who attended generally found them to be helpful. Participant training registrations revealed Adoptive caregivers routinely attended a variety of different Educational Support Groups. Although they ranked Family Building Activities 5th of those services provided by the Project, Adoptive families who attended them appreciated them. Again, registration materials document Adoptive families as repeat customers for these events. 72% of Adoptive families were positive about resources their community had to provide for them.

Project Social Workers reported Adoptive caregivers increased connections with other Adoptive and Kinship families through their participation in Family Building activities and Educational Support Group. Results from the CASPARS assessments demonstrate increased assets for (mean of 12.5%) children residing with Adoptive caregivers in the "Community Embeddedness" domain, supporting that belief.

Educational Support Groups were designed to fulfill two objectives for Kinship caregivers, the first being the creation of a support group and the second being training. Only 17% of Kinship caregivers (11 of 63 families) participated in Educational Support Groups. When adjusted to reflect only those families choosing to participate in the Project (44,) that figure increases to 25%, half of the percentage of Adoptive families who attended. Again, those who attended generally found the trainings to be helpful. Kinship families ranked Family Building Activities slightly higher than Adoptive families. Those who participated were positive about their experiences. Families who participated in these activities, tended to be repeat participants. 65% of Kinship families were positive about availability of resources in their communities.

Project Social Workers reported those Kinship caregivers who attended Educational Support Groups connected with other Kinship caregivers. Several grandparents, in particular, were observed sitting together at several groups. These families were also observed at the Family Building Activities. Results from the CASPARS assessments support this, demonstrating a mean of 20% of children having increased assets on all three items selected from the "Embeddedness in the Community" Domain. Additionally, children residing with Kinship caregivers demonstrate increased assets on the item concerning seeking outside resources for assistance contained in the "Family Relationships" Domain.

d. Lessons Learned

The Permanency Project incorporated recommendations made by Denice M. Rothman, Technical Advisor associated with James Bell & Associates, for changes in feedback forms and training evaluations that greatly strengthened the value of evaluations from the Educational Support Groups and Project Sponsored Trainings. These changes not only assisted Project staff in acquiring data concerning training effectiveness (documented learning,) but also assisted them in better appreciating the needs of the target audience. Curriculums were modified to incorporate those needs; attendance at Educational Support Group remained high.

Project staff strenuously resisted using the evaluation tools. Staff compliance with data requests was poor. If provided the opportunity, the Coordinator would coach staff differently from the start on the **value** of evaluation and the **process** of evaluation.

II. Participants will have expanded tools and resources to use in parenting their children.

A. Research Questions for Assessment

a. ***How effective were Educational Support Groups, Permanency Project Sponsored Trainings and the Resource Library in increasing caregiver resources and tools for parenting. Were any components more effective for Kinship caregivers than Adoptive caregivers?***

a. **Expectation for change:** As a result of their Project families' participation in the Educational Support Groups and Project Sponsored Trainings, 25 % of Project children aged 6 or older will have improved well-being as demonstrated by increases in protective factors and/or reduced risk factors.

b. **Definitions**

i. Protective factors are factors individuals may utilize to cope with, adapt to or overcome risks. Protective factors are associated with positive outcomes when individuals are exposed to risk.[21]

ii. Risks include childhood maltreatment, isolation, exposure to violence and living in an unsafe environment.[22]

B. Findings Related to Outcome-related Research Questions

a. **Findings**

In reviewing Project Services Utilization Data (TABLE 10: PROJECT PROVIDED SERVICES UTILIZATION, Appendix B,) we note Permanency Project Sponsored Trainings were the second greatest service component utilized by Adoptive caregivers. Educational Support Groups ranked 4th. Training, whether delivered in a support format or not, was not as important to Kinship caregivers. Of service components utilized by this population, Project Sponsored Trainings ranked 8th and Educational Support Groups ranked 6th.

In contrast, we note the three most utilized project services, excluding Case Management, for Kinship caregivers were Household Accommodations (43%,) Social Skills Building (38%) and Respite Childcare (30%.) For Adoptive families, those services were Respite Childcare (75%,) Project Sponsored Trainings (69%) and Social Skills Building (58%.)

50% of Adoptive Caregivers attended Educational Support Groups. 17% of Kinship caregivers attended. (TABLE 10: PROJECT PROVIDED SERVICES UTILIZATION, Appendix B,) Adoptive caregivers were in attendance at 19 of 21 sessions; Kinship caregivers were in attendance at 11 of those same 21 sessions. One Kinship caregiver attended 7 different sessions; 3 Adoptive caregivers attended 8 sessions and 1 attended 9. The greatest number of Kinship caregivers at any Educational Support Group was 7; the greatest number of Adoptive caregivers was 11. Those sessions having the greatest participation from Adoptive caregivers were,

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21 Clinical Assessment Package for Risks and Strengths, Jane F. Gilgun, Ph.D., LICSW, associate professor, School of Social Work, University of Minnesota, St. Paul, Minnesota.

22 Clinical Assessment Package for Risks and Strengths, Jane F. Gilgun, Ph.D., LICSW, associate professor, School of Social Work, University of Minnesota, St. Paul, Minnesota.

Attachment, Children's Mental Health Disorders, Diapers to Drivers Licenses, Grief and Loss, How to Love a Child, Trust and Relationship Building, and How I talk to my Adolescent. Those sessions having the greatest participation from Kinship caregivers were, *Attachment, How I Talk to My Adolescent, Power Struggles, Social Service System Overview and Grief and Loss.* (TABLE 11: EDUCATIONAL SUPPORT GROUP TRAINING PARTICIPATION, Appendix B-; TABLE: TRAINING PARTICIPATION, Appendix B.) The evaluation associated with these trainings documented learning[xxxi] for 48% of those completing evaluations from the *Attachment* ESG (3/02,) 62% at the *Children's Mental Health Disorders* ESG (9/02,) 73% at the *Grief and Loss* ESG (2/02,) 93% at the *How I talk to My Adolescent* ESG, 90% at the *Power Struggles* ESG (6/02,) 100% at the *How to Love a Child* ESG (6/03,) and 30% at the *Trust and Relationship Building* ESG (7/03). There were no evaluations for the *Social System Overview* ESB (1/02) or the *Diapers to Drivers Licenses* ESG (5/03.)[xxxii]

When reviewing Projected Sponsored Training attendance, we note as many as 12 Adoptive caregivers (69% of all Adoptive caregivers) each attended a total of one training, 3 (4%) attended 2 trainings, 1 (1.5%) attended 4, 2 (3%) attended 5, 1 (1.5%) attended 6, 8 (11.5%) attended 8 and 1 (1.5%) attended 10 different trainings. In sharp contrast, Kinship Caregivers were present at only one Project sponsored training: only 3 Kinship caregivers (3% of a total 107 caregivers) attended.

The Project developed an Exit Interview using a 5 point Likert Scale to measure participant attitudes concerning Project Services and administered it over the telephone to one of the adult Caregivers in the Project family. 19 Adoptive families were interviewed following their exit from the program. (TABLE 14: Directed Permanency Interview: Exit/Adoption, Appendix B) As concerns the statement, "*Information I received during the Permanency Project sponsored training has been helpful to my family,*) 58% strongly agreed, 37% agreed, and 5% disagreed.

Of the 29 Kinship caregivers responding to the statement, "*Information I received during the Permanency Project sponsored training has been helpful to my family,*" 35% strongly agreed, 14% agreed, 3% were neutral, 3% strongly disagreed and 45% reported this statement did not apply. (TABLE 15: Directed Permanency Interview: Exit/Kinship, Appendix B)

The Permanency Project developed a Feedback Survey utilizing a 3 point Likert Scale to measure participant attitudes concerning Project Services and mailed it to Project families. Fifteen Project families, 9 Kinship, 5 Adoptive and 1 Unidentified, returned Feedback Surveys. (TABLE 9: PARTICIPANT RATING: PROJECT PROVIDED SERVICES, Appendix B.) 2 of the Adoptive families (40%) found Project Sponsored trainings to be "very helpful," 1 (20%) found them to be "ok" and 2 (40%) reported not using them. 2 of the Kinship families (22%) found trainings to be "very helpful," 1 (11%) found them to be "ok" and 6 (67%) reported not using them.

In providing feedback concerning the Resource Library, 1 Adoptive family (20%) found the library to be "very helpful," 1 (20%) reported it was "ok" and 3 (60%) reported not using it. 100% of Kinship responders reported not using the library. Records from the library support these responses: 8 Project families accessed the library. Of the 5 Adoptive families (14%) using the Resource Library, 2 checked out one item, 1 out 5 items, 1 checked out 7 items and 1 checked out 10 items. Of the 4 Kinship families (6%) accessing the library, 3 checked out 1 item and 1 checked out 2 items.

"Relationships Among Family Members: Current" is one of the Domains in the CASPARS tool associated with adaptive and maladaptive outcomes. Project Social Workers were instructed to complete the CASPARS tool with Project families for children aged 6 or older during the first 30 days of the child's placement and again at permanency. 8 children and their Adoptive families and 12 children and their Kinship families participated in both assessments. Changes were reported for 1) assets being strengthened, maintained, weakened or weakened to a risk factor and 2) risk factors being weakened to greater risk, maintained, strengthened to a lesser risk or strengthened to an asset. (TABLE 12: Asset and Risk Factors: Change During Placement, Appendix B) It was expected that use of resources and tools Project caregivers acquired during trainings and educational support groups or through use of Resource Library materials would lead to improvement in family and child well-being as demonstrated by increased assets and reduced risk factors. Eight of the items in that Domain specifically address family and child functioning.

On the first item, "*At least one adult or older sibling in the nuclear family is sensitive to the child's feelings and problems,*" Adoptive families, reported 100% of assessed children maintaining an existing asset. Kinship caregivers responding to this item reported 67% maintaining an existing asset, reported an existing asset became weakened for 25% and an existing asset weakened enough that it was now a risk factor for 8%.

On the second item, "*At least one adult or older sibling in the nuclear family is interested in the child's activities,*" Adoptive families, reported 100% of assessed children maintaining an existing asset. 83% of Kinship caregivers reported an existing asset was maintained and 17% reported an existing asset became weaker.

On the third item, "*Discipline is consistent,*" Adoptive families, reported 100% of assessed children maintaining an existing asset. Kinship caregivers reported an existing asset was further strengthened for 12.5%, 50% maintained an existing asset and an existing asset became weaker for 25%.

On the fourth item, "*Parental figures communicate clear expectations,*" Adoptive families, reported 100% of assessed children maintaining an existing asset. Kinship caregivers reported 50% maintaining an existing asset, an existing asset became weaker for 34% and an existing asset weakened enough that it was now a risk factor for 8 %.

On the fifth item, "*Parental figures recognize children's successes,*" Adoptive families, reported 100% of assessed children maintaining an existing asset. Kinship caregivers reported 50% maintaining an existing asset, an existing asset became weaker for 34% and an existing asset weakened enough that it was now a risk factor for 8 %.

On the sixth item, "*Child's responsibilities are age appropriate,*" Adoptive caregivers reported an existing asset was further strengthened for 25%, 62.5 % maintained an existing asset and an existing asset became weaker for 12.5%. Kinship caregivers reported 75% maintaining an existing asset, an existing asset became weaker for 17% and an existing asset weakened enough that it was now a risk factor for 8%.

On the seventh item, "*Adults and older siblings in the nuclear family respect child's physical boundaries,*" 100% of Adoptive families reported maintaining an existing asset. Kinship

caregivers reported an existing asset was further strengthened for 8.5%, 58% maintained an existing asset and an existing asset became weaker for 25%.

On the eighth item, "*Parents and older siblings respect emotional boundaries and do not seek advice and/or emotional support from the child,*" Adoptive caregivers reported an existing asset was further strengthened for 12.5% and 87.5% maintained an existing asset. Kinship caregivers reported 50% maintaining an existing asset, an existing asset became weaker for 25%, an existing asset weakened enough that it was now a risk factor for 8 %, an existing risk factor was maintained by 8 % and an existing risk factor was weakened to even greater risk for 8%.

b. Issues affecting data collection/analysis:

The Permanency Project was offered to 99 different families encompassing 138 children. Not all families chose to participate. As a result, the sample we are dealing with is very small. This is particularly relevant when considering data from Feedback Surveys and Directed interviews. Results from the CASPARS assessments are for all children aged 6 or older who were assessed and are not limited to the particular service component associated with the identified outcome component.

Project Staff were required to implement the program before it was fully designed and struggled with feelings of incompetence. Project Social Workers needed to be supported to become assertive in sharing Project offerings and program expectations to all Project families and coached to recognize that even the most competent Project member could benefit from support and service.

It was intended that Project Social Workers would complete the CASPARS tool within the first 30 days of a child's placement and again at Permanency. Almost half of placements with Project families were made before the family was referred, making it difficult for Project Social Workers to achieve consistency in the initial administration of the instruments. Project Social Workers were very inconsistent in conducted the final assessments. Many of these assessments were completed several months after Permanency. While the results demonstrate change, there is no certainty that the change occurred exclusively during the term of the families' involvement with the Permanency Project.

The Social Worker is required to exercise clinical judgment in completing the CASPARS tool. While there was consistency in Adoption Social Workers throughout the duration of the Permanency Project, three different Kinship Social Workers fulfilled that role during the Project's pendency. Each Kinship Social Worker varied in their levels of expertise and variability in results from the CASPARS may be reflecting those differences.

The Adoption Social Workers assigned to the Permanency Project also fulfilled those responsibilities associated with home studies, Adoption Assistance Agreements and recommendations to the State Department and Human Services and Court for approval of the adoption petition.

A "Family Strengths Inventory" plan was designed to engage families in identifying strengths, areas of needs, including training needs, and goals for Project involvement. Expectations were developed for the Project Social Worker to review the Plan with the Project at least quarterly to identify changes in needs and strengths as well as to review and update training needs. Project

Social Workers resisted utilizing the tool, reporting it unnecessarily increased the burden for already overwhelmed Project families. Despite consistent coaching from Project Coordinator, Project Social Workers failed to utilize the instrument.

Following an on-site meeting with a Technical Advisor from James Bell & Associate, a tool was developed for Project Social Workers to use to guide them in inquiries with caregivers about effectiveness of trainings. The "cheat sheet" prompted them to ask caregivers (1) what they learned at recent trainings, (2) if they had an opportunity to use what they learned, (3) was what they learned helpful, and (4) ask can they (family) provide an example. By utilizing this process, and families would gain insight into and Social Workers would have documentation of the families' applications of new learnings and their effectiveness. Again, Project Social Workers did not use the tool.

Finally, Project Social Workers provided little documentation in case notes concerning the content of discussions with Project families, eliminating case records as a source of data documenting change in resources and tools for families. As a result, analysis concerning this outcome must be based upon training attendance records, training evaluations, results from CASPARS assessments and various feedback instruments.

c. Discussion of results

We did not meet our objective on this outcome. It is difficult to document changes in functioning for children or families resulting from caregiver participation in training or Educational Support Groups. As indicated in section b., while children in Adoptive family placements have assets in the Family Relationship Domain, there were few reports of assets being strengthened and none to the degree that support this objective was attained for this population. While it is clear Adoptive caregivers valued training (they ranked it 2nd for project services utilized,) if one were to rely on the results of the CASPARS assessments, one would be unable to demonstrate benefit derived from training participation.

Kinship caregivers ranked trainings 6th (Educational Support Group) and 8th (Sponsored Trainings) for project services utilized. They did not attend Project Sponsored trainings. 17% did attend Educational Support Groups. Although two items in the "Family Relationships" Domain in the CASPARS tool demonstrate increased assets, the majority of the items demonstrate a decline in assets and increases in risk factors. Because Project case records have few case notes, we cannot identify if these changes are due to increased stress related to additional care giving responsibilities associated with caring for their kin child, or increased isolation associated with those responsibilities, or increased stress associated with role changes within the larger family system or demands from the Social Service system, or having unrealistic expectations for the placement, or, as indicated above, if issues related to bias and/or staff turnover and expertise are affecting results. It is troubling to note such a dramatic decline in assets and increase in risks for this population.

d. Issues related to interpretation of results/rival hypotheses

Adoptive caregivers consistently responded affirmatively to items in the Family Relationship Domain, reporting success at maintaining assets identified during the initial assessment. There was great variability in responses for Kinship families. Is the consistency in reported results for Adoptive caregivers reflective of the assessment process these families undergo in order to

qualify for adoptive placements (in comparison to the cursory review process associated with the selection of kin families) or is it associated with some type of inherent bias?

In response to a focus group question (Table 16: Permanency Project Participant Responses to Focus Group Questions, Appendix B,) one Adoptive caregiver replied, "the family is in "placement shock" when the child arrives." This response is clearly true for Kinship caregivers, who have little if any preparation before placement. The primary needs of Project families at time of placement relate to accommodation, through physical changes to their home to create space or comply with licensing requirements, acquiring beds or other furnishings, safety related items such as car seats, or meeting childcare needs.

Adoptive families respond to the challenge by utilizing respite care, attending specialized, topic specific trainings and acquiring services to support skill development in the children they are caring for. This is reflected in the fact that Project Sponsored Trainings were the 2nd most utilized service for this population. Demographic data concerning children placed in these homes (Table 22: Child Demographics (general), Appendix B,) reveal children placed with Adoptive families are more likely to have disabilities, including mental health issues, and to have experienced physical, sexual and/or emotional abuse in addition to neglect than children placed with Kinship families. Many Project Sponsored trainings, also offered to the general community, addressed topics related to specialized mental health issues.

Kinship caregivers respond by making changes to the structure of their homes, acquiring beds, car seats and other items required to meet immediate care giving needs, acquiring services to support skill development in the children they are caring for and utilizing respite care. While comments on respite care forms of Adoptive caregivers identified how the children were being impacted by respite childcare, comments from Kinship care providers generally focused on how the stipend was helping them.

While Kinship caregivers did not attend sponsored trainings, 17% (or 25% if non-participating families are excluded from the sample) did attend Educational Support Groups. Implementation evaluation results suggest the Project learned a supportive encouraging relationship between the Project Social Worker and Project family could effectively facilitate participation in training. Families bought into the education/training concept and accepted the support that came with it. Participants forged connections and established their own support systems within the larger group. The same "faces" kept showing up; familiarity created connections and stimulated more attendance at more events and networking ensued. This, coupled with the fact that Kinship caregivers did not participate in "less friendly" trainings, leads us to ask if the motivation for their attendance at Educational Support Group was training or support? Alternatively, Sponsored Trainings generally occurred during daytime hours and during the work week and did not provide meals or childcare. Were they more willing to take a risk and attend Educational Support Groups because they were more accommodating?

c. Lessons Learned

Project staff strenuously resisted using the evaluation tools. Staff compliance with data requests was poor. If provided the opportunity, the Coordinator would coach staff differently from the start on the **value** of evaluation and the **process** of evaluation.

The Permanency Project Director attempted to incorporate recommendations made by Denice M. Rothman, Technical Advisor associated with James Bell & Associates, for changes in the Family Strengths Inventory that, in addition to identifying strengths, areas of needs, including training needs, and goals for Project involvement, would facilitate awareness and appreciation for resources and supports available to the Project family. Social Workers believed creating and reviewing that plan with the family would unnecessarily add to their caregiving burden. As stated above, Adoptive and Kinship families are often in "placement shock" after placement. They are focused on day-to-day survival while creating a new family system. Engaging families in identifying strengths and weaknesses, creating goals for change and improvement, identifying assets and resources and routinely reviewing progress actually empowers families by providing them the opportunity for awareness and appreciation of growth, individual as well as family, and the ability to determine the future course of action for their family.

III. Participants will have increased knowledge of parenting roles, responsibilities and child welfare system expectation.

A. Research Questions for Assessment

a. ***How effective was Social Work Case Management in supporting Project families to achieve their permanency plans?***

b. Expectation for change: As a result of their participation in Social Work Case Management, 76.2% of Permanency Project families will achieve their child's permanency plan within 12 months.[xxxiii]

c. Definitions

The permanency plan for children placed with Adoptive caregivers was finalization of the adoption petition.

The permanency plans for children placed with Kinship caregivers included reunification, transfer of physical and legal custody to a relative, adoption and long term foster care.

B. Findings Related to Outcome-related Research Questions

a. Findings

During the pendency of the Permanency Project, the child's Case Manager had the responsibility for the child's permanency plan. That Case Manager provided initial information regarding the permanency process. The Permanency Project Social Worker's role was to meet at least monthly with the Project family to supplement that information and support the Project family in meeting expectations. A Family Strengths Inventory was to be developed with the family within 30 days of referral and reviewed and revised quarterly.

In addition to Project Social Worker Case Management Services, one of the Educational Support Groups provided by the Permanency Project specifically addressed Adoptive and Kinship caregiver roles and responsibilities and provided an overview of the Social Service System. This ESG was provided twice, in January of 2002 and January of 2003. 2 (3% of 69) Adoptive caregivers and 4 (4% of 107) Kinship caregivers attended the training in January 2002. 5 (7%) Adoptive caregivers and NO Kinship caregivers attended the training in January 2003.

The Project developed an Exit Interview using a 5 point Likert Scale to measure participant attitudes concerning Project Services and administered it over the telephone to one of the adult Caregivers in the Project family. 19 Adoptive families were interviewed following their exit from the program. (TABLE 14: Directed Permanency Interview: Exit/Adoption, Appendix B) As concerns the statement, "*Information I received during the Permanency Project sponsored training has been helpful to my family,*) 58% strongly agreed, 37% agreed, and 5% disagreed. As concerns the statement, "*The placement and permanency plan process proceeded at about the speed I was told it would,*" of the 18 Adoptive caregivers who responded, 68% strongly agreed with this statement, 11% agreed, 11% were neutral, 5% disagreed and 5% strongly disagreed. As concerns the statement, "*I have been adequately prepared for the experiences I have had so far,*" of the 19 Adoptive caregivers who responded, 37% strongly agreed, 37% agreed, 21% were neutral and 5% disagreed.

Of the 29 Kinship caregivers responding to the statement, "*Information I received during the Permanency Project sponsored training has been helpful to my family,*" 35% strongly agreed, 14% agreed, 3% were neutral, 3% strongly disagreed and 45% reported this statement did not apply. As concerns the statement, "*The placement and permanency plan process proceeded at about the speed I was told it would,*" of the 28 Kinship caregivers who responded, 54.5% strongly agreed with the statement, 17.5% agreed, 14% were neutral, 3.5% disagreed, 7% strongly disagreed and 3.5% said this did not apply. As concerns the statement, "*I have been adequately prepared for the experiences I have had so far,*" of the 27 Kinship caregivers who responded, 51% strongly agreed, 19% agreed, 15% were neutral, 4% disagreed and 11% strongly disagreed. (TABLE 15: Directed Permanency Interview: Exit/ Kinship, Appendix B)

Table 4, Project Involved Placements, Appendix B, reveals 19 of 27 (70.35%) of adoptive placements reaching permanency during the Project's pendency were finalized by the end of the 11th month of placement, 5.85% below the outcome target for this Project. Two (7.4%) more were finalized during the 12th month of placement.

32 of 42 Kinship placements (76%) achieved permanency by the end of the 11th month of placement, .2% below the National Standard. Two more (4.75%) were finalized during the 12th month of placement.

b. Issues affecting data collection/analysis:

The Permanency Project was offered to 99 different families encompassing 138 children. Not all families chose to participate. As a result, the sample we are dealing with is very small. This is particularly relevant when considering data from Feedback Surveys and Directed interviews.

Disruptions were not considered a "permanency plan" and were not included in the analysis. They will be addressed in outcome objectives concerning placement stability.

Almost half of placements with Project families were made before the family was referred. The greatest referral source for the Project was Child Protective Services. It was the intent of the Project that the child's Case Manager and the Project Social Worker would collaborate on the decision about placement. More often than not, the placement decision was already made at the time of the referral.

Project Staff were required to implement the program before it was fully designed and struggled with feelings of incompetence. Project Social Workers needed to be supported to become assertive in sharing Project offerings and program expectations to all Project families and coached to recognize that even the most competent Project member could benefit from support and service.

A "Family Strengths Inventory" plan was designed to engage families in identifying strengths, areas of needs, including training needs, and goals for Project involvement. Expectations were developed for the Project Social Worker to review the Plan with the Project at least quarterly to identify changes in needs and strengths as well as to review and update training needs. Project Social Workers resisted utilizing the tool, reporting it unnecessarily increased the burden for already overwhelmed Project families. Despite consistent coaching from Project Coordinator, Project Social Workers failed to utilize the instrument.

Finally, Project Social Workers provided little documentation in case notes concerning the content of discussions with Project families, eliminating case records as a source of data documenting change in resources and tools for families. As a result, analysis concerning this outcome must be based upon training attendance records, training evaluations, and various feedback instruments.

c. Discussion of results

Responses to the Directed Exit Interviews reveal that the majority (95%) of Adoptive families found the information they received during trainings to be helpful while only 49% of Kinship families found training to be useful. Approximately three fourths of Adoptive and Kinship families believed the permanency process "moved along at the speed they were advised it would." Just under three fourths of Adoptive and Kinship caregivers agreed they were adequately prepared for the experiences they had. Despite these supportive statements, it is difficult to directly attribute the permanency outcomes to the efforts of the Project Social Workers due to limited documentation.

d. Issues related to interpretation of results/rival hypotheses

Three experienced Adoptive caregivers participated in a Focus Group 3/30/04. Results from the group are included in Table 16. These Caregivers agreed Project Social Workers were very supportive, however, stated they were confused about what the Permanency Project was. All agreed it was not explained well, roles weren't well defined, boundaries were unclear and it appeared the Project Social Workers didn't always know what was "ok" and what was not. They recommended the program description be made clear and easy to understand, that parents be involved in the process right from the start so needs are identified and prioritized to fit how families define their needs.

e. Lessons Learned

By engaging families in creating and reviewing service plans, Project Social Workers would have had documentation of goals addressing stability and permanency and, coupled with case notes, of their efforts at supporting the families in meeting their permanency objectives. Communication errors could be identified and all involved could be assured information is adequate, understood and meets the caregivers' needs.

IV. Participants will effectively use case management as a resource to support family stability.

A. Research Questions for Assessment

a. ***How effective were Permanency Project Social Workers in engaging Project families in Project Services?***

b. **Expectation for change:** As a result of participation in Social Work Case Management Services, 75% of eligible Permanency Project families participate in Project provided services.

c. **Definitions**

For purposes of this outcome objective, Project Services include Respite Childcare, Social Skills Building, Family Preservation, Mentor Training, Overnight/Weekend Respite Care, Educational Support Groups, Household Accommodations, Project Sponsored Trainings, Family Building Activities and the "4 Keeps" Adoption Support Group.

B. Findings Related to Outcome-related Research Questions

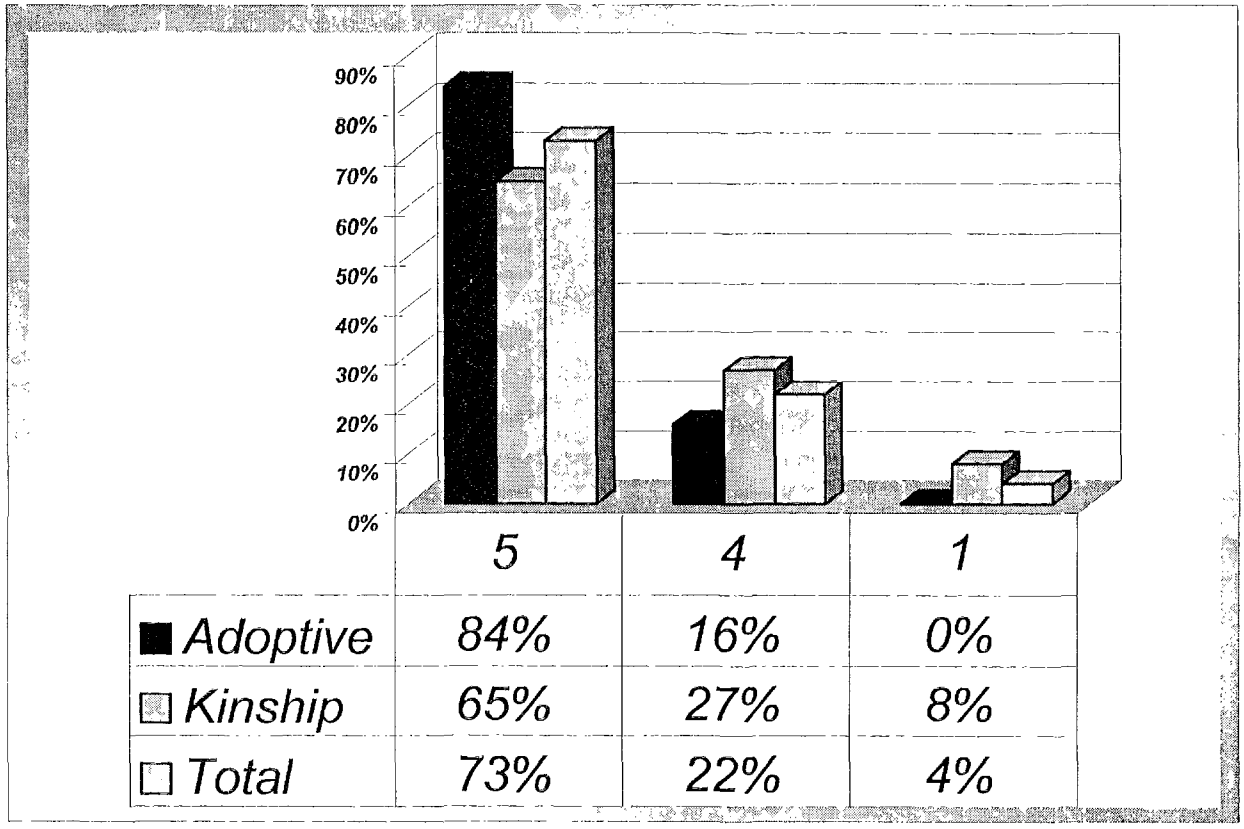
a. **Findings**

Once assigned, the Permanency Project Social Worker had the responsibility of meeting with the Project family to inform them about the Project and offer them supportive case management and Project services. Table 2, "General Project Participant Demographics," Appendix B, reveals 33 of 36 (91.67%) of Adoptive families participated in Project services. 44 of 64[xxxiv] (68.75%) of Kinship families participated in Project services.

The Permanency Project developed a Feedback Survey utilizing a 3 point Likert Scale to measure participant attitudes concerning Project Services and mailed it to Project families. Fifteen Project families, 9 Kinship, 5 Adoptive and 1 Unidentified, returned Feedback Surveys. (TABLE 9: PARTICIPANT RATING: PROJECT PROVIDED SERVICES, Appendix B.) Of the 5 Adoptive families responding, 4 (80%) found the Project Social Workers to be "very helpful" and 1 (20%) found them to be "ok." Of the 9 Kinship families responding, 7 (78%) found the Project Social Workers to be "very helpful." 2 (22%) found them to be "ok."

The Project developed an Exit Interview using a 5 point Likert Scale to measure participant attitudes concerning Project Services and administered it over the telephone to one of the adult caregivers in the Project family. Caregivers 29 Kinship families and 19 Adoptive families were interviewed following their exit from the program. (TABLE 14: Directed Permanency Interview: Exit/Kinship; TABLE 15: Directed Permanency Interview: Exit/Kinship, Appendix B) Their responses to questions associated with outcomes for Project Social Worker Case Management are depicted in the following graphs:

Of the 26 Kinship participants who responded to the statement, "**My permanency project SW has responded to my needs and concerns on a helpful manner,**" 65% strongly agreed, 27% agreed and 8% strongly disagreed.

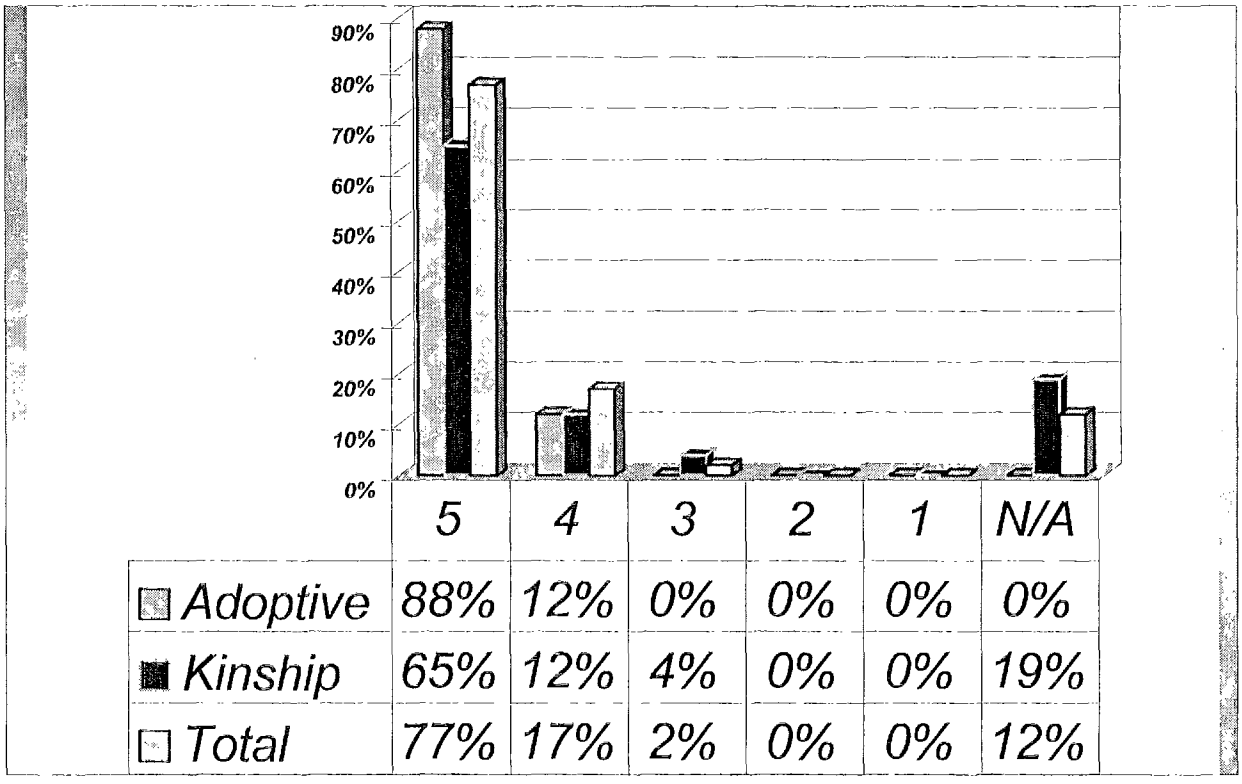


	5	4	1
Adoptive	84%	16%	0%
Kinship	65%	27%	8%
Total	73%	22%	4%

** 5 is rated most helpful and 1 is rated least helpful.

Of the 19 Adoptive caregivers who responded to the statement, "**My permanency project SW has responded to my needs and concerns on a helpful manner,**" 84% strongly agreed and 16% agreed.

Of the 26 Kinship families who responded to the statement, "**My Permanency Project SW helped me connect with community resources,**" 65% strongly agreed, 12% agreed, 4% were neutral and 19% reported this did not apply to them.

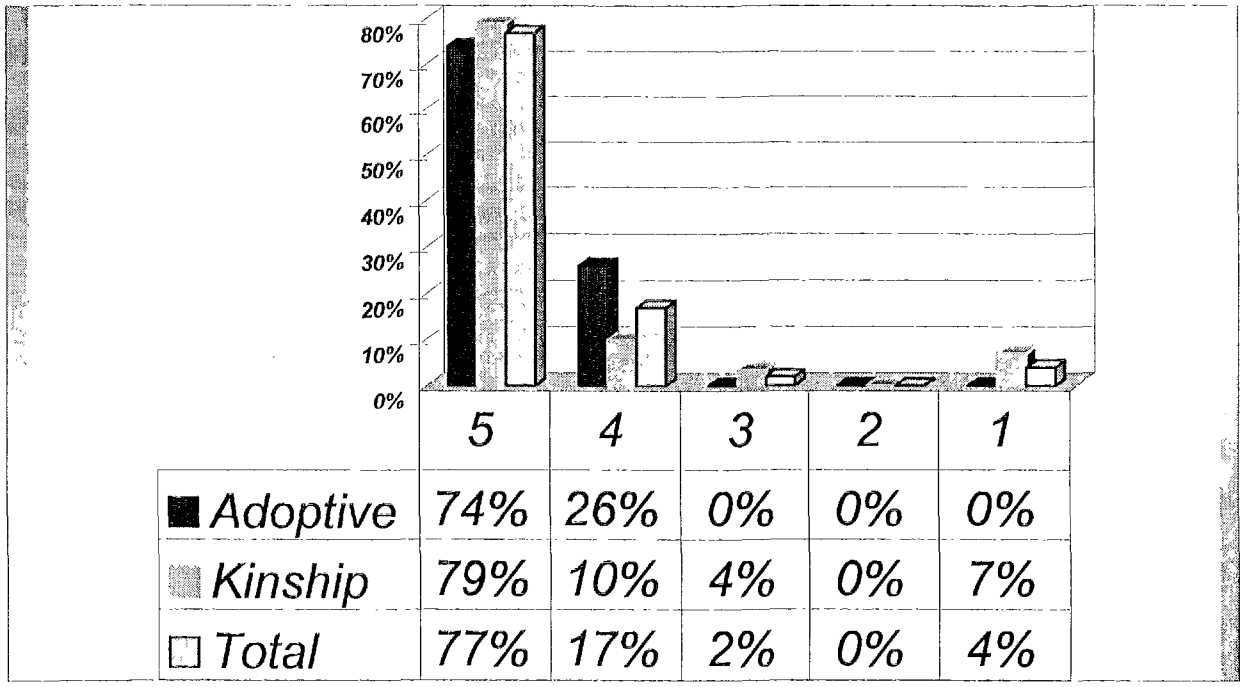


	5	4	3	2	1	N/A
Adoptive	88%	12%	0%	0%	0%	0%
Kinship	65%	12%	4%	0%	0%	19%
Total	77%	17%	2%	0%	0%	12%

** 5 is rated most helpful and 1 is rated least helpful.

Of the 19 Adoptive families who responded to the statement, "**My Permanency Project SW helped me connect with community resources,**" 88% strongly agreed and 12% agreed.

As concerns the statement, "**I felt respected and appreciated by the agency as a Kinship/Adoption parent,** of the 29 Kinship families responding, 79% strongly agreed, 10.5% agreed, 3.5% were neutral and 7% disagreed.

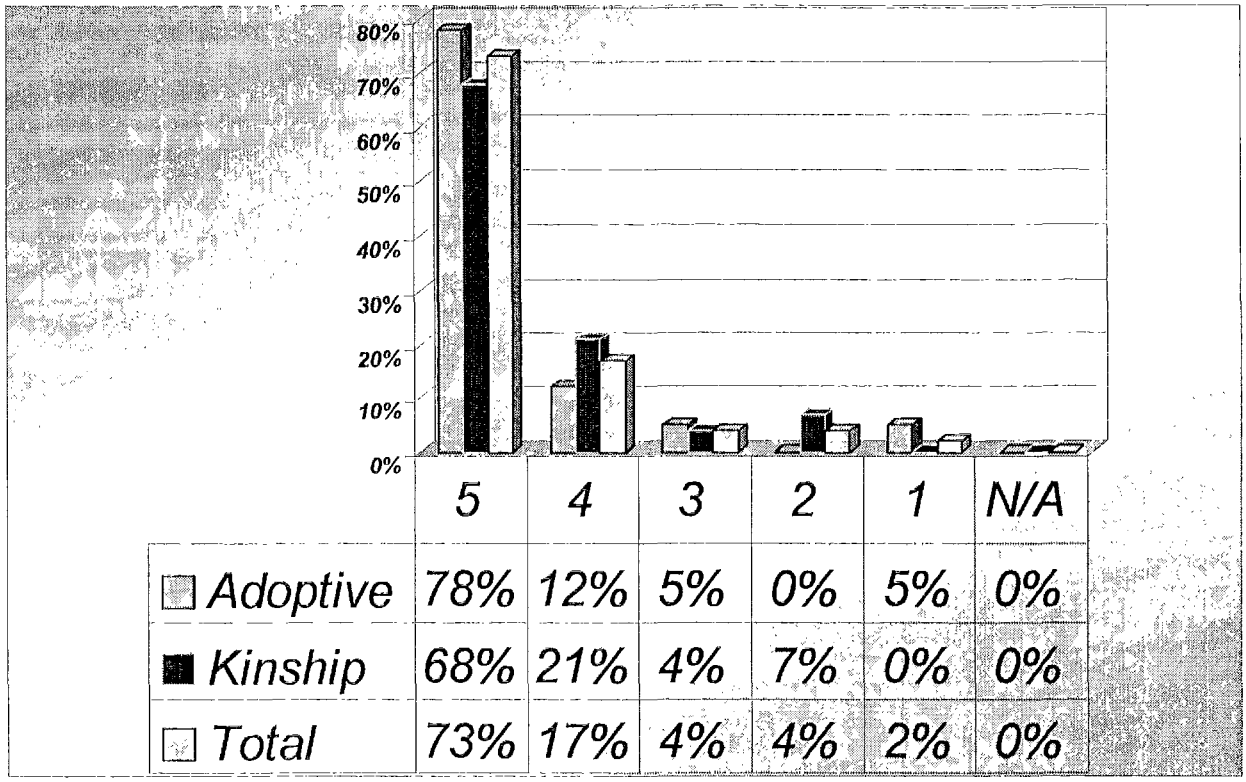


	5	4	3	2	1
Adoptive	74%	26%	0%	0%	0%
Kinship	79%	10%	4%	0%	7%
Total	77%	17%	2%	0%	4%

** 5 is rated most helpful and 1 is rated least helpful.

As concerns the statement, "**I felt respected and appreciated by the agency as a Kinship/Adoption parent,** of the 19 Adoptive families responding, 74% strongly agreed and 26% agreed.

Of the 28 Kinship families who responded to the statement, "**Agency staff is sensitive to my culture and viewpoint,**" 68% strongly agreed, 21.5% agreed, 3.5% were neutral and 7% strongly disagreed.

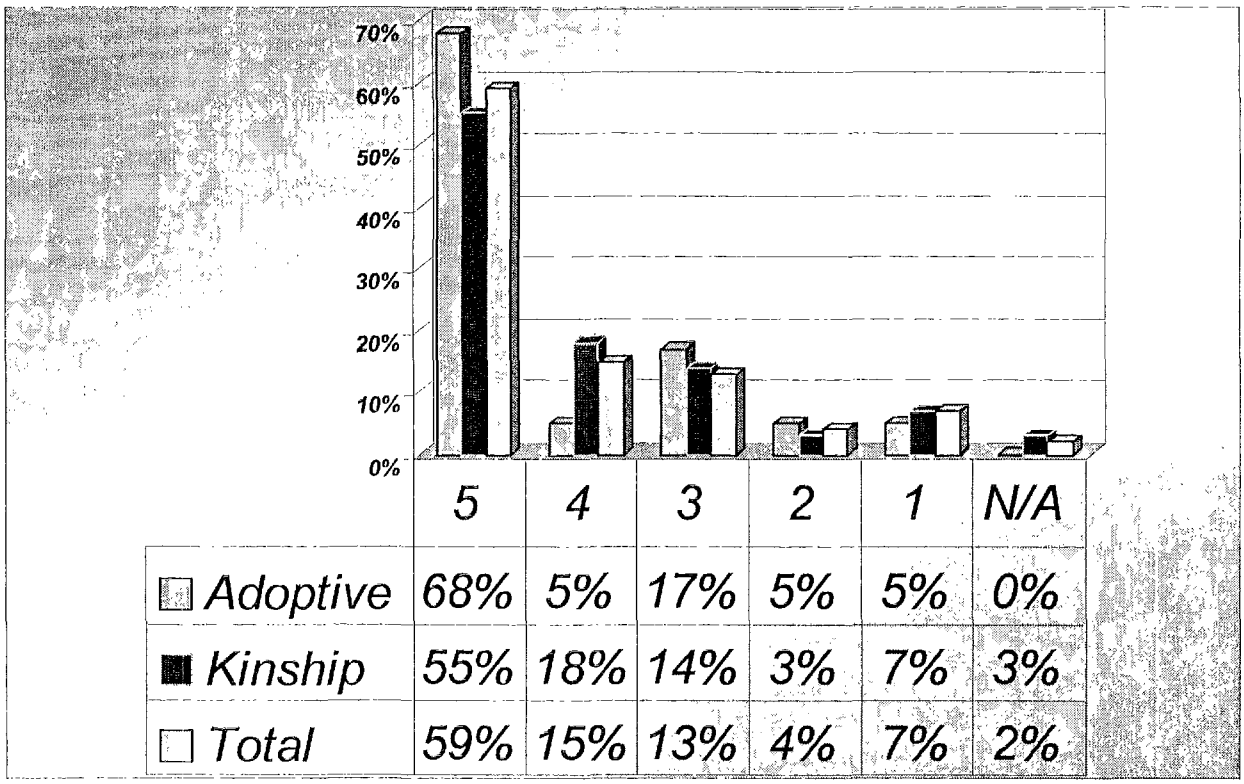


	5	4	3	2	1	N/A
Adoptive	78%	12%	5%	0%	5%	0%
Kinship	68%	21%	4%	7%	0%	0%
Total	73%	17%	4%	4%	2%	0%

** 5 is rated most helpful and 1 is rated least helpful

Of the 18 Adoptive families who responded to the statement, "**Agency staff is sensitive to my culture and viewpoint,**" 78% strongly agreed, 12% agreed, 5% were neutral and 5% said the statement did not apply to them.

As concerns the statement, "**The placement and permanency plan process proceeded at about the speed I was told it would,**" of the 28 Kinship families who responded, 55% strongly agreed, 18% agreed, 14% were neutral, 3% disagreed and 7% strongly disagreed.

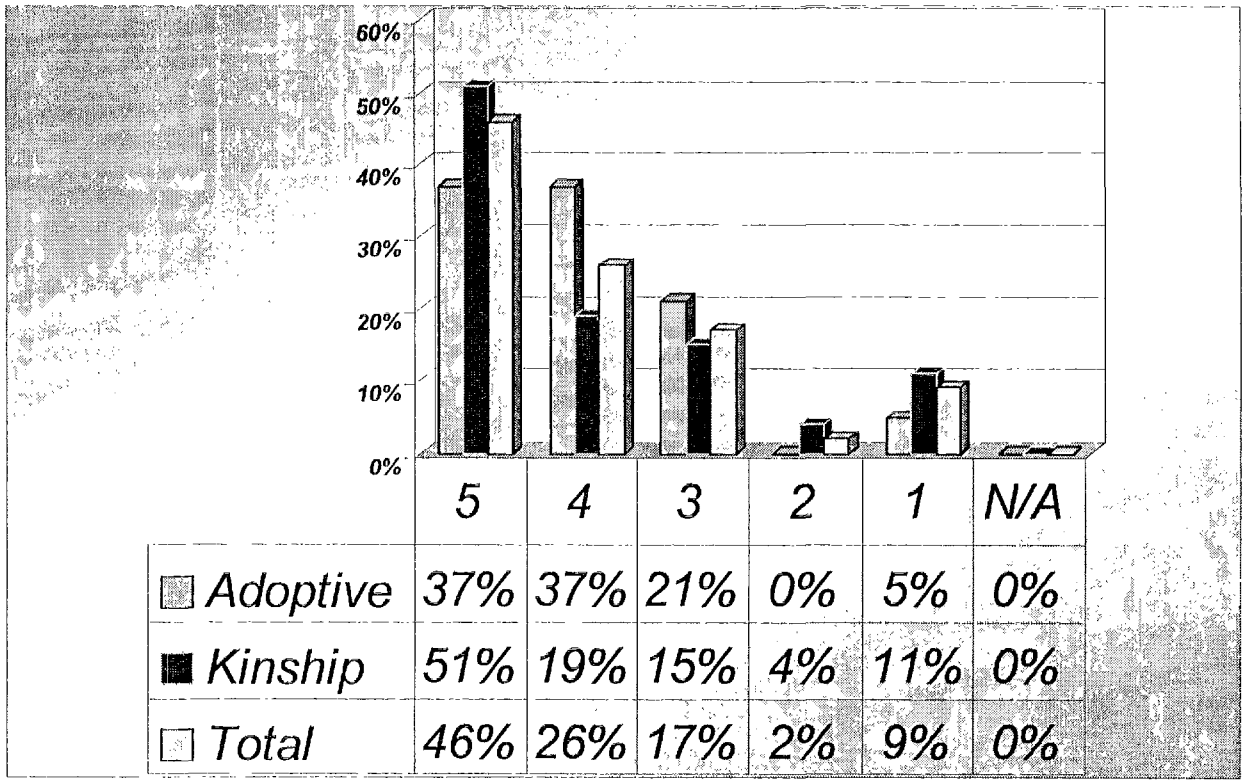


	5	4	3	2	1	N/A
Adoptive	68%	5%	17%	5%	5%	0%
Kinship	55%	18%	14%	3%	7%	3%
Total	59%	15%	13%	4%	7%	2%

** 5 is rated most helpful and 1 is rated least helpful

Of the 18 Adoptive families who responded to the statement, "**The placement and permanency plan process proceeded at about the speed I was told it would,**" 68% strongly agreed, 5% agreed, 17% were neutral, 5% disagreed and 5% strongly disagreed.

As concerns the statement, **"I have been adequately prepared for the experiences I have had so far,"** of the 27 Kinship families who responded, 51% strongly agreed, 19% agreed, 15% were neutral, 4% disagreed and 11% strongly disagreed.

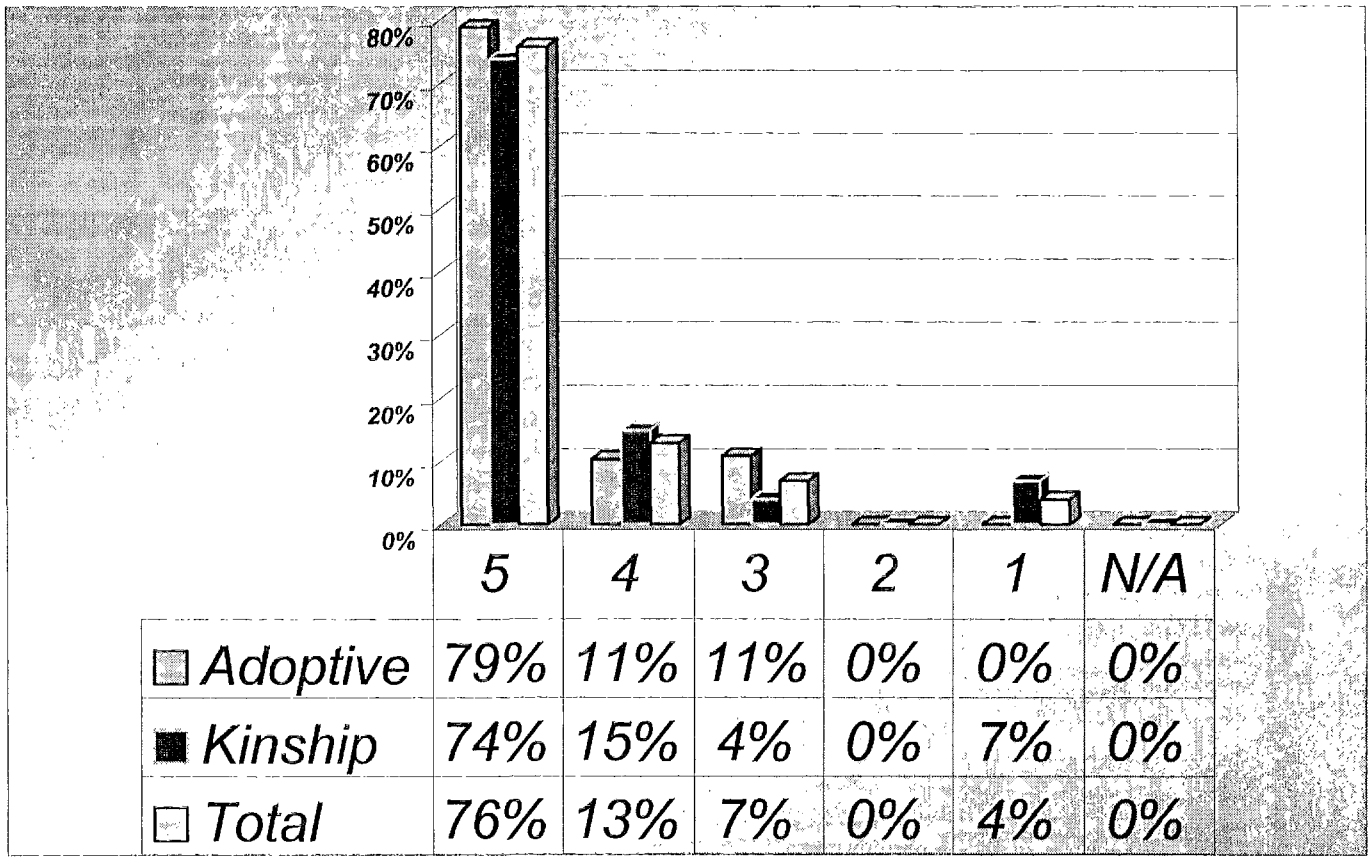


	5	4	3	2	1	N/A
Adoptive	37%	37%	21%	0%	5%	0%
Kinship	51%	19%	15%	4%	11%	0%
Total	46%	26%	17%	2%	9%	0%

** 5 is rated most helpful and 1 is rated least helpful

Of the 19 Adoptive families responding to the statement, **"I have been adequately prepared for the experiences I have had so far,"** 37% strongly agreed, 37% agreed, 21% were neutral and 5% strongly disagreed.

As concerns the statement, "**Overall, I am satisfied with my Permanency Project experience,**" of the 27 Kinship families who responded, 74% strongly agreed, 15% agreed, 4% were neutral and 7% strongly disagreed.



	5	4	3	2	1	N/A
Adoptive	79%	11%	11%	0%	0%	0%
Kinship	74%	15%	4%	0%	7%	0%
Total	76%	13%	7%	0%	4%	0%

** 5 is rated most helpful and 1 is rated least helpful

As concerns the statement, "**Overall, I am satisfied with my Permanency Project experience,**" of the 19 Adoptive families responding, 79% strongly agreed, 10.5% agreed and 10.5% were neutral.

Results depicted in the graphs demonstrate when Project Social Workers had the opportunity to develop relationships with Project families, the majority of caregivers felt listened to, respected appreciated, connected to resources in the community and adequately prepared for their experiences.

b. Issues affecting data collection/analysis

The Permanency Project was offered to 99 different families encompassing 138 children. Not all families chose to participate. As a result, the sample we are dealing with is very small. This is particularly relevant when considering data from Feedback Surveys and Directed interviews.

Almost half of placements with Project families were made before the family was referred. The greatest referral source for the Project was Child Protective Services. It was the intent of the Project that the child's Caseworker and the Project Social Worker would collaborate on the decision about placement. More often than not, the placement decision was already made at the time of the referral. In at least two different cases, children were placed without the Caseworker having ever met the family. In an effort to improve placement outcomes, the Project Coordinator focused on improving assessments and associated placement decisions of project staff. Failed placements were analyzed in an attempt to identify weaknesses and or lessons to be applied in the future, however, existing staff resisted and continued to resist implementation of best practices methods of assessing placement appropriateness.

Project Staff were required to implement the program before it was fully designed and struggled with feelings of incompetence. Project Social Workers needed to be supported to become assertive in sharing Project offerings and program expectations to all Project families and coached to recognize that even the most competent Project member could benefit from support and service.

A "Family Strengths Inventory" plan was designed to engage families in identifying strengths, areas of needs, including training needs, and goals for Project involvement. Expectations were developed for the Project Social Worker to review the Plan with the Project at least quarterly to identify changes in needs and strengths as well as to review and update training needs. Project Social Workers resisted utilizing the tool, reporting it unnecessarily increased the burden for already overwhelmed Project families. Despite consistent coaching from Project Coordinator, Project Social Workers failed to utilize the instrument.

Finally, Social Workers are required to record their time in a computerized information system that simultaneously creates case notes if entered into the activity log. Although Project Social Workers completed their time recording, they provided little case note documentation concerning the content of discussions with Project families, eliminating case records as a source of data documenting change in resources and tools for families. As a result, analysis concerning this outcome must be based upon the Project's intake log, attendance records for various Project provided services, evaluations, and various feedback instruments.

c. Discussion of results

We do not have any information, other than demographic data, about why families declined to participate in the project. Demographic data reveals that project caregivers declining services were older, had more education, were more likely to be retired, had higher incomes, were more likely to receive support from other family and friends, and were more likely to be grandparents. 40% of non-involved caregivers were over the age of 60 versus 8% of the full Project sample.[xxxv] 48% of non-involved caregivers had bachelors and/or graduate degrees versus 28% of involved caregivers. 30% of non-involved caregivers were retired versus 8% for the entire Project sample. 46% of non-involved caregivers had incomes exceeding $75,000 versus 27% of the full Project sample. 56% of non-involved caregivers reported receiving support from other family versus

40% of the total Project sample. 46% of the non-involved subgroup reported receiving support from other friends versus 32% of the full Project sample. 63% of non-involved caregivers identified their relationship as grandparents versus 28% of the full Project sample.

Child demographic data reveals that the children in non-involved Project families are slightly older (41% versus 25% aged 10 or older,) were less likely to be receiving special education services (5% versus 29%,) were less likely to have identified disabilities, were more likely to be physically abused (32% versus 22%) and less likely to be sexually (4.5% versus 14%) or emotionally (4.5% versus 14%) abused, and had fewer identified risk behaviors. (TABLE 22: CHILD DEMOGRAPHICS, Appendix B; TABLE 23: CHILD DEMOGRAPHICS: NO PROJECT SERVICES, Appendix B.)

Additionally, data reveal placements of children with non-involved Kinship caregivers were of short duration. 65% of non-involved Kinship caregivers (13 families) had placements of 2 months or less and 89.5% of Kinship placements were 4 months or less. (TABLE 17: CAREGIVER DEMOGRAPHICS, Appendix B; TABLE 18: CAREGIVER DEMOGRAPHICS: NO PROJECT SERVICES, Appendix B.)

Project Social Workers served as the connectors to services provided through the Permanency Project. Adoption Social Workers completed Adoption Studies, arranged for the placements of children with Project families, completed the paperwork facilitation Adoption Assistance Agreements and Adoption Proceedings. Kinship Social Workers facilitated the Educational Support Groups, Family Building Activities and access to other project provided services. Surveys, Directed Interview results and Focus group results demonstrate the majority of Project families appreciated the support they received from their Project Social Worker. Although data documenting Project Social Worker efforts is limited at best, 91% of Adoptive caregivers and 69% of Kinship caregivers could not have participated in these services without the support and referral from their Project Social Worker. Finally, results depicted in the graphs demonstrate when Project Social Workers had the opportunity to develop relationships with Project families, the majority of caregivers felt listened to, respected appreciated, connected to resources in the community and adequately prepared for their experiences.

d. Issues related to interpretation of results

Adoptive Caregivers are required to participate in an assessment if they wish to be considered for adoptive placement. There is a contractual relationship in place between family and social worker for child placement. The Adoption Social Workers become the gatekeepers for child placement. The assessment process facilitates the development of the case management relationship.

Families who adopt often become our greatest resource for future adoptive placement. Several of the Adoptive families joining the Permanency Project had previously adopted. Others participated in the Project long enough to have their second placement before the Permanency Project ended. While these families committed to the individual children they adopted, they were also committed to the concept of adoption.

Traditional Foster Care Providers learn about the Foster Care Program by attending orientation training. When they decide to pursue licensure, they are assigned a Foster Care Social Worker who prepares their home study, encourages them to attend select trainings and provides ongoing

support to them while they are licensed foster care providers. Again there is a contractual relationship in place between family and social worker for child placement.

Kinship caregivers traditionally make their decisions to accept children into their home for placement when placement is imminent. A cursory investigation is implemented to rule out basic safety concerns and a 120-day provisional license is awarded. The referral to the Foster Care Program for full licensure is typically made after the placement occurs.

In most cases, Kinship families did not anticipate receiving a kin for placement. The primary needs of Project Kinship families at placement relate to accommodation, through physical changes to their home to create space or comply with licensing requirements, acquiring beds or other furnishings, safety related items such as car seats, or meeting childcare needs. They were often overwhelmed with the additional burdens associated with adding on to their family and viewed service involvement as one more problem responsibility.

Kinship families are committed to a particular child. For many, reunification was the permanency outcome. Once the child reunited with their parents, Kinship families were no longer interested in continuing in the project as their involvement, and motivation, was child specific. Their commitment to "substitute caregiving" was temporary and reflected in their commitment to Project involvement.

e. Lessons Learned

An effective referral process, including collaborative pre-placement interviewing by Case Manager and Project Social Worker, would create the opportunity for Project Social Workers to engage with the families and provide them program information before the family's focus shifts to responsibilities associated with substitute care. It also creates the opportunity for screening out families who are not interested in what the program has to offer.

Interviewing non-participating families to obtain data concerning the factors involved in their decisions to decline services could aid in the identification of assets supporting successful substitute caregiving.

V. Children are safely maintained in their homes whenever possible.

A. Research Questions for Assessment

a. ***How effective were Respite Services in increasing families' assets and reducing risk behaviors?***

b. **Expectation for change:** The percentage of children in Permanency Project family placements who are subjects of determined maltreatment by their Permanency Project Caregiver will be less than 0.57% of total children placed in Project homes.[xxxvi]

c. **Definitions**

i. Protective factors are factors individuals may utilize to cope with, adapt to or overcome risks. Protective factors are associated with positive outcomes when individuals are exposed to risk.[23]

ii. Risks include childhood maltreatment, isolation, exposure to violence and living in an unsafe environment.[24]

B. Findings Related to Outcome-related Research Questions

a. **Findings**

Respite Childcare was the Project service most utilized by Adoptive caregivers. 75% of Adoptive families accessed it at some time during their participation in the Project. 19% of Adoptive families utilized Overnight/Weekend Respite Care.

Respite Childcare was the 3rd most utilized service, behind Household Accommodations and Social Skills Building, for Kinship families. 30% of Kinship families accessed Respite Childcare at some point during their Project participation. Only 5% of Kinship families utilized Overnight/Weekend Respite Care.

The Permanency Project developed a Feedback Survey utilizing a 3 point Likert Scale to measure participant attitudes concerning Project Services and mailed it to Project families. Fifteen Project families, 9 Kinship, 5 Adoptive and 1 Unidentified, returned Feedback Surveys. (TABLE 9: PARTICIPANT RATING: PROJECT PROVIDED SERVICES, Appendix B.) Of the 5 Adoptive families responding to this item: Respite Childcare Stipend, 3 (60%) found it to be "very helpful," 1 (20%) found it to be "ok" and 1 (20%) reported this did not apply to them. Of the 9 Kinship families responding, 3 (33%) reported the Respite Childcare Stipend was "very helpful" and 6 (67%) reported this did not apply for them. As concerns the Overnight Respite Care, 3 of the Adoptive families found it to be "very helpful," 1 (20%) found it to be "ok" and 1 (20%) reported this did not apply to them. Of the 9 Kinship families responding, 3 (33%) reported the Overnight Respite Care was "very helpful" and 6 (67%) reported this did not apply for them.

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23 Clinical Assessment Package for Risks and Strengths, Jane F. Gilgun, Ph.D., LICSW, associate professor, School of Social Work, University of Minnesota, St. Paul, Minnesota.

24 Clinical Assessment Package for Risks and Strengths, Jane F. Gilgun, Ph.D., LICSW, associate professor, School of Social Work, University of Minnesota, St. Paul, Minnesota.

The Project developed an Exit Interview using a 5 point Likert Scale to measure participant attitudes concerning Project Services and administered it over the telephone to one of the adult Caregivers in the Project family. 19 Adoptive families were interviewed following finalization of their adoptive placement. (TABLE 14: Directed Permanency Interview: Exit/Adoption, Appendix B.) In response to the statement, "*Respite childcare benefited my family*," 67% of 18 Adoptive families who responded strongly agreed, 5% agreed, 1% disagreed and 23% reported they did not use the service. 19 Adoptive caregivers responded to the statement, "*Weekend respite care benefited my family.*" 21% strongly supported the statement and 79% said they did not use the service.

29 Kinship families were interviewed following their exit from the program. (TABLE 15: Directed Permanency Interview: Exit/Kinship, Appendix B.) In response to the statement, "*Respite childcare benefited my family,*" 39% of the 28 Kinship families who responded strongly agreed and 61% said the statement did not apply to them. Of 29 Kinship caregivers responding to the statement, "*Weekend respite care benefited my family,*" 7% strongly supported it, 3.5% supported the statement, 3.5% were neutral and 86% said they did not use the service.

Comments on respite care forms from Kinship caregivers revealed that at least 3 Kinship families were utilizing the stipend as it was originally intended: "*This allows extra cash flow to do a lot of extra activities with the kids; I have said this from the beginning, it helps a lot to do a lot of extra things; Spending time together and talking about J's new job, boyfriend...Time to talk about those new responsibilities; Went to movies, shopping, dinner, beach; On Wednesday, my daughter has gymnastics and on Sundays I go grocery shopping without the children; On 2/28, C and I went out for dinner alone.*" Comments from 4 other families indicated they were using the stipend for childcare expenses: "*This helps a lot with long term daycare; This money benefits us greatly with daycare expenses; Continues to improve behavior. Seems like she is thriving on the daycare situation.*" Comments generally focused on how the stipend was helping them. 19 others either didn't comment or didn't specify how the program was helpful for them.

Comments from respite care forms from Adoptive caregivers were far more descriptive than comments from Kinship caregivers and identified how the children were being impacted by respite childcare: "*The kids are becoming more comfortable around strangers and starting to learn more about boundaries; 'D' continues to make great progress in expressing herself in a positive way; 'O' is starting to recognize, realize unfamiliar faces, crying at strangers—this is a good thing but it makes it difficult to leave her with different people; 'I' enjoyed his visits, adapted well, but didn't want to nap long; She's adapting better when I leave.*" One Adoptive parent reported information from the respite provider was important in assessing the child's adjustment: "*Being more defiant after therapy—pushed a boy because she was impatient waiting her turn, telling me to shut up and get away; In August, more problems noted by Kids Club employees. 'S' getting extremely frustrated when things are not going her way.*" One Adoptive parent reported using respite childcare as an opportunity to have "alone time" with a previously adopted child.

"Family and Child's Embeddedness in the Community" is one of the Domains in the CASPARS tool associated with adaptive and maladaptive outcomes. Project Social Workers were instructed to complete the CASPARS tool with Project families for children aged 6 or older during the first 30 days of the child's placement and again at permanency. 8 children and their Adoptive families and 12 children and their Kinship families participated in both assessments. Changes were

reported for 1) assets being strengthened, maintained, weakened or weakened to a risk factor and 2) risk factors being weakened to greater risk, maintained, strengthened to a lesser risk or strengthened to an asset. (TABLE 12: Asset and Risk Factors: Change During Placement, Appendix B) One of the items in that Domain specifically addresses the family's perceptions of connections to their community and access to resources and another addresses behavior of adults in the child's environment

On the first item, "*Family members have family or friends with whom they share resources,*" Adoptive families reported 12.5% of children strengthened an existing asset and 87.5% maintained an existing asset. Kinship families reported 17% strengthening an existing asset, 50% maintaining an existing asset, an existing asset weakened for 25% and reported an existing asset was weakened to a risk factor for 8%.

On the second item, "*Child witnesses adults and others in the neighborhood with prosocial behavior,*" Adoptive families reported 100% of children maintained an existing asset. Kinship families reported 18% strengthening an existing asset, 64% maintaining an existing asset, an existing asset weakened for 9% and reported an existing asset was weakened to a risk factor for 9%.

"Relationships Among Family Members: Current" is another of the Domains in the CASPARS tool associated with adaptive and maladaptive outcomes. Eight of the items in that Domain specifically address family and child functioning.

On the first item, "*Parental figures talk out and respect their differences,*" Adoptive caregivers reported 100% of assessed children maintained an existing asset. Kinship caregivers reported 67% maintaining an existing asset, an existing asset became weakened for 22% and an existing asset weakened to the degree that it became a risk factor for 11%.

On the second item, "*Child and parental figures talk out their differences respectfully,*" Adoptive caregivers reported 100% of assessed children maintained an existing asset. Kinship caregivers reported an existing asset was further strengthened for 16.5%, 50% maintained an existing asset, an existing asset became weakened for 16.5%, an existing asset weakened to the degree that it became a risk factor for 8.5% and an existing risk factor was weakened to even greater risk for 8.5%.

On the third item, "*Child can confide in one adult or older sibling in the nuclear family,*" Adoptive caregivers reported 100% of assessed children maintained an existing asset. Kinship caregivers reported an existing asset was further strengthened for 17%, 58% maintained an existing asset, an existing asset became weakened for 8%, an existing asset weakened to the degree that it became a risk factor for 8% and an existing risk was strengthened to an asset for 8%.

On the fourth item, "*At least one adult or older sibling in the nuclear family is sensitive to the child's feelings and problems,*" Adoptive caregivers reported 100% of assessed children maintained an existing asset. Kinship caregivers responding to this item reported 67% of children assessed maintained an existing asset, an existing asset became weakened for 25% and an existing asset weakened enough that it was now a risk factor for 8%.

On the fifth item, "*At least one adult or older sibling in the nuclear family is interested in the child's activities,*" Adoptive caregivers reported 100% of assessed children maintained an existing asset. Kinship caregivers reported an existing asset was maintained by 83% and an existing asset became weaker for 17%.

On the sixth item, "*Discipline is consistent,*" Adoptive caregivers reported 100% of assessed children maintained an existing asset. Kinship caregivers reported an existing asset was further strengthened for 12.5%, 50% maintained an existing asset and an existing asset became weaker for 25%.
On the seventh item, "*Parental figures communicate clear expectations,*" Adoptive caregivers reported 100% of assessed children maintained an existing asset. Kinship caregivers reported 50% maintained an existing asset, an existing asset became weaker for 34% and an existing asset weakened enough that it was now a risk factor for 8 %.

On the eighth item, "*Parental figures recognize children's successes,*" Adoptive caregivers reported 100% of assessed children maintained an existing asset. Kinship caregivers reported 50% maintained an existing asset, an existing asset became weaker for 34% and an existing asset weakened enough that it was now a risk factor for 8 %.

2 reports were made to Child Protective Services alleging maltreatment, each concerning 1 child. Both children were in pre-finalization placements. One report concerning 1 child was substantiated; the other, also involving 1 child was not. Of the 138 child placements supported by the Permanency Project, only .0072% of children were the subjects of a maltreatment determination by a Permanency Project caregiver. (TABLE 3: Maltreatment Reports, Appendix B.)

b. Issues affecting data collection/analysis

The Permanency Project was offered to 99 different families encompassing 138 children. Not all families chose to participate. As a result, the sample we are dealing with is very small. This is particularly relevant when considering data from Feedback Surveys and Directed interviews. Results from the CASPARS assessments are for all children aged 6 or older who were assessed and are not limited to the particular service component associated with the identified outcome component.

Project Staff were required to implement the program before it was fully designed and struggled with feelings of incompetence. Project Social Workers needed to be supported to become assertive in sharing Project offerings and program expectations to all Project families and coached to recognize that even the most competent Project member could benefit from support and service.

The Adoption Social Workers assigned to the Permanency Project also fulfilled those responsibilities associated with home studies, Adoption Assistance Agreements and recommendations to the State Department and Human Services and Court for approval of the adoption petition.

The Social Worker is required to exercise clinical judgment in completing the CASPARS tool. While there was consistency in Adoption Social Workers throughout the duration of the Permanency Project, three different Kinship Social Workers fulfilled that role during the

Project's pendency. Each Kinship Social Worker varied in their levels of expertise and variability in results from the CASPARS may be reflecting those differences.

It was intended that Project Social Workers would complete the CASPARS tool within the first 30 days of a child's placement and again at Permanency. Almost half of placements with Project families were made before the family was referred, making it difficult for Project Social Workers to achieve consistency in the initial administration of the instruments. Project Social Workers were very inconsistent in conducted the final assessments. Many of these assessments were completed several months after Permanency. While the results demonstrate change, there is no certainty that the change occurred exclusively during the term of the families' involvement with the Permanency Project.

A "Family Strengths Inventory" plan was designed to engage families in identifying strengths, areas of needs, including training needs, and goals for Project involvement. Expectations were developed for the Project Social Worker to review the Plan with the Project at least quarterly to identify changes in needs and strengths as well as to review and update training needs. Project Social Workers resisted utilizing the tool, reporting it unnecessarily increased the burden for already overwhelmed Project families. Despite consistent coaching from Project Coordinator, Project Social Workers failed to utilize the instrument.

Finally, Social Workers are required to record their time in a computerized information system that simultaneously creates case notes if entered into the activity log. Although Project Social Workers completed their time recording, they provided little case note documentation concerning the content of discussions with Project families, eliminating case records as a source of data documenting change in resources and tools for families. As a result, analysis concerning this outcome must be based upon CASPARS results, respite participation and feedback records and various feedback instruments.

c. Discussion of results

The Permanency Project proposed to ease the overall burden of adding members to the kin family by providing a stipend for childcare. It was initially designed to provide a specified number of hours of childcare per week so the caregivers could meet family needs difficult to achieve due to increased family size, however, was redesigned as a stipend to provide the family greater flexibility in meeting this need. It was anticipated Caregiver stress would be reduced as a result of their use of this component. Associated benefits include increased safety for children.

The Respite Childcare Stipend was the most popular service component for Adoptive caregivers and 3rd most utilized for Kinship caregivers. Many Kinship caregivers allocated the stipend toward employment related childcare costs.

The Project also provided for planned overnight respite services. The weekend respite care component offered families a more flexible respite care option than what is traditionally available. The respite was intended to provide the kin/adoptive parent the opportunity to spend time with their own children while helping sustain the placement by providing temporary relief from dealing with difficult behaviors. Program participants arranged for their own relief provider, with approval of the child's case manager, and received the approved respite care rate to compensate that provider while they continued to receive their foster care subsidy.

Only 5% of Kinship caregivers utilized Overnight Respite Care, preferring to utilize other family members for relief or not use overnight respite at all. 19% of Adoptive caregivers utilized Overnight Respite Care. Project Social Workers report utilization of Overnight Respite Care by Adoptive families tends to increase following finalization of the adoption.

Adoptive (12.5%) caregivers reported strengthening of one of the assets in the Community Embeddedness Domain related to their perception of access to resources for support. Although Kinship Caregivers reported strengthening of both assets in the Embeddedness domain for 17% of children assessed, they also reported assets were weakened to the degree that they became risk factors for 9% of children.

Adoptive caregivers consistently responded affirmatively to items in the Family Relationship Domain, reporting success at maintaining assets identified during the initial assessment. Kinship caregivers identified strengthening of assets for 3 items out of 8. Two of those assets addressed the capacity of children and caregivers for trust as demonstrated through respectful communication and the capacity for the child to confide in a member of the family. Another reflected improved consistency in discipline. Kinship caregivers identified weakening of assets and increase in risk factors for all items for varying numbers of children from 17% to 42% of the children assessed.

The National Standard for safety for children in substitute care was achieved for children placed in Project homes. The utilization of Respite Childcare Stipend likely contributed to this as demonstrated by it's ranking in service utilization by participants, positive comments on Respite Childcare Forms identifying benefits for children in terms of changes in child functioning and benefits to the family in terms of improvements in child behavior and adjustment and reduced financial stress, and responses to the Directed Exit Interview and other feedback instruments.

d. Issues related to interpretation of results/rival hypotheses

Although three items in the "Family Relationships" Domain in the CASPARS tool demonstrate increased assets for children in Kinship families, the majority of the items demonstrate a decline in assets and increases in risk factors. Comments on Respite Care forms don't provide any insight into these declines. Differences in comments between Adoptive and Kinship caregivers suggest more Kinship caregivers utilized the Respite Childcare Stipend to meet a financial need associated with the child's placement than Adoptive caregivers. Comments by Adoptive caregivers were more focused on changes the child made as a result of participation in respite care. Because Project case records have few case notes, we cannot identify if these changes are due to increased stress related to additional care giving responsibilities associated with caring for their kin child, increased isolation associated with those responsibilities, increased stress associated with role changes within the larger family system or demands from the Social Service system, or having unrealistic expectations for the placement, or, as indicated above, if issues related to assessment, bias and/or staff turnover and expertise are affecting results. It is troubling to note such a dramatic decline in assets and increase in risks for the Kinship population.

Adoptive caregivers consistently responded affirmatively to items in the Family Relationship Domain, reporting success at maintaining assets identified during the initial assessment. There was great variability in responses for Kinship families. Is the consistency in reported results for Adoptive caregivers reflective of the assessment process these families undergo in order to

qualify for adoptive placements (in comparison to the cursory review process associated with the selection of kin families) or is it associated with some type of inherent bias?

The Project intended for families to use the Respite Childcare Stipend to ease the overall burden of adding members to the kin family by providing funding for childcare so caregivers could continue to meet family needs made difficult to achieve due to increased family size. Existing research suggests affordable childcare is one of the greatest needs for Kinship caregivers. Almost three fourths of Permanency Project Kinship caregivers reported employment. Many Kinship caregivers allocated the respite childcare stipend toward employment related childcare costs and, despite coaching from the Project Coordinator and/or Kinship Social Worker to reduce their dependence upon it, became threatened by its loss as program termination neared. The question remains: had affordable childcare been available, enabling Kinship caregivers to use the stipend as intended, would we have seen different results on the CASPARS assessments?

e. Lessons Learned

As reported for other Outcomes, the Permanency Project Director attempted to incorporate recommendations made by Denice M. Rothman, Technical Advisor associated with James Bell & Associates, for changes in the Family Strengths Inventory that, in addition to identifying strengths, areas of needs, including training needs, and goals for Project involvement, would facilitate awareness and appreciation for resources and supports available to the Project family. Project Social Workers believed creating and reviewing that plan with the family would unnecessarily add to their caregiving burden. Engaging families in identifying strengths and weaknesses, creating goals for change and improvement, identifying assets and resources and routinely reviewing progress actually empowers families by providing them the opportunity for awareness and appreciation of growth, individual as well as family, and the ability to determine the future course of action for their family.

VI. Children will have permanency and stability in their living situations.

A. Research Questions for Assessment

a. ***How effective were Project trainings and Educational Support Groups in reducing risk behaviors and increasing assets?***

b. **Expectation for change:** As a result of their Project family's participation in trainings and Educational Support Groups, 86.7% of children in Permanency Project family placements will remain in their placement until their permanency plans are achieved.[xxxvii]

c. **Definitions**

i. Protective factors are factors individuals may utilize to cope with, adapt to or overcome risks. Protective factors are associated with positive outcomes when individuals are exposed to risk.[25]

ii. Risks include childhood maltreatment, isolation, exposure to violence and living in an unsafe environment.[26]

B. Findings Related to Outcome-related Research Questions

a. **Findings**

In reviewing Project Services Utilization Data (TABLE 9: PROJECT PROVIDED SERVICES UTILIZATION, Appendix B,) we note Permanency Project Sponsored Trainings were the second greatest service component utilized by Adoptive caregivers. Educational Support Groups ranked 4th. Training, whether delivered in a support format or not, was not as important to Kinship caregivers. Of service components utilized by this population, Project Sponsored Trainings ranked 8th and Educational Support Groups ranked 6th.

50% of Adoptive Caregivers attended Educational Support Groups. 17% of Kinship caregivers attended. Adoptive caregivers were in attendance at 19 of 21 sessions; Kinship caregivers were in attendance at 11 of those same 21 sessions. One Kinship caregiver attended 7 different sessions; 3 Adoptive caregivers attended 8 sessions and 1 attended 9. The greatest number of Kinship caregivers at any Educational Support Group was 7; the greatest number of Adoptive caregivers was 11. Those sessions having the greatest participation from Adoptive caregivers were, *Attachment, Children's Mental Health Disorders, Diapers to Drivers Licenses, Grief and Loss, How to Love a Child, Trust and Relationship Building, and How I talk to my Adolescent.* Those sessions having the greatest participation from Kinship caregivers were, *Attachment, How I Talk to My Adolescent, Power Struggles, Social Service System Overview and Grief and Loss.* (TABLE 11: EDUCATIONAL SUPPORT GROUP TRAINING PARTICIPATION, Appendix B.) The evaluation associated with these trainings documented learning[xxxviii] for 48% of those completing evaluations from the *Attachment* ESG (3/02,) 62% at the *Children's Mental Health Disorders* ESG (9/02,) 73% at the *Grief and Loss* ESG (2/02,) 93% at the *How I talk to My Adolescent* ESG, 90% at the *Power Struggles* ESG (6/02,) 100% at the *How to Love a Child* ESG (6/03,) and 30% at the *Trust and Relationship Building* ESG (7/03). There were no

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25 Clinical Assessment Package for Risks and Strengths, Jane F. Gilgun, Ph.D., LICSW, associate professor, School of Social Work, University of Minnesota, St. Paul, Minnesota.

26 Clinical Assessment Package for Risks and Strengths, Jane F. Gilgun, Ph.D., LICSW, associate professor, School of Social Work, University of Minnesota, St. Paul, Minnesota.

evaluations for the *Social System Overview* ESB (1/02) or the *Diapers to Drivers Licenses* ESG (5/03.)[xxxix]

When reviewing Projected Sponsored Training attendance, we note as many as 12 Adoptive caregivers (69% of all Adoptive caregivers) each attended a total of one training, 3 (4%) attended 2 trainings, 1 (1.5%) attended 4, 2 (3%) attended 5, 1 (1.5%) attended 6, 8 (11.5%) attended 8 and 1 (1.5%) attended 10 different trainings. In sharp contrast, only 3 Kinship caregivers (3% of a total 107 caregivers) attended a single training.

The Project developed an Exit Interview using a 5 point Likert Scale to measure participant attitudes concerning Project Services and administered it over the telephone to one of the adult Caregivers in the Project family. 19 Adoptive families were interviewed following their exit from the program. (TABLE 14: Directed Permanency Interview: Exit/Adoption, Appendix B) As concerns the statement, "*Information I received during the Permanency Project sponsored training has been helpful to my family,*) 58% strongly agreed, 37% agreed, and 5% disagreed.

Of the 29 Kinship caregivers responding to the statement, "*Information I received during the Permanency Project sponsored training has been helpful to my family,*" 35% strongly agreed, 14% agreed, 3% were neutral, 3% strongly disagreed and 45% reported this statement did not apply. (TABLE 15: Directed Permanency Interview: Exit/Kinship, Appendix B)

The Permanency Project developed a Feedback Survey utilizing a 3 point Likert Scale to measure participant attitudes concerning Project Services and mailed it to Project families. Fifteen Project families, 9 Kinship, 5 Adoptive and 1 Unidentified, returned Feedback Surveys. (TABLE 9: PARTICIPANT RATING: PROJECT PROVIDED SERVICES, Appendix B.) 2 of the Adoptive families (40%) found Project Sponsored trainings to be "very helpful," 1 (20%) found them to be "ok" and 2 (40%) reported not using them. 2 of the Kinship families (22%) found trainings to be "very helpful," 1 (11%) found them to be "ok" and 6 (67%) reported not using them.

"Relationships Among Family Members: Current" is one of the Domains in the CASPARS tool associated with adaptive and maladaptive outcomes. Project Social Workers were instructed to complete the CASPARS tool with Project families for children aged 6 or older during the first 30 days of the child's placement and again at permanency. 8 children and their Adoptive families and 12 children and their Kinship families participated in both assessments. Changes were reported for 1) assets being strengthened, maintained, weakened or weakened to a risk factor and 2) risk factors being weakened to greater risk, maintained, strengthened to a lesser risk or strengthened to an asset. (TABLE 12: Asset and Risk Factors: Change During Placement, Appendix B.) It was expected that use of resources and tools Project caregivers acquired during trainings and educational support groups would lead to improved stability as demonstrated by increased assets and reduced risk factors. Eleven of the items in that Domain specifically address family and child functioning.

On the first item, "*Parental figures talk out and respect their differences,*" Adoptive caregivers reported 100% of assessed children maintained an existing asset. Kinship caregivers reported 67% maintaining an existing asset, an existing asset became weakened for 22% and an existing asset weakened to the degree that it became a risk factor for 11%.

On the second item, "*Child and parental figures talk out their differences respectfully,*" Adoptive caregivers reported 100% of assessed children maintained an existing asset. Kinship caregivers reported an existing asset was further strengthened for 16.5%, 50% maintained an existing asset, an existing asset became weakened for 16.5%, an existing asset weakened to the degree that it became a risk factor for 8.5% and an existing risk factor was weakened to even greater risk for 8.5%.

On the third item, *"Child can confide in one adult or older sibling in the nuclear family,"* Adoptive caregivers reported 100% of assessed children maintained an existing asset. Kinship caregivers reported an existing asset was further strengthened for 17%, 58% maintained an existing asset, an existing asset became weakened for 8%, an existing asset weakened to the degree that it became a risk factor for 8% and an existing risk was strengthened to an asset for 8%.

On the fourth item, "*At least one adult or older sibling in the nuclear family is sensitive to the child's feelings and problems,*" Adoptive caregivers reported 100% of assessed children maintained an existing asset. Kinship caregivers responding to this item reported 67% of children assessed maintained an existing asset, an existing asset became weakened for 25% and an existing asset weakened enough that it was now a risk factor for 8%.

On the fifth item, "*At least one adult or older sibling in the nuclear family is interested in the child's activities,*" Adoptive caregivers reported 100% of assessed children maintained an existing asset. Kinship caregivers reported an existing asset was maintained by 83% and an existing asset became weaker for 17%.

On the sixth item, *"Discipline is consistent,"* Adoptive caregivers reported 100% of assessed children maintained an existing asset. Kinship caregivers reported an existing asset was further strengthened for 12.5%, 50% maintained an existing asset and an existing asset became weaker for 25%.

On the seventh item, "*Parental figures communicate clear expectations,*" Adoptive caregivers reported 100% of assessed children maintained an existing asset. Kinship caregivers reported 50% maintained an existing asset, an existing asset became weaker for 34% and an existing asset weakened enough that it was now a risk factor for 8 %.

On the eighth item, "*Parental figures recognize children's successes,*" Adoptive caregivers reported 100% of assessed children maintained an existing asset. Kinship caregivers reported 50% maintained an existing asset, an existing asset became weaker for 34% and an existing asset weakened enough that it was now a risk factor for 8 %.

On the ninth item, "*Child's responsibilities are age appropriate,*" Adoptive caregivers reported an existing asset was further strengthened by 25% of children assessed, 62.5 % maintained an existing asset and an existing asset became weaker for 12.5%. Kinship caregivers reported 75% maintained an existing asset, an existing asset became weaker for 17% and an existing asset weakened enough that it was now a risk factor for 8%.

On the tenth item, "*Adults and older siblings in the nuclear family respect child's physical boundaries,*" Adoptive caregivers reported 100% of assessed children maintained an existing

asset. Kinship caregivers reported an existing asset was further strengthened by 8.5% of children, 58% maintained an existing asset and an existing asset became weaker for 25%.

On the eleventh item, "*Parents and older siblings respect emotional boundaries and do not seek advice and/or emotional support from the child,*" Adoptive caregivers reported an existing asset was further strengthened for 12.5% of children and 87.5% reported maintained an existing asset. Kinship caregivers reported 50% maintaining an existing asset, an existing asset became weaker for 25%, an existing asset weakened enough that it was now a risk factor for 8%, an existing risk factor was maintained by 8% and an existing risk factor was weakened to even greater risk for 8%.

91.5% of children in Project supported Adoptive placements experienced stability pre-permanency. 4 Adoptive families (11.11%) experienced disruptions involving 4 children (8.5%) pre-permanency. (TABLE 2: General Participant Demographic, Appendix B.) Issues associated with disruption included *child behavior* (2 children,) *child needs exceeded caregiver skills* (3 children,) *poor match* (2 children) and *caregiver co-parenting conflict* (1 child.) (TABLE 8: Disruption Issues, Appendix B.)

80% of children in Project supported Kinship placements experienced stability. 18 children (20%) in 12 Kinship families (18.75%) experienced placement disruption pre-permanency. Issues associated with disruption included *child behavior* (4 children,) *child needs exceeded caregiver skills* (2 children,) *poor match* (3 children,) *maltreatment report* (1 child,) *poor caregiver boundaries/role confusion* (2 children,) *disqualified from foster care licensure* (2 children,) *Case Manager expectations for permanency were unclear* (1 child,) and *required lifestyle change exceeded Caregiver capacity* (2 children.)

"Child needs exceeded caregiver skills," "child behavior" and "poor match" were disruption issues common to both Kinship and Adoptive families and children. Comparing demographics (Tables 17, 19, 22, 24, Appendix B) for the full sample[xl] and the disruption sample reveals that while 29% of the full sample of children had two or more placements prior to their Permanency Project placement, 47% of children in the disruption sample had 2 or more previous placements. 100% of adoptive children who disrupted had 2 or more previous placements versus 42% of adoptive children in the full sample. Nearly twice as many children experiencing disruptions had previously experienced emotional abuse (27%) than children in the full sample (14%.) Nearly three times as many children in Kinship placements experiencing disruption had previously experienced emotional abuse (22%) than Kinship children in the full sample (8%.) The percentage of children displaying aggression in the disruption sample for children in adoptive placements (50%) was almost four times that of the full sample of children in adoptive placements (13%.) There was no discernable difference for this item for children in Kinship placements. Almost twice as many children placed with Adoptive caregivers (100%) received Special Education Services as children placed with Adoptive caregivers in the full sample (55%.) Almost twice as many Adoptive children experiencing disruption had Learning Disabilities (25% versus 13%,) almost three times as many had emotional or emotional/behavioral disorders (50% versus 17%) and four times as many had severe emotional disorders (75% versus 17%.) Interestingly, 19% of the Adoptive children in the full sample had developmental disabilities. None of the children experiencing disruption were developmentally disabled. Almost twice as many Kinship children in the disruption sample had learning disabilities than those in the full sample (17% versus 8%) and almost four times as many had emotional or emotional/behavioral

disorders (11% versus 3%). Finally, 55% of Kinship children experiencing disruption were placed in their Kinship homes prior to referral to the Permanency Project.

Caregiver demographics reveal Adoptive and Kinship caregivers experiencing disruptions tend to be better educated. Adoptive caregivers with disrupted placements tended to have higher incomes and less experience parenting than Adoptive caregivers in the full sample and were more likely to be involved with social resources in the neighborhood, work and school. 31% of Kinship caregivers in the full sample were not related or had a distant relationship to the child placed with them. Kinship caregivers in that category experienced 45.5% of disruptions. Finally, Adoptive and Kinship caregivers in both samples participated in services at comparable rates.

b. Issues affecting data collection/analysis

The Permanency Project was offered to 99 different families encompassing 138 children. Not all families chose to participate. As a result, the sample we are dealing with is very small. This is particularly relevant when considering data from Feedback Surveys and Directed interviews. Results from the CASPARS assessments are for all children aged 6 or older who were assessed and are not limited to the particular service component associated with the identified outcome component.

The child's Caseworker was responsible for planning for the child and the child's legal family; the Project Social Worker was responsible for the Project family. Although the Project intended that the child's Caseworker and the Project Social Worker would collaborate on the placement decision, more often than not, the placement decision was already made at the time of the referral. Almost half of placements with Project families were made before the family was referred. The greatest referral source for the Project was Child Protective Services. In at least two different cases, children were placed without the Caseworker having ever met the family. In an effort to improve placement outcomes, the Project Coordinator focused on improving assessments and associated placement decisions of project staff. Failed placements were analyzed in an attempt to identify weaknesses and or lessons to be applied in the future, however, existing staff resisted and continued to resist implementation of best practices methods of assessing placement appropriateness.

Project Staff were required to implement the program before it was fully designed and struggled with feelings of incompetence. Project Social Workers needed to be supported to become assertive in sharing Project offerings and program expectations to all Project families and coached to recognize that even the most competent Project member could benefit from support and service.

The Adoption Social Workers assigned to the Permanency Project also fulfilled those responsibilities associated with home studies, Adoption Assistance Agreements and recommendations to the State Department and Human Services and Court for approval of the adoption petition.

The Social Worker is required to exercise clinical judgment in completing the CASPARS tool. While there was consistency in Adoption Social Workers throughout the duration of the Permanency Project, three different Kinship Social Workers fulfilled that role during the

Project's pendency. Each Kinship Social Worker varied in their levels of expertise and variability in results from the CASPARS may be reflecting those differences.
It was intended that Project Social Workers would complete the CASPARS tool within the first 30 days of a child's placement and again at Permanency. Almost half of placements with Project families were made before the family was referred, making it difficult for Project Social Workers to achieve consistency in the initial administration of the instruments. Project Social Workers were very inconsistent in conducted the final assessments. Many of these assessments were completed several months after Permanency. While the results demonstrate change, there is no certainty that the change occurred exclusively during the term of the families' involvement with the Permanency Project.

A "Family Strengths Inventory" plan was designed to engage families in identifying strengths, areas of needs, including training needs, and goals for Project involvement. Expectations were developed for the Project Social Worker to review the Plan with the Project at least quarterly to identify changes in needs and strengths as well as to review and update training needs. Project Social Workers resisted utilizing the tool, reporting it unnecessarily increased the burden for already overwhelmed Project families. Despite consistent coaching from Project Coordinator, Project Social Workers failed to utilize the instrument.

Following an on-site meeting with a Technical Advisor from James Bell & Associate, a tool was developed for Project Social Workers to use to guide them in inquiries with caregivers about effectiveness of trainings. The "cheat sheet" prompted them to ask caregivers (1) what they learned at recent trainings, (2) if they had an opportunity to use what they learned, (3) was what they learned helpful, and (4) ask can they (family) provide an example. By utilizing this process, and families would gain insight into, and Social Workers would have documentation of, the families' applications of new learnings and their effectiveness. Again, Project Social Workers did not use the tool.

Finally, Social Workers are required to record their time in a computerized information system that simultaneously creates case notes if entered into the activity log. Although Project Social Workers completed their time recording, they provided little case note documentation concerning the content of discussions with Project families, eliminating case records as a source of data documenting change in resources and tools for families. As a result, analysis concerning this outcome must be based upon CASPARS results, training records and evaluations, general Child and Caregiver Demographic data as compared to demographic data for Children and Caregivers experiencing disruption, and various feedback instruments.

c. Discussion of results

It was anticipated that caregiver participation and application of benefits derived from caregiver participation in Project Trainings and Educational Support Group would improve placement stability for the children in their care. The Domain in the CASPARS tool associated with assets supporting stability is "Relationships Among Family Members."

Adoptive caregivers reported children in their care maintained an existing asset for 9 out of 11 items. These items addressed respectful communication, trust, caregiver sensitivity to and interest in the child's feelings, problems, needs, activities and successes, the consistency of discipline and the clarity of expectations. On item nine, addressing appropriateness of the child's household responsibilities, caregivers noted strengthening of this asset for 25% of children and a

weakening of this asset for 12.5%. On item 11, addressing the capacity of caregivers and older siblings to respect the emotional boundaries of the child, caregivers noted an improvement for 12.5% of children.

Kinship caregivers reported strengthening of assets on 4 of 11 items. These items addressed increased rapport and trust demonstrated through respectful communication between child and caregiver and the capacity for the child to confide in an adult in the family, improved consistency in discipline and an increased capacity for adults or older siblings to respect the physical boundaries of the child. Improvements varied anywhere from 8.5% for one asset up to 25%. It should be noted there also were corresponding decreases in assets and increased risk on these items for other children in the sample. Decreases varied from 16% to 25% of the population. Kinship caregivers reported stability in existing assets coupled with diminished assets and increased risks on the other 7 items. Items associated with stable or declining assets/increased risk address cooperation and respect between caregivers, sensitivity and interest in the child and the child's needs, problems, activities, having clear, age appropriate expectations for the child, and respecting the child's emotional boundaries. Declines in assets/increases in risk varied from 17% to as many as 42% of the children assessed.

Caregivers in the disruption sample participated in services at essentially the same rate as caregivers in the full sample, regardless of whether they were Adoptive or Kinship caregivers. As stated in earlier sections of this report, it is difficult to document application of learning for Project participants due to the absence of case documentation, however, results from the CASPARS assessments, particularly for the kinship population, support decreased interest on the part of the caregivers in caring for their kin placements. Assets consistently diminished for this population in all items associated with family relationships, on some items for as many as 42% of children assessed. 20% of Kinship children disrupted from their Kinship placements. Assets reportedly remained strong for children in Adoptive placements; 11% of children in Adoptive placements disrupted prior to finalization. 55% of the children disrupting from Kinship placements were referred to the Project after they were placed. While one could speculate about the significance of this, there is no data available to clearly inform us about this factor.

d. Issues related to interpretation of results/rival hypotheses

It was the intent of the Project that the child's Caseworker and the Project Social Worker would collaborate on the decision about placement. Together, they would meet with the Kinship family, jointly addressing child needs and placement needs. The Kinship Social Worker would use this meeting as an opportunity to orient the family to the Permanency Project and begin the process of developing a case management relationship.

More often than not, the placement decision was already made at the time of the referral, not only eliminating the opportunity for joint assessment and placement decisions, but also eliminating the opportunity for any orientation to the Project by Socials Workers involved in the Project. Case Managers often introduced the Permanency Project as a funding resource rather than a support program.

One of the factors associated with disruptions for 2 children, "*Case Manager expectations for permanency were unclear,*" while outside the scope of the Permanency Project, speaks to the issue of collaboration between Social Services units. Meeting jointly with the caregiver family, Case Manager and Project Social Worker not only informs the family about goals, objectives,

expectations and services, but also informs the Workers, creating the opportunity for each Worker to recognize gaps in understanding on the part of the family. Two of the factors associated with disruptions specifically relate to qualities inherent in the children (*child behavior and child needs.*) Other factors associated with disruptions, *caregiver boundaries/role confusion, required lifestyle change exceeded Caregiver capacity, and child needs exceeded caregiver skills and poor match,* are all relevant to the assessment process. Cuddeback notes in his research study that the most common reason for kinship placement disruption is the caregiver's unwillingness to establish and maintain boundaries with the birth parents. Other reasons for disruption were noted as the caregiver's inability to care for special needs children, age and health limitations of the caregiver, difficulties of adolescents needing to adjust to more structure and unmet service needs.[27]

e. Lessons Learned

Caregivers in the disruption sample participated in services at essentially the same rate as caregivers in the full sample, regardless of whether they were Adoptive or Kinship caregivers. As stated in earlier sections of this report, it is difficult to document application of learning for Project participants due to the absence of case documentation. Improvements in documentation would improve identification of factors associated with successful placements as well as factors associated with disruption.

27 Kinship Family Foster Care: A Methodological and Substantive Synthesis of Research, Gary S. Cuddeback, University of Tennessee.

VII. Continuity of family relationships and connections will be preserved for children.

A. Research Questions for Assessment

a. ***How effective were Social Skills Building Services and Family Building activities in increasing well-being for the child?***

b. **Expectation for change:** As a result of participating in Social Skills Building and/or Family Building activities, 50% of children will demonstrate increased assets or increased attachment.

c. **Definitions**

i. Protective factors are factors individuals may utilize to cope with, adapt to or overcome risks. Protective factors are associated with positive outcomes when individuals are exposed to risk.[28]

ii. Risks include childhood maltreatment, isolation, exposure to violence and living in an unsafe environment.[29]

iii. Social Skills Building activities were individual family focused and included camps, swimming lessons, karate lessons as well as family memberships to the local YMCA.

iv. Family Building activities were group focused and included Permanency Celebrations, Back to School Picnic, Valley Fair Park Day, Minnesota Zoo Day, etc.

B. Findings Related to Outcome-related Research Questions

a. **Findings**

Social Skills Building Services were the 3rd greatest utilized Project service for Adoptive Caregiver families and the 2nd greatest utilized Project service for Kinship Caregiver families. Family Building Services ranked 5th for Adoptive Caregivers and 4th for Kinship Caregivers. (TABLE 109: Project Provided Services Utilization, Appendix B.)

The Permanency Project developed a Feedback Survey utilizing a 3 point Likert Scale to measure participant attitudes concerning Project Services and mailed it to Project families. Fifteen Project families, 9 Kinship, 5 Adoptive and 1 Unidentified, returned Feedback Surveys. (TABLE: PARTICIPANT RATING 9: PROJECT PROVIDED SERVICES, Appendix B.) 4 Adoptive families (80%) reported Socials Skill building funds were "very helpful" and 1 Adoptive family (20%) reported not using this service. 3 Kinship families (33%) reported Socials Skill building funds were "very helpful," 1 (11%) reported this component was "ok" and 5 (56%) reported not using this service. (5) Adoptive caregivers (100%) responding to the Feedback Survey found Family Building Activities to be "very helpful." 5 of the Kinship families (56%) reported not attending Family Building Activities and 4 (44%) found them "very helpful."

28, 6 Clinical Assessment Package for Risks and Strengths, Jane F. Gilgun, Ph.D., LICSW, associate professor, School of Social Work, University of Minnesota, St. Paul, Minnesota.

6 Clinical Assessment Package for Risks and Strengths, Jane F. Gilgun, Ph.D., LICSW, associate professor, School of Social Work, University of Minnesota, St. Paul, Minnesota.

The Project developed an Exit Interview using a 5 point Likert Scale to measure participant attitudes concerning Project Services and administered it over the telephone to one of the adult Caregivers in the Project family. 19 Adoptive families were interviewed following their exit from the program. Of the 19 caregivers responding to the statement, "*Permanency Project sponsored support groups were helpful for my family*" 63% strongly agreed, 11% agreed and 26% reported they did not participate in support groups. As concerns the statement, "*The child(ren) has/have maintained connections to important kin/family*," 38% strongly agreed, 5% agreed, 5% were neutral, 5% strongly disagreed and 47% said this statement did not apply. (TABLE 14: Directed Permanency Interview: Exit/Adoption, Appendix B.)

Of the 29 Kinship caregivers responding to the question, "*Permanency Project sponsored support groups were helpful for my family*" 21% strongly agreed, 7% agreed and 72% reported not attending support group. As concerns the statement, "*The child(ren) has/have maintained connections to important kin/family*," 79% strongly agreed, 3.5% agreed, 7% were neutral and 3.5% strongly disagreed. (TABLE 15: Directed Permanency Interview: Exit/Kinship, Appendix B)

"Peer Relationships" is one of the Domains in the CASPARS tool associated with adaptive and maladaptive outcomes. Project Social Workers were instructed to complete the CASPARS tool with Project families for children aged 6 or older during the first 30 days of the child's placement and again at permanency. 8 children and their Adoptive families and 12 children and their Kinship families participated in both assessments. Changes were reported for 1) assets being strengthened, maintained, weakened or weakened to a risk factor and 2) risk factors being weakened to greater risk, maintained, strengthened to a lesser risk or strengthened to an asset. (TABLE 12: Asset and Risk Factors: Change During Placement, Appendix B.) It was expected that through participation in Social Skills Building Activities and Family Building Actives, children would maintain existing relationships while building new ones. Five items in this Domain appear directly related to this objective.

On the first item, "*Child seeks relationships with other children who are about the same age,*" Adoptive families reported an existing asset was further <u>strengthened</u> for 38% of assessed children, an existing asset was maintained for 25%, an existing asset was weakened for 12%, an existing risk factor was <u>strengthened</u> to a lesser risk for 12% and an existing risk factor was maintained for 12%. Kinship caregivers reported an existing asset was further <u>strengthened</u> for 8% of assessed children, an existing asset was maintained for 31%, an existing asset was weakened for 31%, an existing asset was weakened to the extent it became a risk factor for 15% and a risk factor was <u>strengthened</u> to an asset for 15%.

On the second item, "*Other children seek child out to spend time with child,*" Adoptive families reported an existing asset was maintained for 57% of assessed children, an existing asset was weakened for 14%, an existing asset was weakened to the extent it became a risk factor for 14% and an existing risk factor was <u>strengthened</u> to a lesser risk for 14%. Kinship caregivers reported an existing asset was further <u>strengthened</u> for 8.5% of assessed children, an existing asset was maintained for 58%, an existing asset was weakened for 25% and an existing risk factor was maintained for 8.5%.

On the third item, "*Child spends time with other children who do not get into trouble,*" Adoptive families reported an existing asset was maintained for 71% of assessed children, an existing asset

was weakened for 14.5% and an existing risk factor was strengthened to an asset for 14.5%. Kinship caregivers reported an existing asset was further strengthened for 33% of assessed children, an existing asset was maintained for 42%, an existing asset was weakened for 8%, an existing asset was weakened to the extent it became a risk factor for 8% and an existing risk factor was maintained for 8%.

On the fourth item, *"Child has maintained a relationship over time with another child who is about the same age,"* Adoptive families reported an existing asset was further strengthened for 14% of assessed children, an existing asset was maintained for 57%, an existing asset was weakened to the extent it became a risk factor for 14% and an existing risk factor was maintained for 14%. Kinship caregivers reported an existing asset was further strengthened for 16% of assessed children, an existing asset was maintained for 54%, an existing asset was weakened for 7.5%, an existing asset was weakened to the extent it became a risk factor for 7.5%, a risk factor was strengthened to an asset for 7.5%, and an existing risk factor was maintained for 7.5%.

On the fifth item, *"Child has a sense of belonging within peer groups, through Scouts, sports or other group activities,"* Adoptive families reported an existing asset was further strengthened for 43% of assessed children, an existing asset was maintained for 43% of assessed children and an existing asset was weakened for 14%. Kinship caregivers reported an existing asset was further strengthened for 25% of assessed children, an existing asset was maintained for 34%, an existing asset was weakened for 9%, an existing asset was weakened to the extent it became a risk factor for 16% and a risk factor was strengthened to an asset for 16%.

The Permanency Project developed a tool to measure changes in attachment for children under the age of 6. Project Social Workers were instructed to complete the Attachment Checklist with Project families for children aged 5 or younger during the first 30 days of the child's placement and again at permanency. The tool was administered to Caregivers of 29 children placed with Adoptive families and 35 children placed with Kinship families. Ten items from the Checklist were selected for representing changes in attachment. (TABLE 13: Attachment Checklist Results, Appendix B.)

On the first item, *"Approaches Strangers with Caution,"* Adoptive caregivers reported positive change for 45% of children assessed and stability for 55%. Kinship caregivers reported positive change for 35% of kinship children assessed, stability for 50% and negative change for 15%.

On the second item, *"Is tolerant of change,"* Adoptive caregivers reported positive change for 27% of children assessed, stability for 66% and negative change for 7%. Kinship caregivers reported positive change for 27% of kinship children assessed, stability for 61% and negative change for 12%.

On the third item, *"Tolerates limits and controls,"* Adoptive caregivers reported positive change for 41% of children assessed and stability for 59%. Kinship caregivers reported positive change for 38% of kinship children assessed, stability for 44% and negative change for 18%.

On the fourth item, *"Manages anger in an age appropriate fashion,"* Adoptive caregivers reported positive change for 52% of children assessed and stability for 48%. Kinship caregivers reported positive change for 35% of kinship children assessed, stability for 56% and negative change for 9%.

On the fifth item, "*Is accepting of rules,*" Adoptive caregivers reported positive change for 52% of children assessed and stability for 48%. Kinship caregivers reported positive change for 35% of kinship children assessed, stability for 56% and negative change for 9%.

On the sixth item, *"Asks parents for help,"* Adoptive caregivers reported positive change for 71% of children assessed and stability for 29%. Kinship caregivers reported positive change for 25% of kinship children assessed, stability for 69% and negative change for 6%.

On the seventh item, "*Displays a wide range of appropriate feelings,*" Adoptive caregivers reported positive change for 43% of children assessed, stability for 50% and negative change for 7%. Kinship caregivers reported positive change for 20% of kinship children assessed, stability for 38% and negative change for 12%.

On the eight item, "*Initiates interactions,*" Adoptive caregivers reported positive change for 37% of children assessed, stability for 59% and negative change for 4%. Kinship caregivers reported positive change for 21% of kinship children assessed and stability for 79%.

On the ninth item, "*Is caring with animals,*" Adoptive caregivers reported positive change for 52% of children assessed and stability for 48%. Kinship caregivers reported positive change for 29% of kinship children assessed, stability for 62% and negative change for 6%.

On the tenth item, "*Sleeps well at night,*" Adoptive caregivers reported positive change for 50% of children assessed, stability for 46% and negative change for 4%. Kinship caregivers reported positive change for 37% of kinship children assessed, stability for 57% and negative change for 6%.

b. Issues affecting data collection/analysis

The Permanency Project was offered to 99 different families encompassing 138 children. Not all families chose to participate. As a result, the sample we are dealing with is very small. This is particularly relevant when considering data from Feedback Surveys and Directed interviews. Results from the CASPARS assessments are for all children aged 6 or older who were assessed and are not limited to the particular service component associated with the identified outcome component.

Almost half of placements with Project families were made before the family was referred. The greatest referral source for the Project was Child Protective Services. It was the intent of the Project that the child's Caseworker and the Project Social Worker would collaborate on the decision about placement. More often than not, the placement decision was already made at the time of the referral. In at least two different cases, children were placed without the Caseworker having ever met the family. In an effort to improve placement outcomes, the Project Coordinator focused on improving assessments and associated placement decisions of project staff. Failed placements were analyzed in an attempt to identify weaknesses and or lessons to be applied in the future, however, existing staff resisted and continued to resist implementation of best practices methods of assessing placement appropriateness.

Project Staff were required to implement the program before it was fully designed and struggled with feelings of incompetence. Project Social Workers needed to be supported to become assertive in sharing Project offerings and program expectations to all Project families and

coached to recognize that even the most competent Project member could benefit from support and service.

The Adoption Social Workers assigned to the Permanency Project also fulfilled those responsibilities associated with home studies, Adoption Assistance Agreements and recommendations to the State Department and Human Services and Court for approval of the adoption petition.

The Social Worker is required to exercise clinical judgment in completing the CASPARS tool. While there was consistency in Adoption Social Workers throughout the duration of the Permanency Project, three different Kinship Social Workers fulfilled that role during the Project's pendency. Each Kinship Social Worker varied in their levels of expertise and variability in results from the CASPARS may be reflecting those differences.

It was intended that Project Social Workers would complete the CASPARS tool and Attachment Checklists within the first 30 days of a child's placement and again at Permanency. Almost half of placements with Project families were made before the family was referred, making it difficult for Project Social Workers to achieve consistency in the initial administration of the instruments. Project Social Workers were very inconsistent in conducted the final assessments. Many of these assessments were completed several months after Permanency. While the results demonstrate change, there is no certainty that the change occurred exclusively during the term of the families' involvement with the Permanency Project.

A "Family Strengths Inventory" plan was designed to engage families in identifying strengths, areas of needs, including training needs, and goals for Project involvement. Expectations were developed for the Project Social Worker to review the Plan with the Project at least quarterly to identify changes in needs and strengths as well as to review and update training needs. Project Social Workers resisted utilizing the tool, reporting it unnecessarily increased the burden for already overwhelmed Project families. Despite consistent coaching from Project Coordinator, Project Social Workers failed to utilize the instrument.

Finally, Social Workers are required to record their time in a computerized information system that simultaneously creates case notes if entered into the activity log. Although Project Social Workers completed their time recording, they provided little case note documentation concerning the content of discussions with Project families, eliminating case records as a source of data documenting change in resources and tools for families. As a result, analysis concerning this outcome must be based upon the Project's intake log, attendance records for various Project provided services, evaluations, and various feedback instruments.

c. Discussion of results

Social Skills Building and Family Building Activities provided opportunities for children to improve social skills and children and families to develop new social supports by participating in a variety of activities. It was anticipated that improving skills and increasing supports would facilitate and sustain connections for children with other children and adults and lead to increased feelings of well-being as demonstrated by increases in behaviors associated with attachment and protective factors.

Five items in the "Peer Relationship" Domain on the CASPARS instrument were associated with this outcome. Children in Adoptive and Kinship families experienced increases in assets on each of the five items. Improvements were experienced by 50% of children in Adoptive placements on one item and as few as 14% on another. 41% of children in Kinship placements experienced increases one item and as few as 8.5% on another. Between 7% and 14.5% of Adoptive and 15% to 46% of Kinship children also experienced corresponding diminished assets on each of the five items.

Results from the administration of the Attachment Checklists show improvements in attachment associated behaviors on all 10 items for children in Kinship and Adoptive placements.

52% of adoptive children demonstrated improvements on 3 different attachment associated behaviors (managing anger in an age appropriate fashion, accepting rules and being caring with animals.) The least number of children (27%) demonstrated improvements in their capacities to tolerate change. The greatest improvement (71%) reflected increased attachment demonstrated by children seeking assistance from their caregiver.

While the majority of changes in attachment associated behaviors were positive, small percentages of children experienced declines in their capacities to tolerate change (7%,) display a wide range of emotions, initiate interactions (4%) and sleeping through the night.

38% of children in Kinship families demonstrated improvements in their capacities to tolerate limits and controls. Comparable increases were observed in managing anger, approaching strangers with caution, accepting rules and sleeping through the night. The least number of children (21%) demonstrated improvements in initiating interactions.

Children in Kinship placements experienced declines in attachment-associated behaviors in all behavior areas except initiating interaction, where their behavior either remained stable or improved. The behaviors on which the greatest number of children demonstrated declines included capacity to tolerate limits and controls (18%) and capacity to demonstrate a wide range of feelings (12%.)

Although a significant number of children demonstrated improvements in assets and attachment associated behaviors, and some exceeded the target (50%) on some items/behaviors, the goal was not achieved. Younger children in adoptive placements neared the objective (mean of 47%;) fewer older children in Kinship placement (mean of 25.8%) demonstrated improvements in protective factors.

Although we did not associate the Peer Relationship Domain of the CASPARS instrument with placement stability, it appears the difference in results for the two subgroups supports a greater risk of disruption for children in Kinship caregiver placement that those in Adoptive placements.

d. Lessons learned

- Family Building Activities were designed to provide families an opportunity to have new family experiences in a positive, shared encounter and to build cohesiveness. This was one of the more successful components of the project, not only providing opportunities for creating family identity, but also creating opportunities for families to connect with each other through mutual experiences. These events provided social skill building

opportunities for the children while supporting healthy development of the family. Participants forged connections and established their own support systems within the larger group. The same "faces" kept showing up; familiarity created connections and stimulated more attendance at more events and networking ensued. Families also took ownership of the project, investing time and energy in providing feedback and suggesting resources as well as continuing to participate in activities post-finalization

VIII. Families will have enhanced capacity to provide for their children's needs.

A. Research Questions for Assessment

a. ***How effective were Family Preservation Services in reducing feelings of stress and increasing feelings of competence for caregivers?***

b. **Expectation for change:** As a result of their participation in Family Preservation Services, children and their Project families will have increased assets and reduced risk factors and 86.7% of children will have stable placements.

c. **Definitions**

i. Protective factors are factors individuals may utilize to cope with, adapt to or overcome risks. Protective factors are associated with positive outcomes when individuals are exposed to risk.[30]

ii. Risks include childhood maltreatment, isolation, exposure to violence and living in an unsafe environment.[31]

iii. For this outcome, Family Preservation services include Respite Care, Family-based Therapy, Family-based Parent Skills Training and Social Skills Services.

B. Findings Related to Outcome-related Research Questions

a. **Findings**

In terms of utilization of Project provided services, Family-based therapy and parent skills training ranked 8th for Adoptive families and 7th for Kinship families. Social Skills building ranked 3rd for Adoptive families and 2nd for Kinship families. (TABLE 10: Project Provided Services Utilization, Appendix B.)

The Permanency Project developed a Feedback Survey utilizing a 3 point Likert Scale to measure participant attitudes concerning Project Services and mailed it to Project families. Fifteen Project families, 9 Kinship, 5 Adoptive and 1 Unidentified, returned Feedback Surveys. (TABLE 9: FEEDBACK SURVEY, Appendix B) As concerns Parent skills training, 11% of Kinship families reported they found that service to be "ok" and 89% reported they did not use it. 40% of Adoptive families reported they found Parent skills training to be very helpful and 60% reported they did not use it. 100% of Kinship families reported not using Family-based therapy. 40% of Adoptive families reported Family-based therapy was very helpful and 60% reported not using it. 4 Adoptive families (80%) reported Socials Skill building funds were "very helpful" and 1 Adoptive family (20%) reported not using this service. 3 Kinship families (33%) reported Socials Skill building funds were "very helpful," 1 (11%) reported this component was "ok" and 5 (56%) reported not using this service.

The Project developed an Exit Interview using a 5 point Likert Scale to measure participant attitudes concerning Project Services and administered it over the telephone to one of the adult

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30 Clinical Assessment Package for Risks and Strengths, Jane F. Gilgun, Ph.D., LICSW, associate professor, School of Social Work, University of Minnesota, St. Paul, Minnesota.

31 Clinical Assessment Package for Risks and Strengths, Jane F. Gilgun, Ph.D., LICSW, associate professor, School of Social Work, University of Minnesota, St. Paul, Minnesota.

Caregivers in the Project family. 29 Kinship families were interviewed following their exit from the program. (TABLE 15: Directed Permanency Interview: Exit/Kinship, Appendix B) Of the 29 participants who responded to the statement, "*Family-based family preservation services (parent skills training, family-based therapy) were helpful for the family,*" 10% strongly supported the statement, 4% supported it and 86% reported it did not apply to them. Of the 19 Adoptive families who responded, 11% strongly supported the statement, 5% supported, 5% strongly disagreed and 79% stated it did not apply to them (TABLE 14: Directed Permanency Interview: Exit/Adoption, Appendix B).

"Family and Child's Embeddedness in the Community" is one of the Domains in the CASPARS tool associated with adaptive and maladaptive outcomes. Project Social Workers were instructed to complete the CASPARS tool with Project families for children aged 6 or older during the first 30 days of the child's placement and again at permanency. 8 children and their Adoptive families and 12 children and their Kinship families participated in both assessments. Changes were reported for 1) assets being strengthened, maintained, weakened or weakened to a risk factor and 2) risk factors being weakened to greater risk, maintained, strengthened to a lesser risk or strengthened to an asset. (TABLE 12: Asset and Risk Factors: Change During Placement, Appendix B) One of the items in that Domain specifically addresses behavior of adults in the child's environment

For that item, "*Child witnesses adults and others in the neighborhood with prosocial behavior,*" Adoptive families reported 100% of children maintained an existing asset. Kinship families reported 18% strengthening an existing asset, 64% maintaining an existing asset, an existing asset weakened for 9% and reported an existing asset was weakened to a risk factor for 9%.

"Emotional Expressiveness" is another of the Domains associated with adaptive and maladaptive outcomes. Seven items in this Domain specifically address behaviors associated with improvements in child and/or family functioning.

On the first item, "*Child shows a wide range of feelings,*" Adoptive families reported 87.5% of children maintained an existing asset and 12.5% strengthening an existing risk to a lesser risk. Kinship families reported 8% strengthening an existing asset, 31% maintaining an existing asset, an existing asset weakened for 23%, an existing asset was weakened to a risk factor for 8%, an existing risk factor was strengthened to an asset by 15% and an existing risk factor was weakened to even greater risk for 15%

On the second item, "*Child puts own feelings into words,*" Adoptive families reported 62.5% of children strengthened an existing asset, 12.5% of children maintained an existing asset, 12.5% strengthened an existing risk to a lesser risk and 12.5% maintained an existing risk factor. Kinship families reported 15% strengthening an existing asset, 31% maintaining an existing asset, an existing asset weakened for 23%, an existing risk factor was strengthened to an asset by 15%, an existing risk factor was strengthened to a lesser risk factor for 8% and an existing risk factor was weakened to even greater risk for 8%.

On the third item, "*Child's expression of feelings is appropriate for the situation,*" Adoptive families reported 25% of children strengthened an existing asset, 62.5% of children maintained an existing asset and an existing risk factor was weakened to a risk factor for 12.5%. Kinship families 31% maintaining an existing asset, an existing asset weakened for 15%, an existing risk

factor was strengthened to a lesser risk factor for 23% and an existing risk factor was maintained for 8%.

On the fourth item, *"Child appears to respect the feelings of others,"* Adoptive families reported 75% of children maintained an existing asset, an existing risk factor weakened for 12.5% and an existing risk factor was weakened to even greater risk for 12.5%. Kinship families reported 15% strengthening an existing asset, 31% maintaining an existing asset, an existing asset weakened for 15%, an existing asset was weakened to a risk factor for 8%, an existing risk factor was strengthened to an asset by 15%, an existing risk factor was strengthened to a lesser risk factor for 8% and an existing risk factor was weakened to even greater risk for 8%.

On the fifth item, *"Child has a person in the family or community who facilitates appropriate expression of feelings,"* Adoptive families reported 100% of children maintained an existing asset. Kinship families reported 8.5% strengthening an existing asset, 83% maintaining an existing asset and an existing asset was weakened to a risk factor for 8.5%.

On the sixth item, *"Child shares emotionally laden experiences with others,"* Adoptive families 37.5% of children strengthened an existing asset, 25% of children maintained an existing asset, an existing risk factor weakened for 25% and an existing risk factor was maintained for 12.5%. Kinship families reported 8% strengthening an existing asset, 54% maintaining an existing asset, an existing asset weakening for 23% and an existing risk factor was strengthened to an asset by 15%.

On the seventh item, *"Child engages emotionally with others,"* Adoptive families 50% of children strengthened an existing asset, 37.5% of children maintained an existing asset and an existing risk factor was weakened for 12.5%. Kinship families reported 15% strengthening an existing asset, 46% maintaining an existing asset, an existing asset weakening for 15%, an existing risk factor was strengthened to an asset by 9% and an existing risk factor was strengthened to a lesser risk factor for 15%.

Nine items in the "Relationships Among Family Members: Current" Domain address child and family functioning.

On the first item, *"Parental figures talk out and respect their differences,"* Adoptive caregivers reported 100% of assessed children maintained an existing asset. Kinship caregivers reported 67% maintaining an existing asset, an existing asset became weakened for 22% and an existing asset weakened to the degree that it became a risk factor for 11%.

On the second item, *"Child and parental figures talk out their differences respectfully,"* Adoptive caregivers reported 100% of assessed children maintained an existing asset. Kinship caregivers reported an existing asset was further strengthened for 16.5%, 50% maintained an existing asset, an existing asset became weakened for 16.5%, an existing asset weakened to the degree that it became a risk factor for 8.5% and an existing risk factor was weakened to even greater risk for 8.5%.

On the third item, *"Child can confide in one adult or older sibling in the nuclear family,"* Adoptive caregivers reported 100% of assessed children maintained an existing asset. Kinship caregivers reported an existing asset was further strengthened for 17%, 58% maintained an

existing asset, an existing asset became weakened for 8%, an existing asset weakened to the degree that it became a risk factor for 8% and an existing risk was strengthened to an asset for 8%.

On the fourth item, "*At least one adult or older sibling in the nuclear family is sensitive to the child's feelings and problems,*" Adoptive caregivers reported 100% of assessed children maintained an existing asset. Kinship caregivers responding to this item reported 67% of children assessed maintained an existing asset, an existing asset became weakened for 25% and an existing asset weakened enough that it was now a risk factor for 8%.

On the fifth item, "*Parental figures communicate clear expectations,*" Adoptive caregivers reported 100% of assessed children maintained an existing asset. Kinship caregivers reported 50% maintained an existing asset, an existing asset became weaker for 34% and an existing asset weakened enough that it was now a risk factor for 8 %.

On the sixth item, "*Parental figures recognize children's successes,*" Adoptive caregivers reported 100% of assessed children maintained an existing asset. Kinship caregivers reported 50% maintained an existing asset, an existing asset became weaker for 34% and an existing asset weakened enough that it was now a risk factor for 8 %.

On the seventh item, "*Adults and older siblings in the nuclear family respect child's physical boundaries,*" Adoptive caregivers reported 100% of assessed children maintained an existing asset. Kinship caregivers reported an existing asset was further strengthened by 8.5% of children, 58% maintained an existing asset and an existing asset became weaker for 25%.

On the eighth item, "*Parents and older siblings respect emotional boundaries and do not seek advice and/or emotional support from the child,*" Adoptive caregivers reported an existing asset was further strengthened for 12.5% of children and 87.5% reported maintained an existing asset. Kinship caregivers reported 50% maintaining an existing asset, an existing asset became weaker for 25%, an existing asset weakened enough that it was now a risk factor for 8 %, an existing risk factor was maintained by 8 % and an existing risk factor was weakened to even greater risk for 8%.

On the ninth item, "*Family members have a variety of emotional outlets, such as talking things out, exercising and entertainment,*" Adoptive caregivers reported an existing asset was maintained by 100% of children assessed. Kinship caregivers reported an existing asset was further strengthened for 10% of children, 70% maintained an existing asset and an existing asset became weaker for 30%.

91.5% of children in Project supported Adoptive placements experienced stability pre-permanency. 4 Adoptive families (11.11%) experienced disruptions involving 4 children (8.5%) pre-permanency. (TABLE 2: General Participant Demographic, Appendix B.) Issues associated with disruption included *child behavior* (2 children,) *child needs exceeded caregiver skills* (3 children,) *poor match* (2 children) and *caregiver co-parenting conflict* (1 child.) (TABLE 8: Disruption Issues, Appendix B.)

80% of children in Project supported Kinship placements experienced stability. 18 children (20%) in 12 Kinship families (18.75%) experienced placement disruption pre-permanency.

Issues associated with disruption included *child behavior* (4 children,) *child needs exceeded caregiver skills* (2 children,) *poor match* (3 children,) *maltreatment report* (1 child,) *poor caregiver boundaries/role confusion* (2 children,) *disqualified from foster care licensure* (2 children,) *Case Manager expectations for permanency were unclear* (1 child,) and *required lifestyle change exceeded Caregiver capacity* (2 children.)

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"Child needs exceeded caregiver skills," "child behavior" and "poor match" were disruption issues common to both Kinship and Adoptive families and children. Comparing demographics (Tables 17, 19, 22, 24, Appendix B) for the full sample[xli] and the disruption sample reveals that while 29% of the full sample of children had two or more placements prior to their Permanency Project placement, 47% of children in the disruption sample had 2 or more previous placements. 100% of adoptive children who disrupted had 2 or more previous placements versus 42% of adoptive children in the full sample. Nearly twice as many children experiencing disruptions had previously experienced emotional abuse (27%) than children in the full sample (14%.) Nearly three times as many children in Kinship placements experiencing disruption had previously experienced emotional abuse (22%) than Kinship children in the full sample (8%.) The percentage of children displaying aggression in the disruption sample for children in adoptive placements (50%) was almost four times that of the full sample of children in adoptive placements (13%.) There was no discernable difference for this item for children in Kinship placements. Almost twice as many children placed with Adoptive caregivers (100%) received Special Education Services as children placed with Adoptive caregivers in the full sample (55%.) Almost twice as many Adoptive children experiencing disruption had Learning Disabilities (25% versus 13%,) almost three times as many had emotional or emotional/behavioral disorders (50% versus 17%) and four times as many had severe emotional disorders (75% versus 17%.) Interestingly, 19% of the Adoptive children in the full sample had developmental disabilities. None of the children experiencing disruption were developmentally disabled. Almost twice as many Kinship children in the disruption sample had learning disabilities than those in the full sample (17% versus 8%) and almost four times as many had emotional or emotional/behavioral disorders (11% versus 3%).

b. Issues affecting data collection/analysis

The Permanency Project was offered to 99 different families encompassing 138 children. Not all families chose to participate. As a result, the sample we are dealing with is very small. This is particularly relevant when considering data from Feedback Surveys and Directed interviews. Results from the CASPARS assessments are for all children aged 6 or older who were assessed and are not limited to the particular service component associated with the identified outcome component.

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Project that the child's Case Manager and the Project Social Worker would collaborate on the decision about placement. More often than not, the placement decision was already made at the time of the referral. In at least two different cases, children were placed without the Case Manager having ever met the family.

Project Staff were required to implement the program before it was fully designed and struggled with feelings of incompetence. Project Social Workers needed to be supported to become assertive in sharing Project offerings and program expectations to all Project families and coached to recognize that even the most competent Project member could benefit from support and service.

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The Social Worker is required to exercise clinical judgment in completing the CASPARS tool. While there was consistency in Adoption Social Workers throughout the duration of the Permanency Project, three different Kinship Social Workers fulfilled that role during the Project's pendency. Each Kinship Social Worker varied in their levels of expertise and variability in results from the CASPARS may be reflecting those differences.

It was intended that Project Social Workers would complete the CASPARS tool within the first 30 days of a child's placement and again at Permanency. Almost half of placements with Project families were made before the family was referred, making it difficult for Project Social Workers to achieve consistency in the initial administration of the instruments. Project Social Workers were very inconsistent in conducted the final assessments. Many of these assessments were completed several months after Permanency. While the results demonstrate change, there is no certainty that the change occurred exclusively during the term of the families' involvement with the Permanency Project.

A "Family Strengths Inventory" plan was designed to engage families in identifying strengths, areas of needs, including training needs, and goals for Project involvement. Expectations were developed for the Project Social Worker to review the Plan with the Project at least quarterly to identify changes in needs and strengths as well as to review and update training needs. Project Social Workers resisted utilizing the tool, reporting it unnecessarily increased the burden for already overwhelmed Project families. Despite consistent coaching from Project Coordinator, Project Social Workers failed to utilize the instrument.

Finally, Project Social Workers provided little documentation in case notes concerning the content of discussions with Project families, eliminating case records as a source of data documenting change in resources and tools for families. As a result, analysis concerning this outcome must be based upon CASPARS results, general Child and Caregiver Demographic data as compared to demographic data for Children and Caregivers experiencing disruption, and various feedback instruments.

c. Discussion of results

It was the intention of the Permanency Project to promote stability and safety for children placed with Project families by providing Family Preservations Services to the families. Family preservation services were defined as family-based therapy and family-based parent skills training. The Project anticipated families would utilize one or both of these services to assist them in appreciating and understanding the child's special needs and developing the resources they needed to effectively parent them. The Permanency Project also identified Respite Care and Social Skills Building as Family Preservation Services. The Project allocated funding for respite child care, providing the family defined periods of relief and recovery opportunities to meet other family needs while assuring the children in their responsibility are appropriately cared for. Additionally, The Permanency Project allocated funding for Social Skills development based on the assumption that as children gain more social skills, they become more confident and competent in developing and maintaining healthy peer relationships, leading to improved esteem and confidence.

Responses from feedback surveys and Directed Exit Interview reveal that Families who accessed family preservation services appreciated them. The Project was flexible in their use of these services and attempted to match them to the needs of each family. The Project used items from the Community Embeddedness, Emotional Expressiveness and Family Relationships Domains of the CASPARS tool to measure changes in protective and risk factors for children aged 6 and older in Kinship and Adoptive placements.

Kinship families reported an improvement on the Community Embeddedness item for 18% of children assessed; Adoptive caregivers reported stability in assets for this item, associated with adults in the child's community modeling prosocial behaviors.

Children in Kinship placements demonstrated increases in protective factors on each of the items in the Emotional Expressiveness Domain. The mean percentage of children experiencing increased protective factors is 27.5. Children in Adoptive placements demonstrated increases in assets on 4 of 7 items in the Emotional Expressiveness Domain. The mean percentage of children experiencing increased assets is 28.57. It is difficult to attribute this improvement to any particular program component in the absence of case documentation, however, comments on Respite Care forms support changes in the behavior of children consistent with changes revealed through the CASPARS assessment. It should be noted, however, that a corresponding number of children in the assessment sample experienced declining assets/increased risks as those who experienced increases in assets.

12.5% of Children in Adoptive homes experienced increases in assets for one of the items in the Family Relationships Domain. That item addressed improvements in parents and older siblings capacities to respect the emotional boundaries of the child. Assets remained stable for all other items in this Domain for children in Adoptive placements. Children in Kinship placements experienced increases in protective factors on 4 of 9 items. Items for which children increased protective factors include parents and children having respectful communication, the child having an adult in the family they can confide in, adults respecting the child's physical boundaries and the family having a variety of emotional outlets. The mean percentage of children experiencing increased assets for this Domain is 6.6%. It should be noted there also were corresponding decreases in assets and increased risk on these items for other children in the Kinship sample. Items associated with stable or declining assets/increased risk address

cooperation and respect between caregivers, sensitivity and interest in the child and the child's needs, problems, activities, having clear, age appropriate expectations for the child, and respecting the child's emotional boundaries. Declines in assets/increases in risk varied from 16% to as much as 42% of the children assessed. The mean percentage of children in Kinship placements experiencing declining assets and increased risks in the Family Relationships Domain is 31.72%.

Caregivers in the disruption sample participated in services at essentially the same rate as caregivers in the full sample, regardless of whether they were Adoptive or Kinship caregivers. As stated in earlier sections of this report, it is difficult to document impact of family-based therapy and family-based parent skills training for Project participants due to the absence of case documentation, however, results from the CASPARS assessments demonstrate the mean percentage of children in Kinship experiencing increases in protective factors in the Family Relationship Domain was 6.6%. The mean percentage of children in Kinship placements experiencing declining assets and increased risks in the Family Relationships Domain is 31.72%. This appears to support increased instability in the family setting. It would appear that, while children in both subgroups appeared to have improved assets in the Emotional Expressiveness Domain, children in Kinship Placement experienced a decline in assets in the Family Relationship Domain, supporting a greater risk for placement disruption for children in Kinship placements. Because Project case records have few case notes, we cannot identify if these changes are due to increased caregiver stress related to additional care giving responsibilities associated with caring for their kin child, increased stress associated with role changes within the larger family system or demands from the Social Service system, or having unrealistic expectations for the placement.

d. Lessons Learned

Research supports Kinship caregivers feel more responsibility for concrete caregiving tasks, were less likely to see the need for training, experienced increased psychological stress due to their changed role as primary caregivers for the child and increased tension with social workers due to their dual roles as foster parent and family member.[32] Results from the CASPARS instruments would suggest that as Kinship placements lengthen, caregivers become less satisfied with their role and/or responsibilities.

As reported for other Outcomes, the Permanency Project Director attempted to incorporate recommendations made by Denice M. Rothman, Technical Advisor associated with James Bell & Associates, for changes in the Family Strengths Inventory that, in addition to identifying strengths, areas of needs, including training needs, and goals for Project involvement, would facilitate awareness and appreciation for resources and supports available to the Project family. Project Social Workers believed creating and reviewing that plan with the family would unnecessarily add to their caregiving burden. Engaging families in identifying strengths and weaknesses, creating goals for change and improvement, identifying assets and resources and routinely reviewing progress actually empowers families by providing them the opportunity for identification of factors creating dissatisfaction, awareness and appreciation of growth, individual as well as family, and the ability to determine the future course of action for their family.

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32 KINSHIP FOSTER CARE IN MINNESOTA: A STUDY OF THREE COUNTIES, Final Report to the Minnesota Department of Human Services; Sandra Beeman, Ph.D., Esther Wattenberg, M.A., Laura Boisen, M.S.S.W., M.A., Susan Bullerdic, M.S.W., CASCW, University of Minnesota School of Social Work, 1996.

CHAPTER IV. Use of Program Implementation Data to Understand Outcomes

A. Program components that appeared effective in fostering attainment of expected outcomes.

The Permanency Project intended to improve permanency outcomes for children as demonstrated by children being safely maintained in their homes, children having permanency and stability in their living situations and families having enhanced capacities to care for their children's needs.

In response to a focus group question, one Adoptive caregiver replied, "the family is in "placement shock" when the child arrives." This response is clearly true for Kinship caregivers, who have little if any preparation before placement. The three Project services most utilized by Kinship caregivers were Household Accommodations, Social Skills Building, and Respite Childcare. For Adoptive families, those services were Respite Childcare, Project Sponsored Trainings and Social Skills Building.

The Permanency Project proposed to ease the overall burden of adding members to the kin family by providing a stipend for Respite childcare. It was anticipated Caregiver stress would be reduced as a result of their use of this component. Associated benefits include increased safety for children. The National Standard for safety for children in substitute care was achieved for children placed in Project homes. The utilization of Respite Childcare Stipend contributed to this as demonstrated by it's ranking in service utilization by participants, positive comments on Respite Childcare Forms identifying benefits for child in terms of changes in child functioning and benefits to the family in terms of improvements in child behavior and adjustment and reduced financial stress, and responses to the Directed Exit Interview and other feedback instruments.

Social Skills Building and Family Building Activities provided opportunities for children to improve social skills and children and families to develop new social supports by participating in a variety of activities. It was anticipated that improving skills and increasing supports, would facilitate and sustain connections for children with other children and adults and lead to increased well-being and improved placement stability. 91.5% of children in Project supported Adoptive placements and 80% of children in Project supported Kinship placements experienced stability. While we did not achieve our target outcome for increased well-being for children, the provision of Family Building Activities and Social Skills Training led to increases in protective factors associated with child well-being varying from a low of 25.8% for older children in Kinship placements to a high of 47% for younger children in Adoptive placement. Additionally, Family Preservation Services, including family-based therapy and family-based parent skills training, are associated with increases in protective factors for Emotional Expressiveness for children placed with Project families.

In an effort to reduce barriers to participation in Educational Support Group, the Permanency Project provided childcare and meals. The childcare arrangement provided an additional bonus: the children going to childcare were making connections with other children in the program and looked forward to the sessions. The Project turned to Project teenagers for childcare supervision as a means of further developing support and community and also promoting good citizenship for these teens.

Project Social Workers reported Adoptive caregivers increased connections with other Adoptive and Kinship families through their participation in Family Building activities and Educational Support Group. Project Social Workers reported those Kinship caregivers who attended Educational Support Groups connected with other Kinship caregivers. The Educational Support Group culture created by Project members served to facilitate participation. Project participants became supportive and welcoming with new and existing participants. Participants forged connections and established their own support systems within the larger group. Kinship Caregivers who attended Educational Training Support Groups attended other Permanency Project Sponsored Activities. The same "faces" kept showing up; familiarity created connections and stimulated more attendance at more events and networking ensued. Increased protective factors associated with Embeddedness in the Community for children placed with Project families reflect the enhanced supports families derived as a result of their participation in group activities.

The Social Skills program component, designed to provide children the opportunity to improve social skills through involvement in an activities with other children, has been an effective form of respite for families.

B. Program policies, practices or procedures related to implementation that appeared effective in fostering attainment of expected outcomes.

Implementing a quarterly process review practice allowed for a broader view of program strengths and weaknesses and provided all staff an opportunity to collaborate on modifying and improving program content to better reflect program needs.

The program conceptualized the case management process as an opportunity to check-in with families and designated the family preservation services as the model for home-based intervention. The Project found a supportive encouraging relationship between the Project Social Worker and Project family could effectively facilitate participation in training and other Project services.

Adoptive Caregivers are required to participate in an assessment if they wish to be considered for adoptive placement. The assessment process facilitates the development of the case management relationship between the Adoption Social Worker and Adoptive Family. An effective referral process for potential Kinship foster parents, including collaborative pre-placement interviewing by Case Manager and Kinship Social Worker, would create the opportunity for Kinship Social Workers to engage with the families and provide them program information before the family's focus shifts to responsibilities associated with substitute care. It also creates the opportunity for screening out families who are not interested in what the program has to offer. Results depicted in the graphs demonstrate when Project Social Workers had the opportunity to develop relationships with Project families, the majority of caregivers felt listened to, respected appreciated, connected to resources in the community and adequately prepared for their experiences.

Flexibility and creativity in program design increased utilization. Modifying respite childcare from a traditional provider model to a caregiver defined model supported with the Project provided stipend resulted in high utilization of that component by both Adoptive and Kinship families. Redefining and expanding the concept of respite care by providing Social Skills

Funding for children not only enhanced child esteem and facilitated improved relationships and connections, but also sustained the family through periods of relief while the child was participating in activities. Modifying family preservation services to meet the identified needs of the families, whether it be sending a therapist to a specialized program with a family, or providing relationship therapy to the Project caregiver and their sibling, the child's birth parent, or using it to assist a family in making a decision to accept or reject the siblings of a child already in their home, led to high participant satisfaction.

The Permanency Project has a philosophy of supporting family relationships and connections, including sibling connections, believing the continuity of these relationships improves well-being. The Project provided safe, neutral opportunities, through Family Building Activities and Social Skills Activities, for siblings placed in different homes to connect and share experiences. Some Project families invited other relatives to events, again sustaining the child's connections with people important to them.

C. Staff characteristics that appeared effective in fostering attainment of expected outcomes.

The Project learned that a supportive encouraging relationship between the Project Social Worker and Project family could effectively facilitate participation in training. The social workers promoted it, coaching families about its value, reducing feelings of inadequacy, and encouraging participants to broaden their perspective. In particular, the level of support by the Kinship Social Worker appeared directly related to the Kinship caregivers' participation in training. Kinship caregivers' participating in training opportunities is contrary to our experience in Anoka County and the metro area. Not only were the caregivers' walking away with new skills, they were developing connections with other caregivers.

The degree to which Project staff exercised flexibility and creativity coupled with effective listening and respect for the interests of the Adoptive and Kinship caregivers increased participant satisfaction with the Project.

Finally, an unanticipated outcome of the Permanency Project is the growing and developing Adoption Community in Anoka County. Project Staff sowed the seeds for this by being welcoming and nurturing at all Project activities. Project participants assimilated this construct and became supportive and welcoming with new and existing participants. Participants forged connections and established their own support systems within the larger group. The same "faces" kept showing up; familiarity created connections and stimulated more attendance at more events and networking ensued. The Project also planned on facilitating the formation of whole family support groups, ultimately family facilitated, to provide additional support. Through collaboration with the North American Council on Adoptive Children (NACAC), the Permanency Project sent two Adoptive parents to Leadership Training for Parent Facilitators. Upon their return to Anoka County, they assumed their roles as Parent Leaders for the Anoka County Adoption Support Group (4 Keeps.) The Adoption Support Group (4 Keeps) completed the transition from an agency-facilitated group to a family-facilitated support group. Support group participation increased and maintained that increase following that transition. The group initially was activity based, however, as the group evolved, subgroups began to emerge (couples group, dad's night out, mom's night out) and they are now developing a mother's support group

for dialogue and support. Project Staff are also members of this community and are solicited for advice as well as offered feedback and support for improvements in the Adoption program.

CHAPTER V. Recommendations for Future Policies, Programs and Evaluations

A. Recommendations to Program Administrators

- Creating a learning environment in which Direct Services Staff and Program Administrators routinely meet to (1) mutually identify goals linked to observable, measurable outcomes and (2) routinely and frequently identify and evaluate progress toward outcome achievement yields program adjustments better facilitating outcome success. Success only occurs with complete Staff involvement and support.

- Cuddeback notes in his research study that the most common reason for Kinship placement disruption is the caregiver's unwillingness to establish and maintain boundaries with the birth parents. Other reasons for disruption were noted as the caregiver's inability to care for special needs children, age and health limitations of the caregiver, difficulties of adolescents needing to adjust to more structure and unmet service needs.[33] Issues associated with disruptions for both Kinship and Adoptive families in the Permanency Project included child behavior, child needs exceeded caregiver skills and poor match and caregiver co-parenting conflict. Unclear Case Manager expectations for permanency, caregiver boundary/role confusion and lifestyle change exceeded caregiver capacity are additional factors associated with disruptions for Kinship families. All of those issues are factors that should be addressed during a thorough assessment occurring prior to the placement decision. Collaborative involvement of Social Workers for both child and family is crucial to the assessment process.

- Engaging families in identifying strengths and weaknesses, creating goals for change and improvement, identifying assets and resources and routinely reviewing progress actually empowers families by providing them the opportunity for awareness and appreciation of growth, individual as well as family, and the ability to determine the future course of action for their family. Staff is overburdened with administratively required paperwork and was resistant to use and application of project tools designed to increase family engagement in the case planning process and improve awareness of family's needs and progress toward identified goals. Requiring, for compliance purposes, completion of multiple documents having little if any meaning for families further reduces available time to meet, engage, assess and collaborate with families. Paper creates limited context for depth of understanding and appreciation of family needs and limited opportunity for engagement.

B. Recommendations to Program Funders:

- The primary needs of Project families at placement relate to accommodation, through physical changes to their home to create space or comply with licensing requirements, acquiring beds or other furnishings, safety related items such as car seats, or meeting childcare needs. Household Accommodations was the Project service most utilized by

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33 Kinship Family Foster Care: A Methodological and Substantive Synthesis of Research, Gary S. Cuddeback, University of Tennessee.

Kinship Families. Budgets for programs supporting resource families should include a line item for Household Accommodations.

- Almost three fourths of kinship caregivers reported employment. Affordable childcare remains an unmet need for this population. Many kinship caregivers allocated the respite childcare stipend toward employment related childcare costs and, despite coaching from the Project Coordinator and/or Kinship Social Worker to reduce their dependence upon it, became threatened by its loss as program termination neared. Insufficient income to meet basic needs, including appropriate supervision for children during their caregivers' employment, threatens permanency stability. Budgets for programs supporting kinship foster families should include a line item for employment related childcare.

- The Adoption Opportunities Grant supporting the Permanency Project provided for a three-year grant period. Because the existence of the project was dependent upon the award of the grant, no preparation began before receipt of the Award Letters and efforts toward implementing the program did not begin until the grant period officially began. The first year focused on developing components of the program. The program continued to evolve over the next year and a half, during which the greatest number of participants participated. The final 6 months of the grant period were devoted to phasing out the program. The extension provided the opportunity to complete some elements begun late in the project's pendency. This process is, at best, providing only about 18 months worth of data.[xlii]

  We recommend the awarding of 4 or 5 year grants, providing for a smaller budget for the first six months or year to allow for emphasis on program development, followed by 3 full operational years followed by a final year (or 6 months) to allow for program wrap up and data analysis. This design allows for 3 full years of meaningful data.

- Insufficient income to meet basic needs, including childcare supervision, is a barrier for Kinship caregivers contemplating permanently caring for their kin children. Project Kinship families not only received Project supported services but also received foster care payments to assist them in meeting the financial burden associated with increased household size. Adoption Assistance and Relative Custody Assistance provide significantly reduced financial support for families agreeing to be permanency resources. We recommend eliminating the disparity between Adoption Assistance and Foster Care Reimbursement.

C. Recommendations to Adoption Field:

Current kinship studies primarily involve families of color, often grandparents, often having low socioeconomic status. Permanency Project families were primarily middle class two-parent Caucasian families. Are our outcomes related to the program components or are demographic differences a factor in our results? Do our demographic differences have an impact on program components endorsed by our participant families? Do demographic differences having any relationship to service effectiveness, particularly as concerns safety, stability or well-being?

Findings from a multi-state study concerning children placed in foster care with relatives[34] suggest the motivation for relatives to foster parent revolves around identification with, commitment to and maintaining the child's place within the family. Cuddeback's research synthesis observes the distinct lack of research on assessment for Kinship families, particularly since the assessment process is complicated by the relationship dynamics of relative care.[35] Results from the CASPARS instruments would suggest that as Kinship placements lengthen, caregivers become less satisfied with their role and/or responsibilities and the risk for disruption increases. Additionally, although CASPARS results reveal increased assets for children in the Community Embeddedness Domain, it appears increases in support and community resources do not outweigh the escalating dissatisfaction Kinship caregivers experience as placement lengthens. Our Project was unable to identify the factors are associated with that process or the protective factors that could be strengthened to mitigate it.

The Permanency Project intended to support Project families through mentoring. In addition to matching needs and strengths, Project Social Workers identified commonalities between families they believed would create connections and facilitate the mentoring relationship. Two matches made by Project Social Workers were rejected by Project families, who later self-selected other Project families for support. What factors are most important in the selection of mentors?

The Permanency Project expanded its understanding of Family Preservation services to include not only family-based therapy and parent skills training, but also respite care stipends for both day and overnight respite support and social skills funds to provide relief to parents while their children participate in programs enhancing skill development. Additionally, allowing families agreeing to open adoption to participate in family-based therapy to encourage continuity of relationships among extended family members, for example grandparents who cannot adopt and yet are significant to the child, can facilitate increased understanding of the importance of continuing connections for children and maintaining the integrity of existing relationships.

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34 CHILDREN PLACED IN FOSTER CARE WITH RELATIVES: A Multi-state Study. Final Report. U.S. Department of Health and Human Services, ACYF, November 19. 1998.

35 Kinship Family Foster Care: A Methodological and Substantive Synthesis of Research, Gary S. Cuddeback, University of Tennessee.

Appendix A. EXAMPLES OF SUCCESSES

- During the summer months, a youth placed with his uncle was discharged from a summer YMCA Program due to behavioral issues. His uncle was unable to take time away from his employment to stay at home to supervise his nephew. Project staff creatively designed a plan in which respite childcare funds assisted in paying a relative to watch the youth during the day. This was an effective means of preserving the placement. It was also very cost effective, considering the cost of placing the youth in a treatment foster home or in a residential placement. This particular youth had been in residential care before being placed in the relative home. Although, he has experienced some behavioral problems in the community, he has made remarkable strides in maintaining appropriate behavior.

- On 7-25-02, a Family Building Activity took place at Valley Fair Amusement Park. A lunch and presentation took place at a picnic area within the park, allowing for families to make connections. This event provided an opportunity for newly formed families to enjoy one another in their new community. It also facilitated the matching of a potential mentor family to a family with a pre-adoptive placement. At this particular family building activity, children were coming up to Project Staff saying, "thank you."

- One of the Project's Adoptive Families considered adopting three siblings of a child they previously adopted. Word of their decision traveled via grapevine; other mothers in the Project collected beds, clothes and other supplies for the Adoptive mother and arranged support for her.

- Two Project families met at a Family Building Activity. One parent saw the other's child at school, observed a school employee mistreating that child and called the child's mother to share their observations.

- The assigned therapist for a sibling group in the Project had recommended splitting the siblings. These children participated in Project childcare while their adoptive parents attended Educational Support Groups. The childcare supervisors observed the interactions among the children in that setting were positive and shared those observations with the Project Social Worker. Those observations influenced the Permanency decision and the children remained together. The children continue to do well and the assigned therapist has reversed her position.

- An Adoptive placement of a child with significant attachment issues was in danger of disrupting. The Project sent a family-based therapist to a local Attachment Center, with the child and Adoptive family, not only to participate with the family in the therapeutic process at that center, but also to be trained in Attachment therapy so she had the clinical skills necessary to support the child and family in their own community. The child continues to make progress.

- Fifty children registered for a Permanency Project hosted Crafts and Lunch event. The room for the event was small. Staff feedback included observations that these kids, who are children with special needs, were well behaved, particularly in tight quarters. This

suggests parents are doing a good job managing their children. Or that the families are functioning well together.

- Morrison County Social Services chose an Anoka County family for placement of one of their State Wards. The Morrison County Social Worker was deciding between several families with similar attributes. She indicated advised it was the family's involvement with the Permanency Project that gave the Anoka County family the additional boost. She knew that the family would have added support and services in place. The Permanency Project was able to maintain the integrity of the parents' role as parent, relieving the parent from the responsibility of wearing the tutor or therapist hat. The Permanency Project was able to bring a therapist into the family home, eliminating the need to drive to the sending county for therapy. This level of support assisted in maintaining the integrity of an at risk placement.

- A Kinship family provided respite care for an Adoptive family struggling with its placement. Ultimately, the adoptive placement disrupted. At the time of the disruption, the Kinship family stepped forward and offered to support the child in their home until and adoptive placement could be found. The Kinship family continues to maintain a significant relationship with the child.

- The Permanency Project has an overall philosophy of supporting family connections, including sibling relationships and connections. A Project family had accepted a baby for adoptive placement. The baby's 4½-year-old sibling needed permanency. Project staff facilitated the connection between the two children, who had no prior relationship. The baby's family accepted the 4½ for adoptive placement.

- Our community is not racially diverse, however, families are accepting children of other races for placement. Children of diversity had had more opportunities to get together with other children and families who "look like them." The children not only saw children of their same race, but also saw other children living in racially blended families similar to their own. These experiences helped reduce the child and family's feeling of isolation within the community.

- One Kinship family participated in Mentor Training and remained available for matching. This particular family has provided support to both Adoptive and Kinship families by being available for respite care for children of Project families. They also accepted short-term placements of Project children whose placements were disrupting and became an Open Program Foster Family.

- Two Project Kinship families are now providing foster care through the Open Foster Care Program. One family is so skilled, it were solicited to participate on the Foster Care Development Board.

- Permanency Project funds were used to correct structural problems of homes of Kinship caregivers, eliminating licensing violations and facilitating the placement process.

- The Permanency Project received two Apex Awards of excellence. One award was for the design of the project brochure and the other for design of the project display board.

Appendix B. TECHNICAL APPENDIX

TABLE 1: Referral Time Frame

Time Frame	ALL		Adoption		Kinship	
	#	%	#	%	#	%
Pre-placement	32	51%	6	40%	26	54%
Post-Placement	31	49%	9	60%	22	56%

TABLE 2: General Project Participant Demographics

Demographics	ALL		Adoption		Kinship	
	#	%	#	%	#	%
PARTICIPANTS						
Family	99*	100%	36	36%	63*	64%
Children	137*	100%	47	34%	90*	66%
SIBLING GROUP SIZE						
1	70*	70%	26	72%	44*	69%
2	24	24%	9	25%	15	23%
3	4	4%	1	3%	3	5%
4	2	2%			2	3%
RECEIVED PROJECT SERVICES						
Yes	77	77%	33	92%	44	69%
No	23*	23%	3	8%	20*	31%
DISRUPTIONS						
Family	16	16%	4	11.11%	12	18.75%
Children	22	16%	4	8.5%	18	20%

*Family and Child had 2 placements

TABLE 3: Maltreatment Reports

Placement Status	ALL		Adoption		Kinship	
	#	%	#	%	#	%
Pre-Permanency	2	2%	1*	3%	1**	2%
Post-Permanency with a Project Family	3	3%	2***	6%	1****	2%

*Substantiated: Relative babysitter left child unsupervised.
**Not substantiated
***Still under investigation
****Report involved biological child of Kinship caregiver. This report was not substantiated.

TABLE 4: Permanency Outcomes (episodes)

Outcomes	ALL (100)		Adoption (36)		Kinship (64)	
	#	%	#	%	#	%
Adoption	31	37%	26	87%	5	9%
Custody Transfer	8	10%			8	15%
Disruption	16	19%	4	13%	12	23%
Long Term Foster Care/Emancipation	4	5%			4	8%
Reunification	24	29%			24	45%

TABLE 5
PERMANENCY OUTCOMES FOR ADOPTIVE PLACEMENTS

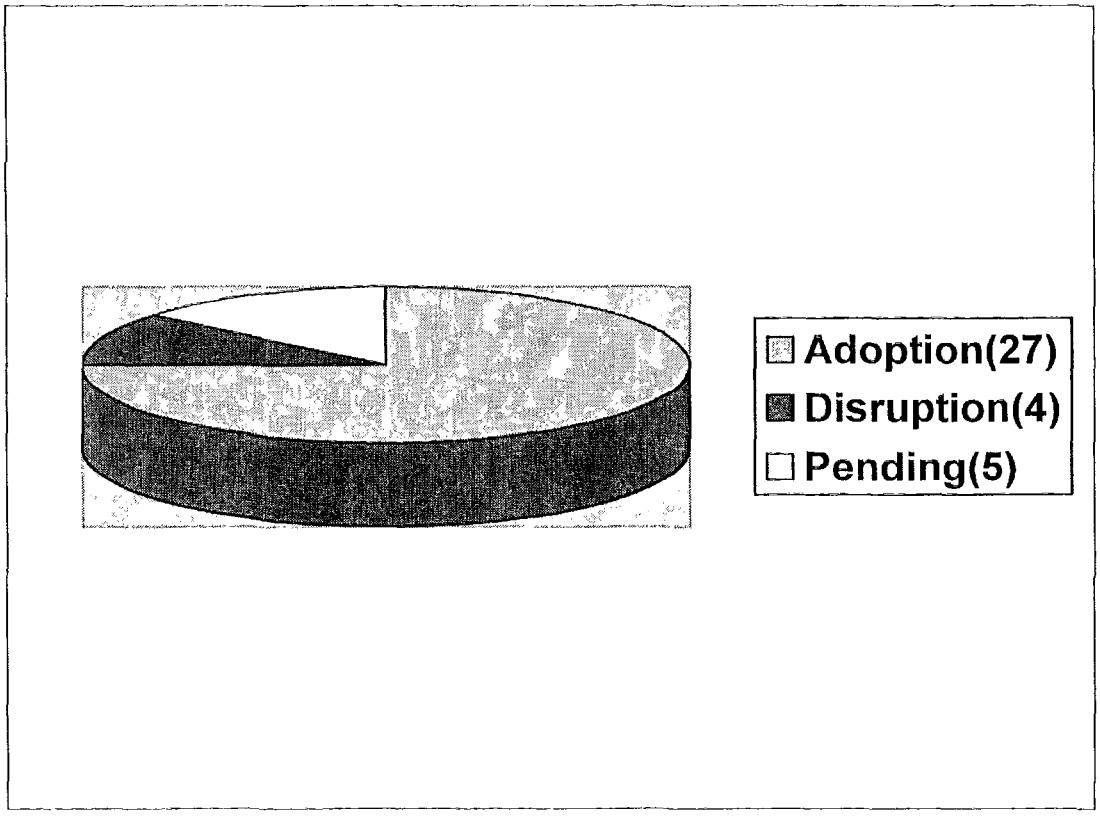


TABLE 6
PERMANENCY OUTCOMES FOR KINSHIP PLACEMENTS

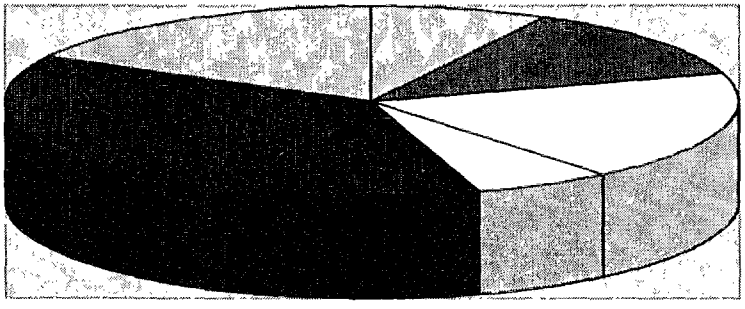


TABLE 7
Project Involved Placements: Time to Permanency (Achieved)

Length in Months	ALL		Adoption		Kinship	
	#	%	#	%	#	%
<1	4	6%			4	10%
1	8	12%	1	4%	7	18%
2	2	3%			2	5%
3	7	11%	2	7%	5	12%
4	3	4%			3	8%
5	3	4%	1	4%	2	5%
6	4	6%	2	7%	2	5%
7	5	7%	3	11%	2	5%
8						
9	7	11%	5	19%	2	5%
10	2	3%	1	4%	1	2%
11	6	9%	4	15%	2	5%
12	4	6%	2	7%	2	5%
13	3	4%	1	4%	2	5%
14	4	6%	3	11%	1	2%
15						
16	1	1%			1	2%
17	1	1%			1	2%
18						
19	3	4%	2	7%	1	2%
20						
21	1	1%			1	2%
22						
23	1	1%			1	2%
24						

TABLE 8: Disruption Issues

Demographics	ALL		Adoption		Kinship	
	#	%	#	%	#	%
DISRUPTION REASONS						
Child Behavior	6	38%	2	50%	4	33%
Child Needs Exceeded Caregiver Skills	5	31%	3	75%	2	17%
Poor Match	5	31%	2	50%	3	25%
Caregiver Co-parenting Conflict	1	6%	1	25%		
Maltreatment Report	1	6%			1	8%
Poor Caregiver Boundaries/Role Confusion	2	12.5%			2	17%
Disqualified from Licensure	2	12.5%			2	17%
Case Manager Expectations Unclear	1	6%			1	8%
Required Lifestyle Change Exceeded Caregiver Capacity	2	12.5%			2	17%

TABLE 9: Participant Rating: Project Provided Services

Service	ALL		Adoption		Kinship	
	#	%	#	%	#	%
Project Social Workers						
Very Helpful	12*	80%	4	80%	7	78%
OK	3	20%	1	20%	2	22%
Poor/Needs Improvement						
NA/Not Used						
Education Support Groups						
Very Helpful	2	13%	2	40%		
OK	2	13%	1	20%	1	11%
Poor/Needs Improvement						
NA/Not Used	11*	73%	2	40%	8	89%
Respite Child Care Stipend						
Very Helpful	6	40%	3	60%	3	33%
OK	1	7%	1	20%		
Poor/Needs Improvement						
NA/Not Used	8*	53%	1	20%	6	67%
Overnight Respite Care						
Very Helpful	6	40%	3	60%	3	33%
OK	1	7%	1	20%		
Poor/Needs Improvement						
NA/Not Used	8*	53%	1	20%	6	67%
General Permanency Project Sponsored Trainings						
Very Helpful	4	27%	2	40%	2	22%
OK	2	13%	1	20%	1	11%
Poor/Needs Improvement						
NA/Not Used	9*	60%	2	40%	6	67%
Family Mentors						
Very Helpful	5*	33%	1	20%	3	33%
OK	3	20%	1	20%	2	22%
Poor/Needs Improvement						
NA/Not Used	7	47%	3	60%	4	44%

Participant Rating: Project Provided Services

Service	ALL		Adoption		Kinship	
	#	%	#	%	#	%
Newsletter						
Very Helpful	6	40%	2	40%	4	44%
OK	6*	40%	3	60%	2	22%
Poor/Needs Improvement	3	20%			3	33%
NA/Not Used						

*** 1 Unidentified**

"4 Keeps" Adoption Support Group						
Very Helpful	3	20%	3	60%		
OK						
Poor/Needs Improvement						
NA/Not Used	12*	80%	2	40%	9	100%
Resource Library						
Very Helpful	1	7%	1	20%		
OK	1	7%	1	20%		
Poor/Needs Improvement						
NA/Not Used	13*	86%	3	60%	9	100%
Social Skills Funding						
Very Helpful	7	50%	4	80%	3	33%
OK	1	7%			1	11%
Poor/Needs Improvement						
NA/Not Used	6*	43%	1	20%	5	56%
Household Accommodations						
Very Helpful	8*	53%	4	80%	3	33%
OK	2	13%			2	22%
Poor/Needs Improvement						
NA/Not Used	5	33%	1	20%	4	45%
Parent Skills/Life Skills Training						
Very Helpful	2	13%	2	40%		
OK	1	7%			1	11%
Poor/Needs Improvement						
NA/Not Used	12*	80%	3	60%	8	89%

Participant Rating: Project Provided Services

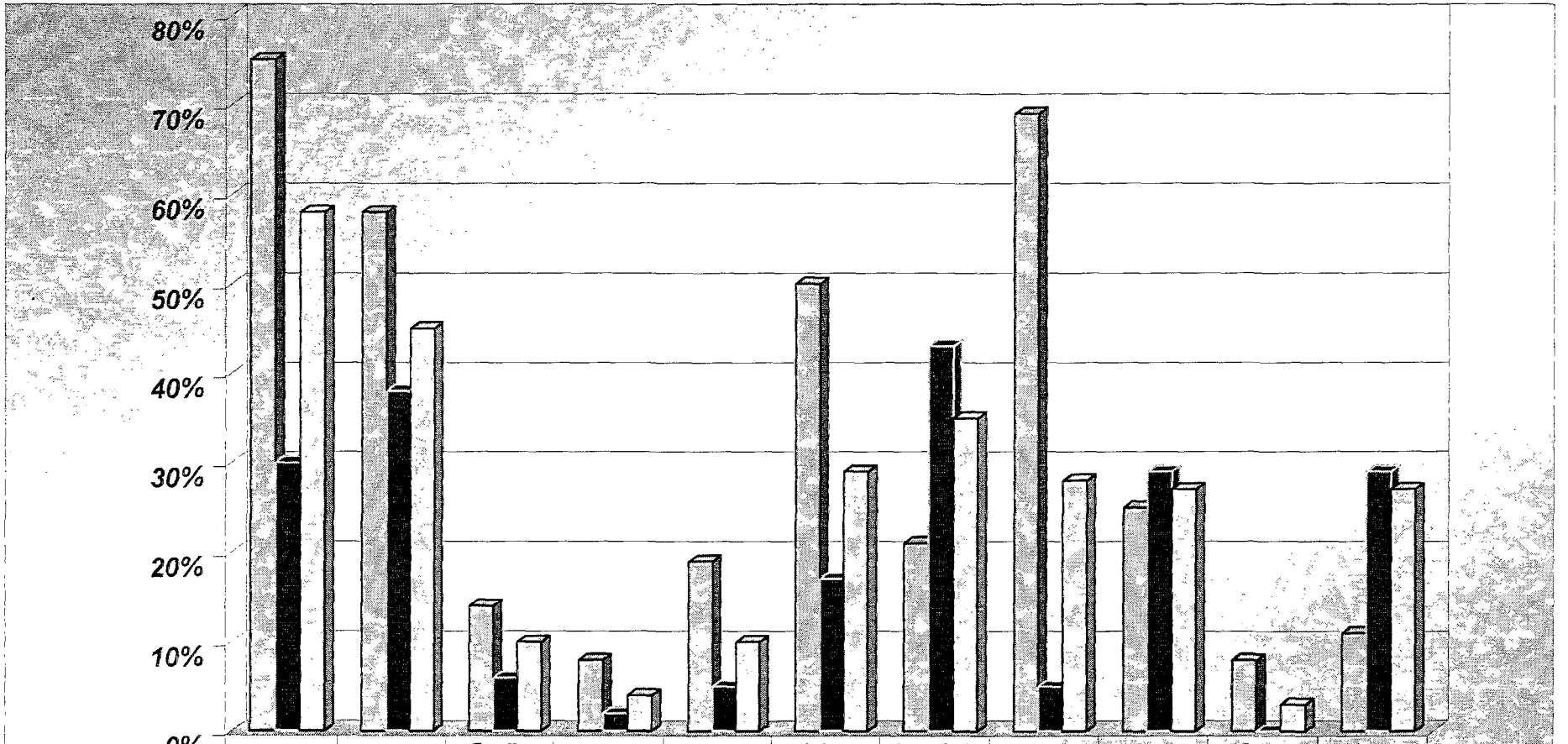
Service						
Family Based Therapy Very Helpful	2	13%	2	40%		
OK						
Poor/Needs Improvement						
NA/Not Used	13*	87%	3	60%	9	100%

Family Building Activities						
Very Helpful	10*	100%	5	100%	4	44%
OK						
Poor/Needs Improvement						
NA/Not Used					5	56%

*** 1 Unidentified**

TABLE 10

Project Provided Services Utilization



	Respite Child Care	Social Skills	Family Preservation	Mentor Training	Overnight Respite	Educ Support Grp	Household Accomodations	Sponsored Training	Family Bldg Activities	Adop Support Grp	None
Adoptive	75%	58%	14%	8%	19%	50%	21%	69%	25%	8%	11%
Kinship	30%	38%	6%	2%	5%	17%	43%	5%	29%	0%	29%
Total	58%	45%	10%	4%	10%	29%	35%	28%	27%	3%	27%

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** Implemented 2nd year of project – considering only years 2 & 3

TABLE 11: Educational Support Group Training Participation

Sessions Attended	Attendees							Families Served		Children Served	Completed Survey		Documented Learning				Project Newsletter		MARN Website		Flyer		Word Of Mouth	
	Adoption		Kinship		Others		Total						Yes		NO									
	#	%	#	%	#	%	#	#	%	#	#	%	#	%	#	%	#	%	#	%	#	%	#	%
1/02 Social Service Overview	2	20%	4	40%	4	40%	10																	
2/02 Grief & Loss	6	43%	4	29%	4	29%	14	5	36%	11	11	79%	8	73%	3	27%								
3/02 Attachment	11	25%	7	16%	26	59%	44	8	35%	13	25	81%	12	48%	13	52%								
4/02 Dollars Into Cents	1	20%	2	40%	2	40%	5	4	80%	7	4	80%			4	100 %								
5/02 How I talk to My Adolescent	5	36%	6	43%	3	21%	14	5	36%	12	14	100%	13	93%	1	7%								
6/02 Power struggles	3	12%	5	19%	18	62%	26				20	28%	18	90%	2	10%	13	65%	2	10	4	20 %	1	10%
9/02 CMH Disorders	7	17.5 %			33	82.5 %	40	6	38%	14	34	85%	21	62%	13	38%								
1/03 Social Service System	5	33%			10	67%	15	9	90%	22	9	60%	7	77%	2	23%	5	55%			2	22 %	4	44%
2/03 Attachment Disorders	5	24%	3	14%	13	62%	21	10	71%	28	17	21%	16	94%	1	6%	13	62%			7	33 %	3	14%
3/03 Promoting Resilency	2	12%	1	6%	14	82%	17	4	44%	11	12	71%	10	83%	2	17%	6	50%			9	75 %	1	8%
5/03 Diapers to Drivers License	7	35%	1	5%	12	60%	20	7	50%	15														
6/03 How to Love a Child	6	43%			8	57%	14	4	44%	7	10	71%	10	100 %			5	50%			5	60 %	2	20%
7/03 Trust & Relationship Building	6	40%			7	60%	15	5	63%		9	60%	6	30%	16	34%	5	55%			5	55 %	1	11%
8/03 Transitions	0				4	100 %	4	0	0%	0	4	100%	4	100 %							2	50 %	2	50%
9/03 Active Alert Child	2	20%			8	80%	10	2	33%	6	8	80%	8	100 %			5	63%			6	66 %	1	11%

10/03 Avoiding Power Struggles	6	40%	1	7%	8	53%	15	4	33%	13	7	47%	6	86%	1	14%	6	86%	1	14%	3	43%	1	14%
11/03 Teen Issues	2	22%	1	11%	7	77%	9	3	50%	3	8	89%	5	62%	3	38%	5	63%			3	38%	1	13%
12/03 Healthy Friends	0				6	100%	6	0	0%	0	6	100%	6	100%			2	33%			5	83%		
1/04 Interpreting the Language Behavior	2	12%			15	88%	17	7	64%	18	10	59%	8	80%	2	20%	4	40%			7	70%	1	10%
2/04 Transitional Time Quality Time	5	33%			10	67%	15	7	77%	15	8	53%	8	100%			4	50%			5	50%		
3/04 Raising Your Spirited Child	5	20%	2	8%	18	72%	25	5	28%	10	24	96%	23	96%	1	4%	17	71%			9	38%	4	17%
Total	88		37		230		356	95		205	240		189		64		90		3		72		22	

TABLE 12: Asset and Risk Factors: Change During Placement (CASPARS)

Domain	ALL- A		Adoption - A		Kinship-A		Kinship-R		Adoption - R		ALL- R		Domain
Family & Child's Embeddedness in Community	#	%	#	%	#	%	#	%	#	%	#	%	Family & Child's Embeddedness in Community
Asset:	Have Friends and Resources												:Risk Factor
Strengthened	3	15%	1	12.5%	2	17%							Strengthened to Asset
Maintained	13	65%	7	87.5%	6	50%							Strengthened
Weakened	3	15%			3	25%							Maintained
Reduced to Risk Factor	1	5%			1	8%							Weakened to Great Risk
Asset:	Have Close Friends with Whom They Share Feelings and Problems												:Risk Factor
Strengthened	3	15%			3	25%							Strengthened to Asset
Maintained	12	60%	8	100%	4	33%							Strengthened
Weakened	4	20%			4	33%							Maintained
Reduced to Risk Factor	1	5%			1	9%							Weakened to Great Risk
Asset:	Family Members Enjoy Their Work; Work Has Meaning												:Risk Factor
Strengthened	3	16%	2	25%	1	9.75%							Strengthened to Asset
Maintained	13	68%	6	75%	7	63.5%							Strengthened
Weakened	2	11%			2	18%							Maintained
Reduced to Risk Factor	1	5%			1	9.75%							Weakened to Great Risk
Asset:	Sense of Belonging in Neighborhood/Community												:Risk Factor
Strengthened	4	21%	2	25%	2	18%							Strengthened to Asset
Maintained	12	63%	6	75%	6	55%							Strengthened
Weakened	2	11%			2	18%							Maintained
Reduced to Risk Factor	1	5%			1	9%							Weakened to Great Risk
Asset:	Child Witnesses Adults With Prosocial Behavior												:Risk Factor
Strengthened	2	11%			2	18%							Strengthened to Asset
Maintained	14	77%	7	100%	7	64%							Strengthened
Weakened	1	6%			1	9%							Maintained
Reduced to Risk Factor	1	6%			1	9%							Weakened to Great Risk

Asset and Risk Factors: Change During Placement

Domain	ALL- A		Adoption - A		Kinship-A		Kinship-R		Adoption - R		ALL- R		Domain
Family & Child's Embeddedness in Community	#	%	#	%	#	%	#	%	#	%	#	%	Family & Child's Embeddedness in Community
Asset:	Child Reports School/Community Adults/Children Support Them												:Risk Factor
Strengthened	1	5%			1	8%							Strengthened to Asset
Maintained	16	80%	8	100%	8	67%							Strengthened
Weakened	2	10%			2	17%							Maintained
Reduced to Risk Factor	1	5%			1	8%							Weakened to Great Risk
Asset:	Child is Aware of Their Cultural Roots												:Risk Factor
Strengthened	1	7%			1	11%							Strengthened to Asset
Maintained	12	86%	4	80%	8	89%							Strengthened
Weakened													Maintained
Reduced to Risk Factor	1	7%	1	20%									Weakened to Great Risk
Domain Emotional Expressiveness													Domain Emotional Expressiveness
Asset:	Child Shows Range of Feelings												:Risk Factor
Strengthened	1	5%			1	8%	2	15%			2	9.5%	Strengthened to Asset
Maintained	11	52%	7	87.5%	4	31%			1	12.5%	1	5%	Strengthened
Weakened	3	14%			3	23%							Maintained
Reduced to Risk Factor	1	5%			1	8%	2	15%			2	9.5%	Weakened to Great Risk
Asset:	Child Puts Own Feelings Into Words												:Risk Factor
Strengthened	7	33%	5	62.5%	2	15%	2	15%	1	12.5%	3	14%	Strengthened to Asset
Maintained	5	24%	1	12.5%	4	31%	1	8%			1	5%	Strengthened
Weakened	3	14%			3	23%			1	12.5%	1	5%	Maintained
Reduced to Risk Factor							1	8%			1	5%	Weakened to Great Risk

Domain	ALL- A		Adoption - A		Adoption - A		Kinship-R		Adoption - R		ALL- R		Domain
Emotional Expressiveness	#	%	#	%	#	%	#	%	#	%	#	%	Emotional Expressiveness
Asset:	Child's Feelings Expression is Situation Appropriate												:Risk Factor
Strengthened	2	9.5%	2	25.0%									Strengthened to Asset
Maintained	12	57%	5	62.5%	7	54%	3	23%			3	14%	Strengthened
Weakened	2	9.5%			2	15%	1	8%			1	5%	Maintained
Reduced to Risk Factor	1	5%	1	12.5%									Weakened to Great Risk
Asset:	Childs Feelings & Reactions Are Linked To Precipitating Events												:Risk Factor
Strengthened									1	12.5%	1	5%	Strengthened to Asset
Maintained	13	65%	5	62.5%	8	67%							Strengthened
Weakened	3	15%	1	12.5%	2	17%			1	12.5%	1	5%	Maintained
Reduced to Risk Factor	1	5%			1	8%	1	8%			1	5%	Weakened to Great Risk
Asset:	Childs Identifies Wide Range of Feelings In Others												:Risk Factor
Strengthened	3	14%	2	25%	1	7.5%	1	7.5%			1	5%	Strengthened to Asset
Maintained	8	38%	4	50%	4	31%							Strengthened
Weakened	4	19%			4	31%	2	15.5%	1	12.5%	3	14%	Maintained
Reduced to Risk Factor	2	10%	1	12.5%	1	7.5%							Weakened to Great Risk
Asset:	Child Sympathizes With Other People's Feelings												:Risk Factor
Strengthened	1	4.75%			1	8.0%	2	15.0%			2	9.5%	Strengthened to Asset
Maintained	9	43%	5	62.5%	4	31%	1	8%			1	4.75%	Strengthened
Weakened	2	9.5%			2	15%			1	12.5%	1	4.75%	Maintained
Reduced to Risk Factor	4	19%	2	25%	2	15%	1	8%			1	4.75%	Weakened to Great Risk
Asset:	*Child Respects the Feelings of Others*												:Risk Factor
Strengthened	2	9.5%			2	15.0%	2	15.0%			2	9.5%	Strengthened to Asset
Maintained	10	48%	6	75.0%	4	31%	1	8%			1	5%	Strengthened
Weakened	3	14%	1	12.5%	2	15%							Maintained
Reduced to Risk Factor	1	5%			1	8%	1	8%	1	12.5%	2	9.5%	Weakened to Great Risk

Domain	ALL- A		Adoption - A		Kinship-A		Kinship-R		Adoption - R		ALL- R		Domain
Emotional Expressiveness	#	%	#	%	#	%	#	%	#	%	#	%	Emotional Expressiveness
Asset:	Child Has At Least One Adult Facilitator of Appropriate Feeling Expression												:Risk Factor
Strengthened	1	5%			1	8.5%							Strengthened to Asset
Maintained	18	20%	8	100%	10	83%							Strengthened
Weakened													Maintained
Reduced to Risk Factor	1	5%			1	8.5%							Weakened to Great Risk
Asset:	Child's Mood Are Fairly Stable												:Risk Factor
Strengthened	2	10.0%	1	9.5%	1	8.0%	3	25.0%			3	15%	Strengthened to Asset
Maintained	10	50%	5	71.5%	5	43%							Strengthened
Weakened	1	5%			1	8%							Maintained
Reduced to Risk Factor	2	10%	1	9.5%	1	8%	1	8%	1	9.5%	2	10%	Weakened to Great Risk
Asset:	Child Shares Emotionally Laden Experiences With Others												:Risk Factor
Strengthened	4	19.0%	3	37.5%	1	8.0%	2	15.0%			2	9.5%	Strengthened to Asset
Maintained	9	43%	2	25%	7	54%							Strengthened
Weakened	5	24%	2	25%	3	23%			1	12.5%	1	4.5%	Maintained
Reduced to Risk Factor													Weakened to Great Risk
Asset:	Child Engages Emotionally With Others												:Risk Factor
Strengthened	6	28.5%	4	50%	2	15.0%	1	9.0%			1	5%	Strengthened to Asset
Maintained	9	43%	3	37.5%	6	46%	2	15%			2	9.5%	Strengthened
Weakened	3	14%	1	12.5%	2	15%							Maintained
Reduced to Risk Factor													Weakened to Great Risk
Asset:	Child Is Sensitive To Others												:Risk Factor
Strengthened	4	19%	2	25%	2	15%	1	7.5%			1	4.5%	Strengthened to Asset
Maintained	6	29%	2	25%	4	31%	1	7.5%			1	4.5%	Strengthened
Weakened	5	24%	2	25%	3	24%	1	7.5%			1	4.5%	Maintained
Reduced to Risk Factor	2	10%	2	25%			1	7.5%			1	4.5%	Weakened to Great Risk

Domain	ALL- A		Adoption - A		Kinship-A		Kinship-R		Adoption - R		ALL- R		Domain
Emotional Expressiveness	#	%	#	%	#	%	#	%	#	%	#	%	Emotional Expressiveness
Asset:						Child Is Not Withdrawn							:Risk Factor
Strengthened	3	14%	3	37.5%			2	16%			2	10%	*Strengthened to Asset*
Maintained	9	43%	4	50%	5	38%	1	7.5%			1	4.5%	Strengthened
Weakened	5	24%	1	12.5%	4	31%	1	7.5%			1	4.5%	Maintained
Reduced to Risk Factor													Weakened to Great Risk
Asset:						Child Recognizes When Their Emotional Responses Are Inappropriate							:Risk Factor
Strengthened	2	10%	2	25%			1	5.5%			1	4.5%	Strengthened to Asset
Maintained	6	28.5%	3	37.5%	3	25%	1	5.5%			1	4.5%	Strengthened
Weakened	6	28.5%	2	25%	4	33.5%			1	12.5%	1	4.5%	Maintained
Reduced to Risk Factor	3	15%			3	25%	1	5.5%			1	4.5%	Weakened to Great Risk
Asset:						Child Apologizes For Inappropriate Expressions of Feelings							:Risk Factor
Strengthened	3	14.5%	2	25.0%	1	7.5%	1	7.5%			1	4.5%	Strengthened to Asset
Maintained	9	43%	4	50.0%	5	38%	1	7.5%			1	4.5%	Strengthened
Weakened	1	4.5%			1	7.5%	1	7.5%	1	12.5%	2	10.0%	Maintained
Reduced to Risk Factor	3	14.5%	1	12.5%	2	17%	1	7.5%			1	4.5%	Weakened to Great Risk
Domain Relationships Among Family Members													Domain Relationships Among Family Members
Asset:						Parents Talk Out and Respect Their Differences							:Risk Factor
Strengthened													Strengthened to Asset
Maintained	13	81%	7	100%	6	67%							Strengthened
Weakened	2	12.5%			2	22%							Maintained
Reduced to Risk Factor	1	6.5%			1	11%							Weakened to Great Risk
Asset:						Child and Caregivers Talk Out Their Differences Respectfully							:Risk Factor
Strengthened	2	10%			2	16.5%							Strengthened to Asset
Maintained	14	70%	8	100%	6	50%							Strengthened
Weakened	2	10%			2	16.5%							Maintained
Reduced to Risk Factor	1	5%			1	8.5%	1	8.5%			1	5%	Weakened to Great Risk

Domain	ALL- A		Adoption - A		Kinship-A		Kinship-R		Adoption - R		ALL- R		Domain
Family Relationships	#	%	#	%	#	%	#	%	#	%	#	%	Family Relationships
Asset	Child Can Confide In One Adult or Older Sibling in The Family												:Risk Factor
Strengthened	2	10%			2	17.0%	1	8%			1	5%	Strengthened to Asset
Maintained	15	75%	8	100%	7	58%							Strengthened
Weakened	1	5%			1	8%							Maintained
Reduced to Risk Factor	1	5%			1	8%							Weakened to Great Risk
Asset:	At least 1 adult/order sibling is sensitive to child's feelings/problems												:Risk Factor
Strengthened													Strengthened to Asset
Maintained	16	80%	8	100%	8	67%							Strengthened
Weakened	3	15%			3	25%							Maintained
Reduced to Risk Factor	1	5%			1	8%							Weakened to Great Risk
Asset:	At least 1 adult/order sibling is interested in the child's activities												:Risk Factor
Strengthened													Strengthened to Asset
Maintained	18	90%	8	100%	10	83%							Strengthened
Weakened	2	10%			2	17%							Maintained
Reduced to Risk Factor													*Weakened to Great Risk*
Asset:	Discipline is consistent												:Risk Factor
Strengthened	1	5%			1	12.5%							Strengthened to Asset
Maintained	14	74%	8	100%	6	50%							Strengthened
Weakened	3	16%			3	25%							Maintained
Reduced to Risk Factor							1	12.5%			1	5%	Weakened to Great Risk
Asset:	Caregivers Communicate Clear Expectations												:Risk Factor
Strengthened													Strengthened to Asset
Maintained	14	70%	8	100%	6	50%							Strengthened
Weakened	4	20%			4	34%	1	8%			1		Maintained
Reduced to Risk Factor	1	5%			1	8%						5%	Weakened to Great Risk

Domain	ALL- A		Adoption - A		Kinship-A		Kinship-R		Adoption - R		ALL- R		Domain
Family Relationships	#	%	#	%	#	%	#	%	#	%	#	%	Family Relationships
Asset:					Caregivers Recognize Children's Successes								:Risk Factor
Strengthened							1	8%					Strengthened to Asset
Maintained	14	70%	8	100%	6	50%							Strengthened
Weakened	4	20%			4	34%							Maintained
Reduced to Risk Factor	1	5%			1	8%							Weakened to Great Risk
Asset:					Child's Household Responsibilities Are Age Appropriate								:Risk Factor
Strengthened	2	10%	2	25.0%									Strengthened to Asset
Maintained	14	70%	5	62.5%	9	75%							Strengthened
Weakened	3	15%	1	12.5%	2	17%							Maintained
Reduced to Risk Factor	1	5%			1	8%							Weakened to Great Risk
Asset:					Caregivers & Older Siblings Respect Child's Boundaries (physical)								:Risk Factor
Strengthened	1	5%			1	8.5%	1	8.5%			1	5%	Strengthened to Asset
Maintained	15	75%	8	100%	7	58%							Strengthened
Weakened	3	15%			3	25%							Maintained
Reduced to Risk Factor													Weakened to Great Risk
Asset:					Caregivers & Older Siblings Respect Child's Boundaries (emotional)								:Risk Factor
Strengthened	1	5%	1	12.5%									Strengthened to Asset
Maintained	13	65%	7	87.5%	6	50%							Strengthened
Weakened	3	15%			3	25%	1	8%			1	5%	Maintained
Reduced to Risk Factor	1	5%			1	8%	1	8%			1	5%	Weakened to Great Risk
Asset:					Family Members Have A Variety of Emotional Outlets								:Risk Factor
Strengthened	1	5%			1	10%							Strengthened to Asset
Maintained	15	79%	8	100%	7	70%							Strengthened
Weakened	3	16%			3	30%							Maintained
Reduced to Risk Factor													Weakened to Great Risk

Domain	ALL- A		Adoption - A		Kinship-A		Kinship-R		Adoption - R		ALL- R		Domain
Family Relationships	#	%	#	%	#	%	#	%	#	%	#	%	Family Relationships
Asset:	Family Members Discuss Losses of Other Family Members												:Risk Factor
Strengthened													Strengthened to Asset
Maintained	14	88%	8	100%	6	75%							Strengthened
Weakened	1	6%			1	12.5%							Maintained
Reduced to Risk Factor	1	6%			1	12.5%							Weakened to Great Risk
Asset:	Family Relationships: Caregivers Have History of Seeking Outside Help When Needed												:Risk Factor
Strengthened	2	10%			2	15%							Strengthened to Asset
Maintained	14	67%	8	100%	6	46%							Strengthened
Weakened	4	19%			4	31%							Maintained
Reduced to Risk Factor	1	4.5%			1	8%							Weakened to Great Risk
Peer Relationships													Peer Relationships
Asset:	Child Seeks Relationships With Similar Aged Peers												:Risk Factor
Strengthened	4	19%	3	38%	1	8%	2	15.0%			2	9.5%	Strengthened to Asset
Maintained	6	29%	2	25%	4	31%			1	12%	1	4.5%	Strengthened
Weakened	5	24%	1	12%	4	31%			1	12%	1	4.5%	Maintained
Reduced to Risk Factor	2	9.5%			2	15%							Weakened to Great Risk
Asset:	Other Children Seek Out Child												:Risk Factor
Strengthened	1	5%			1	8.5%							Strengthened to Asset
Maintained	11	58%	4	57%	7	58%			1	14%	1	5%	Strengthened
Weakened	4	22%	1	14%	3	25%	1	8.5%			1	5%	Maintained
Reduced to Risk Factor	1	5%	1	14%									Weakened to Great Risk
Asset:	Child Spends Time With Other Prosocial Children												:Risk Factor
Strengthened	4	21%			4	33%			1	14.5%	1	5%	Strengthened to Asset
Maintained	10	53%	5	71%	5	42%							Strengthened
Weakened	2	11%	1	14.5%	1	8%	1	8%			1	5%	Maintained
Reduced to Risk Factor	1	5%			1	8%							Weakened to Great Risk

Domain	ALL- A		Adoption - A		Kinship-A		Kinship-R		Adoption - R		ALL- R		Domain
Peer Relationships	#	%	#	%	#	%	#	%	#	%	#	%	Peer Relationships
Asset:					Child Has Interest Similar To Same Aged Peers								:Risk Factor
Strengthened	1	4.5%			1	8.0%	2	15.0%			2	10%	Strengthened to Asset
Maintained	14	67%	6	75%	8	62%							Strengthened
Weakened	1	4.5%	1	12.5%									Maintained
Reduced to Risk Factor	3	14%	1	12.5%	2	15%							Weakened to Great Risk
Asset:					Child Has Maintained A Relationship With Same Aged Peer								:Risk Factor
Strengthened	3	15%	1	14%	2	16%	1	7.5%			1	5%	Strengthened to Asset
Maintained	11	55%	4	57%	7	54%							Strengthened
Weakened	1	5%			1	7.5%	1	7.5%	1	14%	2	10%	Maintained
Reduced to Risk Factor	2	10%	1	14.0%	1	7.5%							Weakened to Great Risk
Asset:					Child Has Sense Of Belonging Within Organized Peer Social Groups								:Risk Factor
Strengthened	6	31.5%	3	43%	3	25%	2	16%			2	10.5%	Strengthened to Asset
Maintained	7	36.5%	3	43%	4	33%							Strengthened
Weakened	2	10.5%	1	14.0%	1	9%							Maintained
Reduced to Risk Factor	1	10.5%			2	16%							Weakened to Great Risk
Asset:					Child Enters Into New Activities With Sense Of Adventure & Confidence								:Risk Factor
Strengthened	5	25.0%	4	50%	1	8.3%	3	25%			3	15%	Strengthened to Asset
Maintained	6	30.0%	3	37.5%	3	25%							Strengthened
Weakened	4	20.0%	1	12.5%	3	25%	1	8.3%			1	5%	Maintained
Reduced to Risk Factor	1	5.0%			1	8.3%							Weakened to Great Risk
Asset:					Child Does At least One Thing Well								:Risk Factor
Strengthened	3	14%	1	12.5%	2	15%							Strengthened to Asset
Maintained	14	67%	6	75%	8	62%							Strengthened
Weakened	4	19%	1	12.5%	3	23%							Maintained
Reduced to Risk Factor													Weakened to Great Risk

Domain	ALL- A		Adoption - A		Kinship-A		Kinship-R		Adoption - R		ALL- R		Domain
Peer Relationships	#	%	#	%	#	%	#	%	#	%	#	%	Peer Relationships
Asset:				Child's Peer Interactions Are Generally Civil									:Risk Factor
Strengthened	4	20%	1	12.5%	3	25%	1	8%			1	5%	Strengthened to Asset
Maintained	10	50%	5	63%	5	42%							Strengthened
Weakened	4	20%	2	25%	2	15%							Maintained
Reduced to Risk Factor	1	5%			1	8.0%							Weakened to Great Risk
Asset:				Child Gives Time and Attention To Learning New Things									:Risk Factor
Strengthened	1	5%			1	8.5%	3	25%			3	15%	Strengthened to Asset
Maintained	11	55%	7	87.5%	4	33%							Strengthened
Weakened	4	20%	1	12.5%	3	25%							Maintained
Reduced to Risk Factor							1	8.5%			1	5%	Weakened to Great Risk

TABLE 13: Attachment Checklist Results

Child Behavior	ALL		Adoption		Kinship	
	#	%	#	%	#	%
Approaches Strangers With Caution						
Positive Change	25	40%	13	45%	12	35%
Stable	33	52%	16	55%	17	50%
Negative Change	5	8%			5	15%
Is Tolerant of Change						
Positive Change	17	27%	8	27%	9	27%
Stable	39	63%	19	66%	20	61%
Negative Change	6	10%	2	7%	4	12%
Tolerates Limits and Controls						
Positive Change	25	40%	12	41%	13	38%
Stable	32	51%	17	59%	15	44%
Negative Change	6	9%			6	18%
Manages Anger in An Age Appropriate Fashion						
Positive Change	20	32%	10	34%	10	24%
Stable	40	63%	17	59%	23	68%
Negative Change	3	5%	2	7%	1	3%
Is Accepting Of Rules						
Positive Change	26	43%	14	52%	12	35%
Stable	32	52%	13	48%	19	56%
Negative Change	3	5%			3	9%
Asks Parents For Help						
Positive Change	29	46%	20	71%	9	25%
Stable	32	51%	8	29%	24	69%
Negative Change	2	3%			2	6%
Displays a Wide Range Of Appropriate Feelings						
Positive Change	19	31%	12	43%	7	20%
Stable	37	60%	14	50%	23	38%
Negative Change	6	9%	2	7%	4	12%
Initiates Interactions						
Positive Change	17	28%	10	37%	7	21%
Stable	43	70%	16	59%	27	79%
Negative Change	1	2%	1	4%	1	3%

Attachment Checklist Results						
Child Behavior	ALL		Adoption		Kinship	
	#	%	#	%	#	%
Is Caring With Animals						
Positive Change	24	39%	14	52%	10	29%
Stable	34	56%	13	48%	21	62%
Negative Change	3	5%			3	9%
Sleeps Well At Night						
Positive Change	27	43%	14	50%	13	37%
Stable	33	52%	13	46%	20	57%
Negative Change	3	5%	1	4%	2	6%

TABLE 14

Exit Interview Summary

Directed Permanency Interview: Exit/Adoption

Interviews attempted: **26**
Interviews conducted: **19**
Responses are ranked from 1 to 5 with 1 being the lowest and 5 being the highest
N/A = Not Applicable

1) **My permanency project SW has responded to my needs and concerns in a helpful manner (19):**

5: 16	4: 3	3:	2:	1:	N/A:
84%	16%				

Comments:

1. We are very appreciative of our Adoption SW. We feel very blessed to have had her and all of her encouraging and support. Can always reach her even though she is only part time.
2. Our Adoption SW was very supportive and helpful.
3. Adoption SWs were very helpful. Wish there was less paperwork in the adoption process.
4. Adoption SW is a guardian angel. She has been wonderful.

2) **Information I received during the Permanency Project sponsored training has been helpful to my family (19):**

5: 11	4.5: 1	4: 6	3:	2: 1	1:	N/A:
58%	5%	32%		5%		

Comments:

1. Transracial Adoption, Leadership training, Disruption, Grief Training
2. We could have used more support at transition time, maybe a pamphlet about switching from Foster Care to Relative Custody Assistance.
3. Childcare allowed us to attend.
4. Received very useful information at the trainings.
5. Only went to one but it was very helpful.
6. There were many more opportunities for training with the permanency project in place.

3) **The placement and permanency plan process proceeded at about the speed I was told it would (18):**

5: 12	4.5: 1	4: 1	3: 2	2: 1	1: 1	N/A:
68%	5.5%	5.5%	11%	5%	5%	

Comments:

1. The initial process of getting a child had taken longer that we anticipated.
2. They had hoped it would take 6 months and it took 9 months. Everyone said to expect it to take a long time.
3. Just perfect.

4) **I have been adequately prepared for the experiences I have had so far (19):**

5: 7	4.5: 1	4: 6	3: 4	2:	1: 1	N/A:
37%	5%	32%	21%		5%	

Comments:

1. Placement disrupted.
2. It was nobody's fault. The information was so lacking on child. His problems were much more difficult than we imagined. Adoption Social Worker was helpful with giving out resources. Ramsey County was only willing to put him through the Attachment Center as it had been pre-authorized with the relative. Ramsey County could have offered me more support.
3. Nobody's fault; nobody knew what issues she had as she was so young. It's different than getting an older child. She had major feeding issues and sensory issues.

5) **I felt respected and appreciated by the agency as a Kinship/<u>Adoption</u> parent (19):**

5: 14	4: 5	3:	2:	1:	N/A:
74%	26%				

Comments:

1. Definitely.

6) **Agency staff is sensitive to my culture and viewpoint (18):**

5: 14	4: 2	3: 1	2:	1:	N/A: 1
78%	12%	5%			5%

Comments:

1. As a government agency, everyone is respectful of our religious beliefs

7) **My Permanency Project SW helped me connect with community resources (17):**

5: 15	4: 2	3:	2:	1:	N/A:
88%	12%				

Comments:
1. YMCA, Trainings

8) **The child(ren) has/have maintained connections to important kin/family (19):**

5: 7	4: 1	3: 1	2:	1: 1	N/A: 9
38%	5%	5%		5%	47%

Comments:
1. Not birth family; just foster family.
2. Placed in their home due to a sibling being there. They had no prior relationship with the sibling, who had been placed as an infant.
3. Foster family.

9) **My community provides adequate support services for Kinship/Adoptive families: (if 1 or 2, what would you suggest?) (18)**

5: 9	4: 4	3: 4	2: 1	1:	N/A:
50%	22%	22%	6%		

Comments:
1. More support for parents going through a disruption; use this parent as a resource for other parents.
2. The kinship support group started at the end of our placement.
3. There is more than she ever imagined—trainings, mentoring, Family Integration Events.
4. Things are not advertised very much for people who have not adopted through Anoka County.
5. School: no. The hospitals are pretty good at it. Family building activities have been very helpful. So much better than prior to your project. Before, things were so sporadic. Now there are events that we know will be attended by other people and the kids look forward to them.
6. Some limited service, but not many.

10) **Permanency Project sponsored support groups were helpful for my family (19):**

5: 12	4: 2	3:	2:	1:	N/A: 5
63%	11%				26%

Comments:

11) **Respite childcare benefited my family (18):**

5: 12	4: 1	3:	2: 1	1:	N/A: 4
67%	5%		5%		23%

Comments:

1. Thank you very much. With a single income family, it is very helpful.
2. There was not enough respite available. There is no listing of adequate people for care. We were only given one person. They weren't available, so there was no one to fall back on. Should have lists of families, not just one person.

12) **Weekend respite care benefited my family (19):**

5: 4	4:	3:	2:	1:	N/A: 15
21%					79%

Comments:

1. We did not use weekend respite for our adoptive placement as we could use our family for respite. Since the placement of our foster child, we have relied on respite care.
2. There was not enough respite available.

13) **Permanency Project Mentors were helpful for my family (19):**

5:	4:	3:	2:	1: 1	N/A: 18
			5%	95%	

Comments:

1. Mentors not available at this time in the project.
2. We are a mentor family.
3. This program component was not developed at our point of entry. We are a mentor family.

14) **Family-based family preservation services (parent skills training, family-based therapy) were helpful for the family (19):**

5: 2	4: 1	3:	2:	1: 1	N/A: 15
11%	5%			5%	79%

Comments:

1. The Attachment Disorder place should have been at the beginning instead of waiting until we were at our wit's end. We were going to give him back after the adoption, and then they came up with the money to keep him there. We had to take 2 leaves from work. You should make a connection between the Center and the County since it's very costly so more families can take advantage.

15) **Overall, I am satisfied with my Permanency Project experience (19):**

5: 15	4: 2	3: 2	2:	1:	N/A:
79%	10.5%	10.5%			

Comments:

1. Could be some improvement. I suggest not having a round table meeting with everyone. I hoped to get suggestions, but my husband was in a different state of mind about things at that time. Nobody came up with suggestions. It didn't help that my husband and I were in two different states of mind. It would have been helpful to meet individually first rather than in a big meeting.
2. We were one of the first families. Not all the services were in place in the project. The services we received were beneficial and we see how the newly developed services will benefit families.
3. All of the staff have been friendly and helpful. Even the Coordinator. We've felt comfortable talking about respite childcare. We feel like, with Anoka County, the interest is there. We did not have that same feeling with (private agency.) The County has provided wonderful support and really cares. (Private agency) from time to time will send us something asking us to contribute to their adoption cause, but we never hear anything from them on training opportunities and they never ask "how is your daughter?"
4. Really sad it came to an end. Benefited large families greatly. Won't be able to do activities like zoo & Valley Fair, picnics, school supplies. It was so helpful! The Permanency Project tried to connect adoptive families to each other.
5. Very good experience.
6. We value this program and believe it needs to continue. Feels the services are saving the county and state money in the long run with having less disruptions leading to less money being spent on out-of-home placements.
7. Everyone has been so helpful. Anoka County is highly recommended!
8. Post-placement adoption services are key and essential to the success of the adoption.
9. Feels that it is just the greatest program and has been so wonderful for their family.
10. Would hope the government would find some sort of project like this again. This helped with huge connections for us and really made everything go much smoother.

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TABLE 15
Exit Interview Summary

Directed Permanency Interview: Exit/Kinship

Interviews attempted: **42**
Interviews conducted: **29***
Responses are ranked from 1 to 5 with 1 being the lowest and 5 being the highest
N/A = Not Applicable

1) **My permanency project SW has responded to my needs and concerns in a helpful manner (26):**

5: 17	4: 7	3:	2:	1: 2	N/A:
65%	27%			8%	

Comments:

1. *The Permanency Project SWs* returned phone calls. We were unhappy with the services of the CP SW. The CP SW wasn't returning phone calls and left their position. We feel we would have been left hanging if it weren't for the services of the Permanency Project as we were not getting primary case management services.
2. Had I not had the history with the girls, I may have needed more support. We were somewhat overwhelmed initially due to the number of people involved. The case manager needs to see us every 2 weeks.
3. They were great, would visit once a month.
4. Really liked out project social worker.
5. I give her a 100!

2) **Information I received during the Permanency Project sponsored training has been helpful to my family (29):**

5: 10	4: 4	3: 1	2:	1: 1	N/A: 13
35%	14%	3%		3%	45%

Comments:

1. We could have used more support at transition time, maybe a pamphlet about switching from Foster Care to Relative Custody Assistance.
2. No, received a lot of information through the mail and saved the paperwork.
3. Felt the February training on attachment was very helpful. Will look for future training opportunities. Will be attending the FAS (Fetal Alcohol Syndrome) training in April. The childcare stipend for the training is very beneficial. Assists her in attending.
4. Only went to one.
5. The placement went so fast. Not enough time to get involved with some of the program components. Things moved along quickly.

3) **The placement and permanency plan process proceeded at about the speed I was told it would (28):**

5: 15	4.5: 1	4: 4	3: 4	2: 1	1: 2	N/A: 1
54.5%	3.5%	14%	14%	3.5%	7%	3.5%

Comments:

1. Our goal had been that our daughter would get her child back.
2. Due to Family Court, it actually got done sooner than expected.
3. The process was very slow. It took from June through September.
4. Initially it took forever to get into court. The entire court process went slowly. The parents did not have a strong case plan and were given many chances.

4) **I have been adequately prepared for the experiences I have had so far (27):**

5: 14	4: 5	3: 4	2: 1	1: 3	N/A:
51%	19%	15%	4%	11%	

Comments:

1. Need to revamp the ending process. Relative Custody Assistance is confusing.
2. There is nothing that the Permanency Project SWs could have done to help prepare. We may have been better off if we had some sort of meeting before hand. We only had one meeting with the CP SW.
3. Teenagers today don't have the same level of respect. The teen felt like she just deserved things and gave no thanks and showed not gratitude. The role change was difficult for both of us. Her social life ruled her. The teen had a hard time being herself.
4. They were given a wealth of information and they already knew the girls.
5. Doesn't know. How do you rate this? How can a kin provider ever truly be prepared?
6. A "4" for effort, but how do you ever prepare?
7. Never adequately for anything like this.

5) **I felt respected and appreciated by the agency as a <u>Kinship</u>/Adoption parent (29):**

5: 23	4: 3	3: 1	2:	1: 2	N/A:
79%	10.5%	3.5%		7%	

Comments:

1. Very nice and don't know what we would have done without them.
2. Definitely.

6) **Agency staff is sensitive to my culture and viewpoint (28):**

5: 19	**4.5: 1**	**4: 5**	**3: 1**	**2:**	**1: 2**	**N/A:**
68%	**3.5%**	**18%**	**3.5%**		**7%**	

7) **My Permanency Project SW helped me connect with community resources (26):**

5: 17	**4: 3**	**3: 1**	**2:**	**1:**	**N/A: 5**
65%	**12%**	**4%**			**19%**

Comments:

1. Kinship SW sent support group information and YMCA Membership.
2. We see a handful of kids all the time at the YMCA so it has been a great resource.

8) **The child(ren) has/have maintained connections to important kin/family (28):**

5: 22	**4: 1**	**3: 2**	**2:**	**1: 1**	**N/A: 2**
79%	**3.5%**	**7%**		**3.5%**	**7%**

Comments:

1. Her sister. She rarely called. Saw her mother twice as she was incarcerated.
2. Sees dad 2 to 3 times per week. Dad has custody, but child remains with grandma. Mom's visits.
3. Our child still writes.
4. Her relationship with her sister is still strained. They were supposed to do some "sister to sister" counseling together, but her sister never followed through. She still sees the kids when her sister "isn't being a jerk." Doesn't feel her sister values or realizes what she actually did for her by caring for her kids.

9) **My community provides adequate support services for Kinship/Adoptive families: (if 1 or 2, what would you suggest?) (28)**

5: 10	4: 8	3: 4	2:	1: 1	N/A: 5
36%	29%	14%		3%	18%

Comments:

1. The kinship support group started at the end of our placement.
2. The community as a whole doesn't recognize us as a kinship family.
3. The school helped a lot.
4. Not sure.
5. Don't know.
6. Might not have known to ask what else there might be in the community.
7. Would find it helpful to have training or discussion about schools. Just found out about PACT schools. Thinks a resource night for schools would be good.
8. They are in a really good church with much diversity in MPLS.
9. Haven't tried any.
10. More involved thru program.
11. Short placement.
12. Didn't really have a chance to really figure it out or identify need as our placement was very short.

10) **Permanency Project sponsored support groups were helpful for my family (29):**

5: 6	4: 2	3:	2:	1:	N/A: 21
21%	7%				72%

Comments:

1. We felt like we were functioning well on own and didn't need it.
2. I can't drive at night (taxi services and reimbursement for other transport modes was offered.)
3. It may have been information we already had. She may have given more support than she received support. Her family is very skilled and was asked to be a mentor family.
4. Learned she wasn't as bad as she thought.
5. Got a lot out of those sessions. They really were helpful with how to raise his teen-age kids. His kids also enjoyed coming to the childcare.

11) **Respite childcare benefited my family (28):**

5: 11	4:	3:	2:	1:	N/A: 17
39%					61%

Comments:
1. This was a huge benefit.
2. This really helped.

12) **Weekend respite care benefited my family (29):**

5: 2	4: 1	3: 1	2:	1:	N/A: 25
7%	3.5%	3.5%			86%

Comments:
1. We used family members, our daughter who does daycare, or the dad.
2. We have been asked by a new foster family to provide respite care for our teenager, but have declined because our teenager is still taking advantage of us and I have problems being firm. This is her (teenagers) second placement since she left our home.
3. Have a problem with the concept of sending kids to an unfamiliar kin home. They did send the kids on two occasions to their former foster home. This was helpful.

13) **Permanency Project Mentors were helpful for my family (28):**

5:	4:	3:	2:	1:	N/A: 28
					100%

Comments:
4. Mentors not available at this time in the project.

14) **Family-based family preservation services (parent skills training, family-based therapy) were helpful for the family (29):**

5: 3	4: 1	3:	2:	1:	N/A: 25
10%	4%				86%

Comments:
1. Child was unwilling to participate. They had 4 sessions.
2. Although helpful, she (child) was pretty set in her ways and was not interested in changing.
3. No one, including the Guardian ad litem, stepped up to do this.

15) **Overall, I am satisfied with my Permanency Project experience (27):**

5: 20	4: 4	3: 1	2:	1: 2	N/A:
74%	15%	4%		7%	

Comments:

1. We would do it again.
2. The Social Workers were great, but the role change with my granddaughter was difficult.
3. Was definitely very pleased with the project.
4. Would never do it again. All the workers were young with little experience.
5. We are very happy to have him here and things are going great.
6. Would like to become a traditional foster parent, even if only as an emergency home. Really had a good experience.
7. We don't have ____ anymore but still take him from time to time. Boundaries were good. Overall, a very positive experience. We had told the parents we would need to do what the County was expecting us to do. This helped with keeping clear boundaries.

*A language barrier interfered with the exit survey process for one participant.

TABLE 16
PERMANENCY PROJECT
FOCUS GROUP RESPONSES
3/30/2004

1. **How would you define what the Permanency Project is?**
   - "During adoption" and post adoption support services for families
   - "Great"
   - Program that enables adoptive families to do things and have things to enable permanency ($$ for respite, activities for families)
   - Provided memory making times—wouldn't have done them without this support
   - Support for "4-Keeps"—it's tightly established now. Families took over different events, like gym night. 91 people came.
   - Not having support like this can break an adoption. The alternative is isolation with no community to receive support from.

2. **How comfortable were you with the Permanency Project?**
   - Confusing. What's 4-Keeps? What's the Permanency Project? What are the boundaries? It was not explained real well.
   - Roles weren't well defined
   - Social Workers weren't always clear about what was ok and what was not
   - Needed to ask questions but didn't know what to ask for
   - Relationships with the Social Workers were very supportive
   - Nancy Le—couldn't have asked for anyone more supportive
   - Sharon and Anne—supportive and accommodating

3. **What would you change?**
   - It (project) needs to be permanent
   - Make the program description clear and easy to understand
   - Involve the parents in the process right from the start
     - How to spend money
     - Planning events
     - Identifying needs so they are prioritized to fit how the families define their needs
   - Create an "Adoptive Parent Hotline"/therapeutic support line
   - Add whole family respite
   - Wider range of culturally diverse activities
   - Need to hear about the project many times and in many different formats. Family is in "placement shock" when the child arrives and cannot absorb the information
   - "T-Shirts"
     - To build identity
     - For member identification during community Family building events

4. **How did the Permanency Project help your child become part of your family?**
   - Family building activities helped us start our family history. Pictures in our scrapbook from the last year are all from Permanency Project Family building activities
   - Gave us a place where our children could see other families and children of other races
   - Helped "earlier" kids accept the "new child" because the Permanency Project came with that child
   - Never could have experienced these events without of the support of the Permanency Project
   - Other Project families gave "J" his "welcome into the family" gift. The other Project families understood the importance of this.
   - Surveillance camera purchased by the Permanency Project made it possible for us to keep our child.

5. **How did the Permanency Project help you meet your child's cultural needs?**
   - Al l day conference for trans-cultural families. Fee was paid by the project. The fee is per child, so this was a big help. Helped us become connected.
   - What happened to the "hair seminar?"
   - Pow Wow increased our awareness
   - NACAC's transracial adoption workshop—excellent training. Make this pre-placement as well as post placement. Maybe require for anyone interested in adoption.
   - Connects us to existing resources.
   - Gave us a place where our children saw children of their own race and culture

6. **Did anything make it hard for you to participate?**
   - "Busy life"
   - Need for balanced opportunities

7. **Did anything make it easier for you to participate?**
   - MEALS—it was a blessing to not have to worry about dinner.
   - CHILD CARE—it was there when we needed it.
   - Low or no cost events
   - Great they were scheduled on different days, different times—during the day, nights and weekends. You even had something for home-schooled kids! (Writing their own books was impactful for these kids)
   - You gave early notice and reminder flyers. Made it easy to register.
   - Library was great. Everyone should read "When Love Is Not Enough"

8. **Is there anything you needed that the Permanency Project did not address?**
   - Permanency Project Directory—membership roster with pictures
   - Crisis Line
   - Parent to parent pairing (new/old)—phone number sharing. Nancy Le was always good about making connections for us.
   - Let parents know what is available
   - Gas cards
   - "Pamper the Parents Day"
   - Being honest about the respite child care program (limitations)
   - Give "When Love Is Not Enough" when doing the Home Study
   - Care kit for adoptive families
   - Resource guide of adoptive parents willing to be called by adoptive parents
   - Sensory tools "tool kit"

9. **Did you get what you expected from the Permanency Project?**
   - I didn't know what to expect
   - Betsy delivered!
   - Respite $$--make broader---make it a "family support fund"
   - AT and NL did a fantastic job with this new program
   - "Not quite getting it" might not have happened as much with parent involvement
   - Back to School Event was excellent
   - We left the Permanency Project with a huge support system. Never would have made the connections without it. The children developed a huge support system. They would recognize the vans of the other parents. The kids supported each other at school.
   - The variety of events made these connections possible
   - Members feel good to see new families make connections
   - Want to make sure "4-Keeps can get the resources and information out to families. Need to create a roster.

TABLE 17: Caregiver Demographics: general

Demographics	ALL		Adoption		Kinship	
	#	%	#	%	#	%
AGE						
18-25	1	0%			1	1%
26-40	81	47%	42	61%	39	38%
41-60	76	45%	27	39%	49	48%
>60	13	8%			13	13%
GENDER						
Female	90	53%	37	54%	53	53%
Male	79	47%	32	46%	47	47%
MARITAL STATUS (Family)						
Married	76	80%	34	94%	42	71%
Never Married	4	4%	1	3%	3	5%
Not Married; Living w/Partner	4	4%	1	3%	3	5%
Widowed	1	1%			1	2%
Divorced	10	11%			10	17%
RACE/ETHNICITY						
Asian	1	<1%	1	1%		
Black	6	4%	1	1%	5	5%
Latino/Hispanic						
American Indian/Alaskan Native	1	<1%			1	1%
White	168	95%	67	97%	101	94%
EDUCATION						
Some High School	1	1%			1	1%
Graduated High School	81	49%	26	38%	55	58%
Some College	35	21%	23	33%	12	13%
College Graduate	43	26%	18	26%	25	26%
Graduate Degree	4	2%	2	3%	2	2%
EMPLOYMENT						
Homemaker	19	11%	13	19%	6	6%
General Labor	41	24%	18	26%	23	23%
Management	7	4%	4	6%	3	3%
Not Employed	3	2%			3	3%
Professional	51	30%	24	35%	27	27%
Retired	14	8%			14	14%
Student	1	<1%			1	1%
Self-Employed	12	7%	3	4%	9	9%
Technical	20	12%	7	10%	13	13%

Caregiver Demographics: general

Demographics	ALL (99*)		Adoption (36)		Kinship (63*)	
	#	%	#	%	#	%
FAMILY INCOME						
<10,000	1	1%			1	2%
10,001-20,000	2	2%			2	3%
20,001-30,000	12	13%	2	6%	10	19%
30,001-40,000	13	15%	6	17%	7	13%
40,001-50,000	17	19%	12	34%	5	9%
50,001-75,000	20	22%	6	17%	14	26%
75,001-100,000	15	17%	9	26%	6	11%
>100,000	9	10%			9	17%
CAREGIVER HEALTH						
Good	142	84%	68	99%	74	73%
Fair	27	16%	1	1%	26	26%
Poor	1	<1%			1	1%
NUMBER OF CAREGIVERS (Family Composition)						
2	78	82%	34	94%	44	75%
1	17	18%	2	6%	15	25%
FATHER'S ROLE						
Active	67	77%	33	92%	34	67%
Inactive	8	9%			8	16%
Not Applicable	12	14%	3	8%	9	17%
# OTHER CHILDREN PARENTED						
0	13	15%	7	19%	6	12%
1	17	20%	9	25%	8	16%
2	26	30%	9	25%	17	34.0%
3	19	22%	4	11%	15	30%
4	4	5%			4	8.0%
5	5	6%	5	14%		
6	1	1%	1	3%		
12	1	1%	1	3%		
RELIGION						
Catholic	11	9%	10	14%	1	2%
Christian	71	59%	43	62%	28	55.0%
Native American						
Other	2	2%			2	4.0%
Protestant	24	20%	10	14%	14	27.0%
None	12	10%	6	8%	6	12%

Caregiver Demographics: general

Demographics	ALL		Adoption		Kinship	
	#	%	#	%	#	%
SOCIAL SUPPORT (Total Caregivers)						
Other Family	150	40%	60	34%	90	47%
Other Friends	122	32%	59	32%	63	33%
Community Organizations	53	14%	34	18%	19	10%
Work/School	35	9%	21	11%	14	7%
Neighbors	13	3%	10	5%	3	1%
Other	4	1%			4	2%
RECEIVED PROJECT SERVICES						
Yes	77	77%	33	92%	44	69%
No	23	23%	3	8%	20*	31%
RELATIONSHIP TO CHILD						
Non-Relative Adoption	32	37%	31	86%	1	1%
Extended Relative	7	8%			7	14%
Foster Parent	3	3%	3	8%		
Grandparent	24	28%	1	3%	23	45%
Non-relative Kin	8	9%			8	16%
Aunt/Uncle	13	15%	1	3%	12	24%

* 1 Family and child had 2 placements

TABLE 18: Caregiver Demographics: No Project Services

Demographics	ALL		Adoption		Kinship	
	#	%	#	%	#	%
AGE						
18-25						
26-40	8	15%	2	50%	6	12%
41-60	23	44%	2	50%	21	44%
>60	21	40%			21	44%
GENDER						
Female	18	51%	2	50%	16	51%
Male	17	49%	2	50%	15	49%
Marital Status						
Married	19	86%	2	100%	17	85%
Never Married	1	5%			1	5%
Not Married; Living w/Partner						
Widowed						
Divorced	2	9%			2	10%
RACE/ETHNICITY						
Bi-racial						
Black	2	6%			2	6%
Latino/Hispanic						
American Indian/Alaskan Native						
White	33	94%	4	100%	29	94%
EDUCATION						
Some High School						
Graduated High School	15	52%	2	50%	13	52%
Some College						
College Graduate	10	34%			10	40%
Graduate Degree	4	14%	2	50%	2	8%
EMPLOYMENT						
Homemaker	3	10%	1	25%	2	8%
General Labor	4	13%	1	25%	3	12%
Management	1	4%			1	3%
Not Employed						
Professional	9	30%	2	50%	7	27%
Retired	9	30%			9	35%
Student						
Self-Employed	4	13%			4	15%
Technical						

Caregiver Demographics: No Project Services

Demographics	ALL		Adoption		Kinship	
	#	%	#	%	#	%
FAMILY INCOME						
<10,000						
10,001-20,000						
20,001-30,000	1	8%			1	8%
30,001-40,000	3	23%			3	25%
40,001-50,000	2	15%			2	17%
50,001-75,000	1	8%			1	8%
75,001-100,000	2	15%			2	17%
>100,000	4	31%	1	100%	3	25%
CAREGIVER HEALTH						
Good	22	67%	4	100%	18	62%
Fair	9	27%			9	31%
Poor	2	6%			2	6%
NUMBER OF CAREGIVERS						
2	16	84%	2	100%	14	82%
1	3	16%			3	18%
FATHER'S ROLE						
Active	13	72%	2	100%	11	69%
Inactive	2	11%			2	12%
Not Applicable	3	17%			3	19%
# OTHER CHILDREN PARENTED						
0	5	28%	1	50%	4	25%
1	2	11%			2	13%
2	6	33%	1	50%	5	31.0%
3	4	22%			4	25.0%
4	1	6%			1	6.0%
5						
6						
RELIGION						
Catholic						
Christian	11	48%	4	100%	7	37.0%
Native American						
Other	2	9%			2	11.0%
Protestant	8	34%			8	41.0%
None	2	9%			2	11.0%

Caregiver Demographics: No Project Services

Demographics	ALL		Adoption		Kinship	
	#	%	#	%	#	%
SOCIAL SUPPORT (Total Caregivers)						
Other Family	22	56%	3	75%	19	54%
Other Friends	18	46%	2	50%	16	46%
Community Organizations	1	3%			1	3%
Work/School	4	10%	1	25%	3	9%
Neighbors	2				2	6%
Other						
RELATIONSHIP TO CHILD						
Non-Relative Adoption	1	6%	1	50%		
Extended Relative						
Foster Parent						
Grandparent	10	63%	1	50%	9	64%
Non-relative Kin	2	12%			2	14%
Aunt/Uncle	3	19%			3	24%
PLACEMENT LENGTH (months)						
<1	6	27%			6	30%
1	5	23%			5	25%
2	2	8%			2	10%
3	1	4%			1	8.75%
4	1	4%			1	8.75%
5	4	18%				
7	2	8%	1	50%	1	8.75%
9	1	4%			1	8.75%
17	1	4%	1	50%		

TABLE 19: Caregiver Demographics: Disruptions

Demographics	ALL		Adoption		Kinship	
	#	%	#	%	#	%
AGE						
18-25	1	4%			1	5%
26-40	10	40%	3	50%	7	35%
41-60	12	48%	3	50%	9	45%
>60	2	8%			2	10%
GENDER						
Female	14	54%	5	83%	9	45%
Male	12	46%	1	17%	11	55%
MARITAL STATUS						
Married	10	67%	2	50%	8	73%
Never Married	2	13%	1	25%	1	9%
Not Married; Living w/Partner	1	7%	1	25%		
Widowed						
Divorced	2	13%			2	18%
RACE/ETHNICITY						
Bi-racial						
Black	1	4%			1	5.5%
Latino/Hispanic						
American Indian/Alaskan Native	1	4%			1	5.5%
White	23	92%	6	100%	17	89%
EDUCATION						
Some High School	1	2%			1	5%
Graduated High School	6	24%			6	32%
Some College	12	48%	4	67%	8	42%
College Graduate	6	24%	2	33%	4	21%
Graduate Degree						
EMPLOYMENT						
Homemaker	2	11.5%			2	12%
General Labor	5	22%	2	33%	3	18%
Management	3	13%	1	16.5%	2	12%
Not Employed	1	4%			1	5.5%
Professional	7	30%	2	33%	5	29%
Retired	2	12%			2	12%
Student	1	4%			1	5.5%
Self-Employed	1	4%			1	5.5%
Technical	1	4%	1	16.5%		

Caregiver Demographics: Disruptions

Demographics	ALL		Adoption		Kinship	
	#	%	#	%	#	%
FAMILY INCOME						
<10,000	1	7%			1	10%
10,001-20,000						
20,001-30,000	3	21%			3	30%
30,001-40,000	1	7%			1	10%
40,001-50,000	2	14%	1	25%	1	10%
50,001-75,000	4	29%	2	50%	2	20%
75,001-100,000	1	7%			1	10%
>100,000	2	14%	1	25%	1	10%
CAREGIVER HEALTH						
Good	18	78%	6	100%	12	71%
Fair	4	17%			4	24%
Poor	1	5%			1	5%
NUMBER OF CAREGIVERS						
2	11	69%	2	50%	9	75%
1	5	31%	2	50%	3	25%
FATHER'S ROLE						
Active	7	50%	1	25%	6	60%
Inactive	3	21%	1	25%	2	20%
Not Applicable	4	29%	2	50%	2	20%
# OTHER CHILDREN PARENTED						
0	4	31%	2	50%	2	22%
1	2	15.5%	1	25%	1	12%
2	5	38%	1	25%	4	44%
3	2	15.5%			2	22%
4						
5						
6						
RELIGION						
Catholic	2	20%	2	33%		
Christian	7	70%	3	50%	4	67%
Hindu						
Native American						
Other						
Protestant	3	30%	1	17%	2	33%
None						

Caregiver Demographics: Disruptions

Demographics	ALL		Adoption		Kinship	
	#	%	#	%	#	%
SOCIAL SUPPORT (Total Caregivers)						
Other Family	17	65%	4	67%	13	65%
Other Friends	10	38%	5	83%	5	25%
Community Organizations	2	8%	1	17%	1	5%
Work/School	6	23%	4	67%	2	10%
Neighbors	4	15%	4	67%		
Other						
RECEIVED PROJECT SERVICES						
Yes	12	75%	4	100%	8	67%
No	4	25%			4	33%
RELATIONSHIP TO CHILD						
Non-Relative Adoption	3	20%	3	75%		
Extended Relative	2	13%			2	18.5%
Foster Parent	1	7%	1	25%		
Grandparent	2	13%			2	18.5%
Non-relative Kin	3	20%			3	27%
Aunt/Uncle	4	27%			4	36%
FAMILY TOTALS:	16/100	16%	4/36	11.11%	12/64	18.75%
DISRUPTION REASONS						
Child Behavior	6	38%	2	50%	4	33%
Child Needs Exceeded Caregiver Skills	5	31%	3	75%	2	17%
Poor Match	5	31%	2	50%	3	25%
Caregiver Co-parenting Conflict	1	6%	1	25%		
Maltreatment Report	1	6%			1	8%
Poor Caregiver Boundaries/Role	2	12.5%			2	17%
Disqualified from Licensure	2	12.5%			2	17%
Case Manager Expectations Unclear	1	6%			1	8%
Required Lifestyle Change Exceeded Caregiver Capacity	2	12.5%			2	17%

TABLE 20: Caregiver Demographics: Attachment Assessments

Demographics	ALL		Adoption		Kinship	
	#	%	#	%	#	%
AGE						
18-25						
26-40	34	46%	17	53%	17	40%
41-60	40	54%	15	47%	25	60%
>60						
GENDER						
Female	41	54%	17	53%	24	56%
Male	35	46%	15	47%	20	44%
MARITAL STATUS						
Married	34	85%	16	100%	18	75%
Never Married	1	2%			1	4%
Not Married; Living w/Partner	2	5%			2	8%
Widowed						
Divorced	3	8%			3	13%
RACE/ETHNICITY						
Asian	1	1%	1	3%		
Black	3	4%	1	3%	2	4%
Latino/Hispanic						
American Indian/Alaskan Native						
White	72	95%	30	94%	42	96%
EDUCATION						
Some High School						
Graduated High School	45	60%	20	63%	25	58%
Some College	14	18%	9	28%	5	12%
College Graduate	8	11%	1	3%	7	16%
Graduate Degree	8	11%	2	6%	6	14%
EMPLOYMENT						
Homemaker	7	10%	7	24%		
General Labor	24	33%	10	34%	14	33%
Management	3	3%	2	7%	1	2%
Not Employed						
Professional	17	24%	5	18%	12	28%
Retired	4	6%			4	9%
Student						
Self-Employed	7	10%	2	7%	5	12%
Technical	10	14%	3	10%	7	16%

Caregiver Demographics: Attachment Assessments

Demographics	ALL		Adoption		Kinship	
	#	%	#	%	#	%
FAMILY INCOME						
<10,000						
10,001-20,000	1	3%			1	4%
20,001-30,000	3	8%			3	14%
30,001-40,000	1	3%			1	4%
40,001-50,000	6	17%	4	27%	2	10%
50,001-75,000	13	36%	5	33%	8	38%
75,001-100,000	7	19%	3	20%	4	20%
>100,000	5	14%	3	20%	2	10%
CAREGIVER HEALTH						
Good	59	77%	31	97%	28	62%
Fair	18	23%	1	3%	17	38%
Poor						
NUMBER OF CAREGIVERS						
2	35	90%	16	100%	19	83%
1	4	10%			4	17%
FATHER'S ROLE						
Active	31	78%	15	94%	16	66%
Inactive	4	9%			4	17%
Not Applicable	5	13%	1	6%	4	17%
# OTHER CHILDREN PARENTED						
0	5	13%	3	19%	2	9%
1	10	26%	4	25%	6	26%
2	9	23%	3	19%	6	26%
3	10	26%	2	11%	8	35%
4	1	2%			1	4%
5	3	8%	3	19%		
6	1	2%	1	7%		
RELIGION						
Catholic	1	3%			1	8%
Christian	23	61%	17	68%	6	46%
Native American						
Other	3	8%			3	23%
Protestant	7	18%	4	16%	3	23%
None	4	10%	4	16%		

Caregiver Demographics: Attachment Assessments

Demographics	ALL		Adoption		Kinship	
	#	%	#	%	#	%
SOCIAL SUPPORT (Total Caregivers)						
Other Family	68	41%	27	32%	41	50%
Other Friends	46	28%	23	27%	23	28%
Community Organizations	25	15%	16	19%	9	11%
Work/School	17	10%	10	12%	7	8%
Neighbors	9	5%	8	10%	1	1%
Other	2	2%			2	2%
RELATIONSHIP TO CHILD						
Non-Relative Adoption	13	36%	13	86%		
Extended Relative	3	8%			3	14%
Foster Parent	1	3%	1	7%		
Grandparent	14	39%	1	7%	13	62%
Non-relative Kin	1	3%			1	5%
Aunt/Uncle	4	11%			4	19%

TABLE 21: Caregiver Demographics: CASPARS

Demographics	ALL		Adoption		Kinship	
	#	%	#	%	#	%
AGE						
18-25						
26-40	17	65%	8	73%	9	60%
41-60	8	31%	3	27%	5	33%
>60	1	4%			1	7%
GENDER						
Female	14	54%	6	55%	8	53%
Male	12	46%	5	45%	7	47%
MARITAL STATUS						
Married	10	67%	5	83%	5	56%
Never Married	1	6.5%	1	17%		
Not Married; Living w/Partner	1	6.5%			1	11%
Widowed	1	6.5%			1	11%
Divorced	2	13%			2	22%
RACE/ETHNICITY						
Asian						
Black						
Latino/Hispanic						
American Indian/Alaskan Native						
White	26	100%	11	100%	15	100%
EDUCATION						
Some High School						
Graduated High School	10	38%	2	18%	8	53%
Some College	7	27%	6	55%	1	7%
College Graduate	9	35%	3	27%	6	40%
Graduate Degree						
EMPLOYMENT						
Homemaker	1	4%			1	10%
General Labor	6	24%	2	18%	4	27%
Management					1	10%
Not Employed						
Professional	9	36%	6	55%	3	20%
Retired	2	8%			2	13%
Student	1	4%			1	10%
Self-Employed	4	16%	1	9%	3	20%
Technical	2	8%	2	18%		

Caregiver Demographics: CASPARS

Demographics	ALL		Adoption		Kinship	
	#	%	#	%	#	%
FAMILY INCOME						
<10,000						
10,001-20,000						
20,001-30,000	3	20%			3	33%
30,001-40,000	1	7%			1	11%
40,001-50,000	1	7%	1	16.5%		
50,001-75,000	2	13%	1	16.5%	1	11%
75,001-100,000	2	13%	1	16.5%	1	11%
>100,000	6	40%	3	50%	3	33%
CAREGIVER HEALTH						
Good	24	92%	11	100%	13	87%
Fair	2	8%			2	13%
Poor						
NUMBER OF CAREGIVERS						
2	11	73%	5	83%	6	67%
1	4	27%	1	17%	3	33%
FATHER'S ROLE						
Active	11	73%	5	83%	6	67%
Inactive						
Not Applicable	4	27%	1	17%	3	33%
# OTHER CHILDREN PARENTED						
0	2	13%	2	33%		
1	2	13%	2	33%		
2	7	47%	2	33%	5	55.5%
3	3	20%			3	33%
4	1	7%			1	11.5%
5						
6						
RELIGION						
Catholic	8	40%	8	73%		
Christian	7	35%	2	18%	5	55.5%
Hindu						
Native American						
Other						
Protestant	5	25%	1	9%	4	44.5%
None						

Caregiver Demographics: CASPARS

Demographics	ALL		Adoption		Kinship	
	#	%	#	%	#	%
SOCIAL SUPPORT(Total Caregivers)						
Other Family	22	85%	9	82%	13	87%
Other Friends	20	77%	8	73%	12	80%
Community Organizations	9	35%	7	64%	2	13%
Work/School	7	11%	4	36%	3	20%
Neighbors	3	8%	3	27%		
Other						
RECEIVED PROJECT SERVICES						
Yes	14	93%	6	100%	8	89%
No	1	7%			1	11%
RELATIONSHIP TO CHILD						
Non-Relative Adoption	5	33%	5	83%		
Extended Relative	2	13%			2	22%
Foster Parent	1	7%	1	17%		
Grandparent	2	13%			2	22%
Non-relative Kin	4	27%			4	44%
Aunt/Uncle	1	7%			1	12%
DISRUPTION						
Yes	4	27%	1	17%	3	33%
No	11	73%	5	83%	6	67%

TABLE 22: Child Demographics (general)

Demographics	ALL (137*)		Adoption (47)		Kinship (90*)	
	#	%	#	%	#	%
AGE						
<2	37	29%	17	35%	20	26%
2-5	34	27%	13	27%	21	27%
6-9	24	19%	12	26%	12	14%
10-13	18	14%	5	10%	13	17%
14-17	13	11%	1	2%	12	16%
RACE/ETHNICITY						
Asian	4	3%	4	8%		
Bi-racial	5	4%	2	4%	3	2%
Black	18	13%	12	25%	6	7%
Latino/Hispanic						
American Indian/Alaskan Native	4	3%	2	4%	2	2%
White	106	77%	28	59%	78	89%
GENDER						
Female	73	52.5%	16	33%	57	62%
Male	66	47.5%	32	67%	34	38%
IEP/IFSP/PPPI						
Yes	39	29%	26	55.0%	13	15%
No	96	71%	21	45.0%	75	85%
DISABILITIES (Total Children)						
Physical	1	1%	1	2%		
Developmental (DD)	10	8%	9	19%	1	1%
Learning (LD)	12	10%	6	13%	6	8%
Emotional (ED/EBD)	10	8%	8	17%	2	3%
Severe Emotional (SED)	13	11%	8	17%	5	6%
HEALTH						
Good	128	96%	46	98%	82	95%
Fair	3	2%			3	4%
Poor	2	1%	1	2%	1	1%
RELIGION						
Catholic	8	8%	3	7%	5	9%
Christian	53	53%	27	61%	26	46%
Native American	2	2%			2	4%
Other	9	9%			9	16%
Protestant	19	19%	12	27%	7	13%
None	9	9%	2	5%	7	12%

Child Demographics

Demographics	ALL (137*)		Adoption (47)		Kinship (90*)	
	#	%	#	%	#	%
AGE AT 1st PLACEMENT						
<2	57	39%	25	53%	32	32%
2-5	34	23%	13	28%	21	21%
6-9	24	16%	8	17%	16	16%
10-13	21	14%	1	2%	20	20%
14-17	10	8%			10	11%
# PRIOR PLACEMENTS						
0	51	38%	5	11%	46	52%
1	44	33%	22	47%	22	25%
2	25	19%	10	21%	16	17%
3	7	5%	6	13%	1	>1%
4	3	2%	2	4.0%	1	>1%
5	2	1%	1	2.0%	1	>1%
6	1	<1%	1	2.0%		
8	1	<1%			1	>1%
CONDITIONS AT PLACEMENT (Total Children)						
Physical Abuse	30	22%	14	29%	16	18.0%
Sexual Abuse	19	14%	8	22%	11	12%
Emotional Abuse	20	14%	13	27%	7	8%
Neglect	100	72%	35	74%	65	71%
RISK BEHAVIORS						
Sexual Acting Out	4	3%	3	6%	1	1%
Physical Aggression	11	8%	6	13%	5	5%
Stealing	1	1%	1	2%		
Vandalism	1	1%	1	2%		
Suicide Threats/AH	2	2%			2	3%
Eneurisis/Encopresis	1	1%			1	1%
FAMILY RECEIVED PROJECT SERVICES						
Yes	77	77%	33	92%	44	69%
No	23	23%	3	8%	20*	31%

*1 Family and child had 2 placements

TABLE 23: Child Demographics No Project Services

Demographics	ALL (23)		Adoption (2)		Kinship (21)	
	#	%	#	%	#	%
AGE						
<2	8	36%	2	100%	6	30%
2-5	1	5%			1	5%
6-9	4	18%			4	20%
10-13	4	18%			4	20%
14-17	5	23%			5	25%
RACE/ETHNICITY						
Asian						
Bi-racial	4	17%	1	50%	3	14%
Black	3	13%			3	14%
Latino/Hispanic						
American Indian/Alaskan Native						
White	16	70%	1	50%	15	72%
GENDER						
Female	13	59%	1	50%	12	60%
Male	9	41%	1	50%	8	40%
IEP/IFSP/PPPI						
Yes	1	5%			1	6%
No	18	95%	2	100%	16	94%
DISABILITIES (Total Children)						
Physical						
Developmental (DD)						
Learning (LD)	1	4.5%			1	
Emotional (ED/EBD)	1	4.5%			1	
Severe Emotional (SED)						
HEALTH						
Good	21	100%	2	100%	19	100%
Fair						
Poor						
RELIGION						
Catholic	2	17%			2	20%
Christian	5	42%	2	100%	3	30%
Native American						
Other						
Protestant	3	24%			3	30%
None	2	17%			2	20%

Child Demographics No Project Services

Demographics	ALL (23)		Adoption (2)		Kinship (21)	
	#	%	#	%	#	%
AGE AT 1ST PLACEMENT						
<2	10	45%	2	100%	8	40%
2-5	1	5%			1	5%
6-9	4	18%			4	20%
10-13	3	14%			3	15%
14-17	4	18%			4	20%
# PRIOR PLACEMENTS						
0	8	36%			8	40%
1	5	22%	2	100%	3	15%
2	5	22%			5	25%
3	1	5%			1	5%
4	1	5%			1	5%
5	1	5%			1	5%
8	1	5%			1	5%
CONDITIONS AT PLACEMENT (Total Children - 8)						
Physical Abuse	7	32%			7	35%
Sexual Abuse	1	4.5%			1	5%
Emotional Abuse	1	4.5%			1	5%
Neglect	13	57%	1	50.0%	12	57%
RISK BEHAVIORS						
Sexual Acting Out						
Physical Aggression	2	9%			2	10%
Stealing						
Vandalism						
Suicide Threats/AH						
Eneurisis/Encopresis					1	5%

TABLE 24: Child Demographics: Disruptions

Demographics	ALL (22)		Adoption (4)		Kinship (18)	
	#	%	#	%	#	%
AGE						
<2	3	14%			3	18%
2-5	4	19%			4	24%
6-9	4	19%	2	50%	2	11%
10-13	4	19%	1	25%	3	18%
14-17	6	29%	1	25%	5	29%
RACE/ETHNICITY						
Asian						
Bi-racial	2	9%			2	11%
Black	4	18%	1	25%	3	17%
Latino/Hispanic						
American Indian/Alaskan Native	3	14%	1	25%	2	11%
White	13	59%	2	50%	11	61%
GENDER						
Female	12	55%	2	50%	10	55%
Male	10	45%	2	50%	8	45%
IEP/IFSP/PPPI						
Yes	6	37.5%	4	100%	2	17%
No	10	62.5%			10	83%
DISABILITES (Total Children)						
Physical						
Developmental (DD)						
Learning (LD)	4	18%	1	25%	3	17%
Emotional (ED/EBD)	4	18%	2	50%	2	11%
Severe Emotional (SED)	4	18%	3	75%	1	6%
HEALTH						
Good	17	94%	4	100%	13	93%
Fair	1	6%			1	7%
Poor						
RELIGION						
Catholic	1	6%	1	25.0%		
Christian	8	50%	2	50%	6	50%
Native American	1	6%			1	8%
Other	2	12.5%			2	17%
Protestant	2	12.5%	1	25%	1	8%
None	2	12.5%			2	17%

Child Demographics: Disruptions

Demographics	ALL (22)		Adoption(4)		Kinship(18)	
	#	%	#	%	#	%
AGE AT 1ST PLACEMENT						
<2	5	24%	1	25%	4	24%
2-5	6	28%	2	50%	4	24%
6-9	4	19%	1	25%	3	18%
10-13	4	19%			4	24%
14-17	2	10%			2	10%
# OF PRIOR PLACEMENTS						
0	10	48%			10	59%
1	1	5%			1	6%
2	5	24%	1	25%	4	23%
3						
4	2	8%	1	25%	1	6%
5	1	5%	1	25%		
6	1	5%	1	25%		
12	1	5%			1	6%
CONDITIONS AT PLACEMENT (Total Children)						
Physical Abuse	4	18%	1	25%	3	17%
Sexual Abuse	3	14%	1	25%	2	11%
Emotional Abuse	6	27%	2	50%	4	22%
Neglect	12	55%	2	50%	10	56%
RISK BEHAVIORS (Total Children)						
Sexual Acting Out						
Physical Aggression	3	14%	2	50%	1	6%
Stealing						
Vandalism	1	5%			1	6%
Suicide Threats/AH						
Eneurisis/Encopresis	1	5%			1	6%
REFERRED BEFORE PLACEMENT						
Yes	8	53%	3	75%	5	45%
No	7	47%	1	25%	6	55%
SIBLING GROUP SIZE						
1	11	69%	4	100%	7	58%
2	4	25%			4	33%
3	1	6%			1	9%

TABLE 25: Child Demographics: Attachment Assessment

Demographics	ALL (60)		Adoption (29)		Kinship (31)	
	#	%	#	%	#	%
AGE						
<2	20	38%	9	36%	11	41%
2-5	21	40%	10	40%	11	41%
6-9	11	21%	6	24%	5	18%
RACE/ETHNICITY						
Asian	2	4%	2	8%		
Bi-racial	1	2%			1	3%
Black	10	18%	8	32%	2	7%
Latino/Hispanic						
American Indian/Alaskan Native						
White	41	76%	15	60%	26	90%
GENDER						
Female	24	43%	7	27%	17	57%
Male	32	57%	19	73%	13	48%
IEP/IFSP/PPPI						
Yes	13	24%	11	42%	2	7%
No	42	76%	15	58%	27	93%
DISABILITIES (Total Children)						
Physical	1	2%	1	3%		
Developmental (DD)	3	5%	3	10%		
Learning (LD)	5	8%	4	14%	1	3%
Emotional (ED/EBD)	1	2%			1	3%
Severe Emotional (SED)	1	2%			1	3%
HEALTH						
Good	52	91%	24	86%	28	97%
Fair	4	7%	3	11%	1	3%
Poor	1	2%	1	3%		
RELIGION						
Buddhist						
Catholic	2	5%			2	10%
Christian	29	68%	19	86%	10	50%
Hindu						
Native American						
Other	2	5%			2	10%
Protestant	7	17%	2	9%	5	25%
None	2	5%	1	5%	1	5%

Child Demographics: Attachment Assessment

Demographics	ALL (60)		Adoption (29)		Kinship (31)	
	#	%	#	%	#	%
AGE AT 1ST PLACEMENT						
<2	35	63%	20	74%	15	52%
2-5	16	28%	6	22%	10	34%
6-9	5	9%	1	4%	4	14%
# PRIOR PLACEMENTS						
0	19	34%	6	22%	13	45%
1	21	37%	12	44%	9	31%
2	13	23%	7	26%	6	21%
3	2	4%	2	8%		
8	1	2%			1	3%
CONDITIONS AT PLACEMENT (Total Children)						
Physical Abuse	11	18%	7	24%	4	13%
Sexual Abuse	5	8%	4	14%	1	3%
Emotional Abuse	5	8%	3	10%	2	6%
Neglect	47	78%	20	69%	27	87%
RISK BEHAVIORS (Total Children)						
Sexual Acting Out	3	5%	3	10%		
Physical Aggression	6	10%	3	10%	3	10%
Stealing						
Vandalism						
Suicide Threats/AH						
Eneurisis/Encopresis						

TABLE26: Child Demographics: CASPARS

Demographics	ALL		Adoption (8)		Kinship (13)	
	#	%	#	%	#	%
AGE						
<2						
2-5						
6-9	6	28.5%	3	37.5%	3	23%
10-13	11	52%	5	62.5%	6	46%
14-17	4	19.5%			4	31%
RACE/ETHNICITY						
Asian	2	9.5%	2	25%		
Bi-racial	2	9.5%			2	15%
Black	1	5%			1	8%
Latino/Hispanic						
American Indian/Alaskan Native						
White	16	76%	6	75%	10	77%
GENDER						
Female	13	62%	4	50%	9	69%
Male	8	38%	4	50%	4	31%
IEP/IFSP/PPPI						
Yes	10	48%	7	87.5%	3	23%
No	11	52%	1	12.5%	10	77%
DISABILITIES (Total Children)						
Physical						
Developmental (DD)	2	9.5%	2	25%		
Learning (LD)	4	19%	1	12.5%	3	23%
Emotional (ED/EBD)	4	19%	4	50%		
Severe Emotional (SED)	5	24%	3	37.5%	2	15%
HEALTH						
Good	21	100%	8	100%	13	100%
Fair						
Poor						
RELIGION						
Catholic	1	6%	1	12.5%		
Christian	5	29%	2	25%	3	33%
Native American						
Other	2	12%			2	22%
Protestant	7	41%	5	62.5%	2	22%
None	2	12%			2	22%

Child Demographics: CASPARS

Demographics	ALL		Adoption (8)		Kinship (13)	
	#	%	#	%	#	%
AGE AT 1ST PLACEMENT						
<2						
2-5	2	10%	2	25%		
6-9	9	43%	6	75%	3	23%
10-13	7	33%			7	54%
14-17	3	14%			3	23%
# PRIOR PLACEMENTS						
0	5	24%			5	38%
1	4	19%	1	12.5%	3	23%
2	6	28.5%	2	25%	4	31%
3	4	19%	3	37.5%	1	8%
4	1	4.75%	1	12.5%		
5	1	4.75%	1	12.5%		
CONDITIONS AT PLACEMENT (Total Children)						
Physical Abuse	6	28.5%	5	62.5%	1	7.5%
Sexual Abuse	6	28.5%	3	37.5%	3	23%
Emotional Abuse	9	43%	7	87.5%	2	15%
Neglect	16	76%	7	87.5%	9	69%
RISK BEHAVIORS						
Sexual Acting Out						
Physical Aggression	2	9.5%	1		1	7.5%
Stealing	1	4.75%	1			
Vandalism	1	4.75%	1			
Suicide Threats/AH						
Eneurisis/Encopresis	1	4.75%			1	7.5%

Appendix C. DATA COLLECTION INSTRUMENTS

Clinical Assessment Package for Risks and Strengths (CASPARS)

Family's and Child's Embeddedness in Community

Emotional Expressiveness

Relationships Among Family Members: Current

Peer Relationships

Sexuality

NEW Revised CASPARS: Emotional Expressiveness *and* Sexuality

About the Author
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She won the Excellence in Research Award

The **Clinical Assessment Package for Risks and Strengths (CASPARS)** is a newly developed set of five instruments that give equal consideration to client strengths and risks. They are based on research and theory on risk and resilience, in-depth case study interviews, and the practice experience of social work clinicians and clinical psychologists. They were tested on children and their families where the children have a range of adjustment issues.

The instruments have high reliabilities and good validities. *Families in Society*, a scholarly journal, will publish two papers on the CASPARS. One paper describes the instruments' reliabilities and validities, the other demonstrates clinical applications.

The testing of the instruments was done on a convenience sample, composed of 146 children and their families. Ninety-two of the children were in foster care or residential treatment or had experienced at least one out-of-home placement in the past. The children ranged in age from 5 to 13, with a mean age of 9. Fifty-one percent were girls and 49% percent were boys. Fifty-one percent were European-Americans, 12% were African-American, 7.5% were American Indian, 3% were Hispanic, and about 6% were from mixed racial background. There was not information on the race of 18% of the sample.

The item-total analysis of CASPARS instruments was well within the acceptable range. The lowest individual item-total correlation was .54; almost all the correlations were in the .70 and .80 range, with means varying from .63 to .80.

The coefficient alphas of the CASPARS instruments ranged from .90 to .97 and thus meet the rigorous standard of .90 thought to be necessary for instruments to be used with individuals (Nunnally, 1978; Rosenthal, 1994).

The inter-rater reliabilities ranged from .92 to .96. Correlations in this range are highly acceptable.

Human Ecology, University of Minnesota, Twin Cities, and two awards from the Silberman Foundation. She co-developed the core courses of the Child Abuse Prevention Studies Program, University of Minnesota, and was the developer and faculty director of the Violence and its Prevention series at the University of Minnesota. This series won an Outstanding program award from Continuing Education and Conferences, University of Minnesota, Twin Cities.

She has a Ph.D. from Syracuse University and other graduate degrees from the University of Chicago in social service administration and from the University of Louvain, Belgium, in family studies and sexuality. She also has a bachelor's and master's degree in English literature.

Convergent validity indices were good and are contained in the following table.

Convergent Validity: Correlations Between CASPARS Instruments and Other Instruments Thought to Measure Similar Constructs

Instrument	r
CASPARS Emotional Expressiveness Roberts & Strayer (1996)	-.56
CASPARS Sexuality Friedrich, et al. (1992)	.46
CASPARS Relationships Among Family Members: Current Taynor, et al. (1990)	-.81
CASPARS Relationships Among Family Members: Current Margura, et al. (1987)	.12
CASPARS Peer Relationships Miller, et al. (1995)	-.80
CASPARS Family's and Child's Embeddedness in Community Taynor, et al. (1990)	.82
CASPARS Family's and Child's Embeddedness in Community Magura, et al. (1987)	.20

Attachment Checklist

Name
Date _____ Gender _____ Age _____ Race_____
Rater_____

Child Behaviors	N/A	Never	Sometimes	Always
shows pleasure when greeting parents				
shows distress when parents leave				
shows preference for interaction with parents over others				
shows pleasure in parents' attention				
makes bids for parents' attention				
complies with parent requests				
tries new things in the presence of parents				
has good eye contact with parents				
approaches strangers with caution				
is tolerant of change				
has few accidents				
displays remorse				
is polite				
has stable peer relationships				
has self-confidence				
tells the truth				
has compassion				
tolerates limits and controls				
is respectful of others				
engages others with real feeling				
manages anger in an age appropriate fashion				
links cause with effect				

Child's behavior	N/A	Never	Sometimes	Always
is accepting of rules				
trusts parents				
has hope				
asks parents for help				
displays a wide range of appropriate feelings				
affect and behavior are consistent with expressed feelings				
accepts/assumes responsibility				
initiates interactions				
thinks, then acts				
takes turns				
is caring with animals				
shares				
sleeps well at night				
is genuine and sincere				
has meaningful conversation				

Permanency Project funding provided by the Department of Health and Human Services, ACYF, Adoption Opportunities Demonstration Grant Project #90-CO-0939

PERMANENCY PROJECT
FOCUS GROUP QUESTIONS
3/30/2004

6. How would you define what the Permanency Project is?

7. How comfortable were you with the Permanency Project?

8. What would you change?

9. How did the Permanency Project help your child become part of your family?

10. How did the Permanency Project help you meet your child's cultural needs?

11. Did anything make it hard for you to participate?

12. Did anything make it easier for you to participate?

13. Is there anything you needed that the Permanency Project did not address?

14. Did you get what you expected from the Permanency Project?

Appendix D: RESOURCES

Anderson Moore, Kim and Vandivere, Sharon, Child Trends: Stressful Family Lives: Child And Parent Well-Being. The Urban Institute, New Federalism National Survey of America's Families, Series B, No. B-17, June 2000.

Anderson Moore, Kim and Vandivere, Sharon, Child Trends and Ehrle, Jennifer, the Urban Institute: Turbulence And Child Well-Being. The Urban Institute, New Federalism National Survey of America's Families, Series B, No. B-16, June 2000.

Barth, Richard P, What Works in Permanency Planning: Adoption. What Works in Child Welfare, Kluger, Miriam P., Alexander, Gina and Curtis, Patrick A., Editors. CWLA Press, 2000. Pages 217-226.

Bayless, Linda, Ph.D., Assessing Attachment, Separation and Loss, Lillie Love, Editor, Center For Foster and Residential Care, Child Welfare Institute, Atlanta, Georgia, 1990.

Beeman, Sandra Ph.D., Wattenberg, Esther M.A., Esther M.A., Boisen, Laura M.S.S.W., M.P.A., Bullerdic, Susan M.S.W., KINSHIP FOSTER CARE IN MINNESOTA: A STUDY OF THREE COUNTIES, Final Report to the Minnesota Department of Human Services, Center for the Advanced Studies in Child Welfare, University of Minnesota School of Social Work, 1996.

Berrick, Jill Duerr: What Works in Kinship Care. What Works in Child Welfare, Kluger, Miriam P., Alexander, Gina and Curtis, Patrick A., Editors. CWLA Press, 2000. Pages 127-137.

Billing, Amy, Ehrle, Jennifer and Kortenkamp, Katherine: Children Cared for by Relatives: What Do We Know about Their Well-Being? The Urban Institute, New Federalism National Survey of America's Families, Series B, No. B-46, May 2002.

Brown, Jason and Calder, Peter: Concept Mapping the Needs of Foster Parents. Child Welfare, Vol. LXXIX #6, November/December 2000, pages 729-746.

Burdnell Wilson, Dana and Stukes Chipungu, Sandra: SPECIAL ISSUE: Kinship Care. Child Welfare, Vol. LXXV #5, September/October 1996.

CHILDREN PLACED IN FOSTER CARE WITH RELATIVES: A Multi-state Study. Final Report. U.S. Department of Health and Human Services, Administration for Children, Youth and Families, November 19, 1998.

Child Welfare Outcomes 2001: Annual Report to Congress Executive Summary. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

Cuddeback, Gary S.: Kinship Family Foster Care: A Methodological and Substantive Synthesis of Research, Children's Mental Health Services Research Center, University of Tennessee. Funding from Casey Family Programs.

Cuddeback, Gary S. and Orme, John G.: Training and Services for Kinship and Nonkinship Families. Child Welfare, Vol. LXXXI #6, November/December 2002, Pages 879-909.

Davis, N.; & Chiancone, J. Research basics: The kinship care option: Applying research to practice. Child Law Practice, 15_(6), CASCW Practice Notes #3.

Delaney, Richard J., Ph.D.: Safe Passage; A Summary of the "Parent 2 Parent" Mentoring Program; Wood'N'Barnes Publishing & Distribution, 2000.

Ehrle, Jennifer, Geen, Rob and Clark, Rebecca: Children Cared for by Relatives: Who Are They And How Are They Faring? The Urban Institute, New Federalism National Survey of America's Families, Series B, No. B-28, February 2001.

Ehrle, Jennifer and Geen, Rob: Children Cared for by Relatives: What Services Do They Need? The Urban Institute, New Federalism National Survey of America's Families, Series B, No. B-47, June 2002.

EVALUATING MINNESOTA'S CHILD PROTECTION SYSTEMS: An External Review of Child Protection Services in Anoka County. Minnesota Department of Human Services, Child Safety and Permanency Division, December 2003.

Fahlberg, Vera, M.D.: Attachment and Separation, Putting the Pieces Together. Michigan Department of Social Services. 1979.

Festinger, Trudy: After Adoption, Dissolution or Permanence? Child Welfare, Vol. LXXXI #3, May/June 2002, pages 515-533.

Foster/Adoptive/Kinship Parent Preservice Training Pilot Report, Minnesota Child Welfare Training System, Minnesota Department of Human Services, August 2000.

Gallant, Noelle: What Works in Special Needs Adoption. What Works in Child Welfare, Kluger, Miriam P., Alexander, Gina and Curtis, Patrick A., Editors. CWLA Press, 2000. Pages 227-235.

Gebel, Timothy J.: Kinship Care and Non-Relative Family Foster Care: A Comparison of Caregiver Attributes and Attitudes. Child Welfare, Vol. LXXV, #1 pgs. 5 – 17

Gilgun, Jane F., Ph.D., LICSW, Associate Professor, School of Social Work, University of Minnesota, St. Paul, Minnesota.

Gilgun, Jane F. Ph.D., LICSW, Clinical Assessment Package for Risks and Strengths, School of Social Work, University of Minnesota, St. Paul, Minnesota.

Gilgun, Jane F. Ph.D., LICSW, Attachment Checklist, School of Social Work, University of Minnesota, St. Paul, Minnesota, Spring 2000.

Gleeson, James P. and Hairston, Creasie Finney, Editors: KINSHIP CARE Improving Practice Through Research, CWLA Press, 1999.

Geen, Rob: Finding Permanent Homes for Foster Children: Issues Raised by Kinship Care. The Urban Institute. New Federalism Issues and Options for States, Series A, No. A-60, April 2003.

Geen Rob: Foster Children Placed with Relatives Often Receive Less Government Help. The Urban Institute. New Federalism Issues and Options for States, Series A, No. A-59, April 2003.

Gordon, Amy L., McKinley, Sharon E., Satterfield, Mattie L. and Curtis, Patrick A.: A First Look at the Need for Enhanced Support Services for Kinship Caregivers. Child Welfare, Vol. LXXXII #1, January/February 2003, pages 7-95.

Hinton, Karen: Kinship Adoptions. The Roundtable, Journal of the National Resource Center for Special Needs Adoption, Volume 16, No. 2, 2002, Pages 4-6.

Jantz, Amy, Geen, Rob, Bess, Roseana, Andrews, Cynthia and Russell, Victoria: The Continuing Evolution of State Kinship Care Policies. Discussion Papers. **Assessing the New Federalism**, An Urban Institute Program to Assess Changing Social Policies, December 2002.

JTPA Title IIA

Kapp, Stephen A. and Vela, Rebecca H.: The Parent Satisfaction with Foster Care Services Scale. Child Welfare, Vol. LXXXIII #3, May/June 2004, pages 263-287.

Kelley, Susan J., Crofts Yorker, Beatrice, Whitley, Debra M., and Sipe, Theresa A.: A Multimodal Intervention for Grandparents Raising Grandchildren: Results of an Exploratory Study. Child Welfare, Vol. LXXX #1, January/February 2001, pages 27-50.

KIDS COUNT Census Data Online, The Annie C. Casey Foundation. URL:http://www.aecf.org.

Leos-Urbel, Jacob, Bess, Roseana and Geen, Rob: Sate Policies for Assessing and Supporting Kinship Foster Parents. **Assessing the New Federalism**, An Urban Institute Program to Assess Changing Social Policies, 1999.

Levy, Terry M. and Orlans, Michael; Attachment, Trauma, and Healing: Understanding and Treating Attachment Disorders in Children; CWLA Press, 1998.

Mallon, Gerald P. and Leashore, Bogart R., Editors: SPECIAL ISSUE: Contemporary Issues in Permanency Planning. Child Welfare, Vol. LXXXI #2, March/April 2002.

Marinez, Linda and Turnland, Ann: Foster, Adoptive and Kinship Training Informal Survey Results. Minnesota Child Welfare Training System Subcommittee Report, Minnesota Department of Human Services, Children's Service Administration, August 16, 2001.

McDonald, Thomas P., Propp, Jennifer R. and Murphy, Kimberlee C.: The Postadoption Experience: Child, Parent, and Family Predictors of Family Adjustment to Adoption. Child Welfare, Vol. LXXX #1, January/February 2001, pages 7-94.

McMahon, Deena, LICSW, Therapeutic Services Associates, Pine City, Minnesota

MN State Demographic Office

Mordock, John B.: Outcome Assessment: Suggestions for Agency Practice. Child Welfare, Vol. LXXIX #6, November/December 2000, pages 689-710.

O'Brien, Patricia, Rippey Massat, Carol and Gleeson, James P.: Upping the Ante: Relative Caregivers' Perceptions of Changes in Child Welfare Policies. Child Welfare, Vol. LXXX #6, November/December 2001, pages 719-748.

Rothman, Denice M., Ph.D., Management Performance Concepts, Inc., Technical Advisor, JBA

Sullivan Ann and Freundlich, Madelyn: SPECIAL ISSUE: Achieving Excellence in Special Needs Adoption. Child Welfare, Vol. LXXVIII, September/October 1999.

White Rognerud, Diane, LICSW

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[i] Kinship Families are defined as families who are relatives, extended relative or important friends of the child or family. In Minnesota, Kinship Caregivers must be licensed for foster care.

[ii] In January 1998, Anoka County's Kinship Social Worker informally surveyed Kinship Social Workers in four other Metro Area Social Service Agencies about kinship training. Dakota County had attempted to require training, however, Placement Social Workers would not remove children if training had not been completed; Dakota abandoned the requirement. Dakota County's Kinship foster care population primarily consisted of 2 parent households who were grandparents. In 1997, they implemented a mini-orientation for relatives, conducted individually. They reported it as having "some success" but being very time intensive. Hennepin County, the largest metropolitan county in Minnesota, created a separate curriculum for kinship foster parents. Children were not removed if kinship foster parents failed to participate. Support across the agency was needed to enforce the training requirement. Ramsey County, 2nd largest Minnesota Metropolitan County, did not provide kinship specific training, choosing instead to contract with Lutheran Social Services for this element. Support groups are held twice a month and kinship providers are invited to general foster care trainings. Children were not removed if kinship foster parents did not complete training. Washington County reported they did not require training because Minnesota's licensing rule did not require it. Washington County reported caseworkers were polled the previous year about kinship placement stability. Results from the poll indicated 50% of relative placements failed.

The Kinship Social Worker also surveyed 12 Kinship Foster Families providing care. The majority of concerns identified by participant families revolved around navigating ongoing contacts with the child's parents. Suggested topics for discussion and/or training were identified as Visitation, Case Plan, Legal Process, Behavioral Issues and Raising Teenagers in Today's Environment. Only 2 (17%) participants identified training as a service they needed;

3 (25%) identified support groups as a helpful service. Interestingly, 17% of Permanency Project Kinship Caregivers participated in Educational Support Group.

[iii] Full sample includes children who disrupted from their Project placements.

[iv] Respite care is available as a post-finalization supportive service to families who have adopted children with Adoption Assistance Agreements with the Minnesota Department of Human Services.

[v] Kinship Families are defined as families who are relatives, extended relative or important friends of the child or family. In Minnesota, Kinship Caregivers must be licensed for foster care.

[vi] The Target Population was estimated at 60 relative foster care families and 45 adoptive families over three years. The actual sample included 63 kinship families, one having two placement episodes with the same child, and 36 adoptive families for a total of 100 placements.

[vii] The project grant included the Program Coordinator and Kinship Social Worker. The Adoption Social Worker was an existing position in the Anoka County Community Services department prior to receipt of the grant. An additional half-time Adoption Social Work position was created, funded by the County Agency, in close proximity to the grant's inception.

[viii] The child's assigned caseworker provided direct casework services to the child consistent with the child's placement plan.

[ix] One of the objectives of the Permanency Project was to facilitate the development of support groups that would ultimately be facilitated by the families themselves. In addition to the leadership training and technical assistance, the Permanency Project provided a small cash stipend to the facilitators to support their transition from an agency dependent group to a family supported group. This support strategy was applauded as innovative by NACAC during their presentation at the 2002 Grantees' Meeting and Parent Leadership trainings taking place that year across the country.

[x] We found it helpful to do program development while incorporating program participants as this allows for the input and participation of the recipient, increasing the likelihood the program components actually match their needs.

[xi] Kinship Families are defined as families who are relatives, extended relative or important friends of the child or family. In Minnesota, Kinship Caregivers must be licensed for foster care.

[xii] Older age at time of placement, behavior problems, emotional and/or psychological problems, a history of abuse or neglect, especially sexual abuse, and multiple previous placements are associated with negative outcomes. Gallant, N. (2000) What Works In Special Needs Adoption. *What Works in Child Welfare,* Miriam P. Kluger, Gina Alexander, Patrick A. Curtis, Editors. CWLA Press 227-234.
Developmental Disabilities are associated with positive outcomes. McDonald, Propp and Murphy, (January/February 2001) The Postadoption Experience: Child, Parent, and Family Predictors of Family Adjustment to Adoption. *Child Welfare.* 71-92.

[xiii] Increased numbers of children in the home, family participation in religious activities, less-educated fathers (associated with a higher level of paternal presence in the home and greater potential for family cohesiveness presence of social supports, lower socio-economic status and foster parent status are associated with positive adoption outcomes. Gallant, N. (2000) What Works In Special Needs Adoption. *What Works in Child Welfare,* Miriam P. Kluger, Gina Alexander, Patrick A. Curtis, Editors. CWLA Press 227-234.

[xiv] An attachment checklist was developed incorporating items from *Attachment Checklist,* Jane Gilgun, Ph.D., LICSW, associate professor, School of Social Work, University of Minnesota, St. Paul, Minnesota, Spring 2000; *Attachment, Trauma, and Healing; Understanding and Treating Attachment Disorders in Children,* Terry M. Levy and Michael Orlans, CWLA Press, 1998; and *Assessing Attachment, Separation and Loss,* Linda Bayless; Lillie Love, Editor, Center for Foster and Residential Care, Child Welfare Institute, Atlanta, Georgia, 1990. The checklist was reviewed by two clinical therapists (Deena McMahon, LICSW and Diane White Rognerud, LICSW) and modified to incorporate their suggestions. It was further modified following testing by project staff.

[xv] The brochure and display board, completed in June 2001, received 2002 Apex Awards for Publication Excellence for excellence in design.

[xvi] Legal Risk placements are placements of children, with families intending to adopt, whose parental rights are terminated but are not legally free for adoption because the termination is under appeal.

[xvii] The MN DHS, through its Child Welfare Training System, was in the development phase of its Foster, Adoptive and Kinship Caregiver Training at the time of the grant award. Anoka County collaborated with the CWTS to bring their training to Anoka County September through December 2001.

[xviii] Full Project sample includes all participants whether or not they received services.

[xix] In January 1998, Anoka County's Kinship Social Worker informally surveyed Kinship Social Workers in four other Metro Area Social Service Agencies about kinship training. Dakota County had attempted to require training, however, Placement Social Workers would not remove children if training had not been completed; Dakota abandoned the requirement. Dakota County's Kinship foster care population primarily consisted of 2 parent households who were grandparents. In 1997, they implemented a mini-orientation for relatives, conducted individually. They reported it as having "some success" but being very time intensive. Hennepin County, the largest metropolitan county in Minnesota, created a separate curriculum for kinship foster parents. Children were not removed if kinship foster parents failed to participate. Support across the agency was needed to enforce the training requirement. Ramsey County, 2nd largest Minnesota Metropolitan County, did not provide kinship specific training, choosing instead to contract with Lutheran Social Services for this element. Support groups are held twice a month and kinship providers are invited to general foster care trainings. Children were not removed if kinship foster parents did not complete training. Washington County reported they did not require training because Minnesota's licensing rule did not require it. Washington County reported caseworkers were polled the previous year about kinship placement stability. Results from the poll indicated 50% of relative placements failed.

The Kinship Social Worker also surveyed 12 Kinship Foster Families providing care. The majority of concerns identified by participant families revolved around navigating ongoing contacts with the child's parents. Suggested topics for discussion and/or training were identified as Visitation, Case Plan, Legal Process, Behavioral Issues and Raising Teenagers in Today's Environment. Only 2 (17%) participants identified training as a service they needed; 3 (25%) identified support groups as a helpful service. Interestingly, 17% of Permanency Project Kinship Caregivers participated in Educational Support Group.

[xx] NACAC and PATH were also awarded Adoption Opportunities Grants to provide parent leadership training and/or support for adoptive parents during this same grant period.

[xxi] The Project decided this could be accomplished by having the parent leaders of the adoption support group attend these meetings on a semi-annual basis.

[xxii] One family had the same child placed with them twice during this first year.

[xxiii] Reasons for placement ending were defined as: moving from one placement to another, returning home, child with relatives, adoption finalized, with nonrelative legal guardian, child reached age of 18, ran away and substitute care terminated. " Substitute care terminated" is not defined.

[xxiv] In January 1998, Anoka County's Kinship Social Worker informally surveyed Kinship Social Workers in four other Metro Area Social Service Agencies about kinship training. Dakota County had attempted to require training, however, Placement Social Workers would not remove children if training had not been completed; Dakota abandoned the requirement. Dakota County's Kinship foster care population primarily consisted of 2 parent households who were grandparents. In 1997, they implemented a mini-orientation for relatives, conducted individually. They reported it as having "some success" but being very time intensive. Hennepin County, the largest metropolitan county in Minnesota, created a separate curriculum for kinship foster parents. Children were not removed if kinship foster parents failed to participate. Support across the agency was needed to enforce the training requirement. Ramsey County, 2nd largest Minnesota Metropolitan County, did not provide kinship specific training, choosing instead to contract with Lutheran Social Services for this element. Support groups are held twice a month and kinship providers are invited to general foster care trainings. Children were not removed if kinship foster parents did not complete training. Washington County reported they did not require training because Minnesota's licensing rule did not require it. Washington County reported caseworkers were polled the previous year about kinship placement stability. Results from the poll indicated 50% of relative placements failed.

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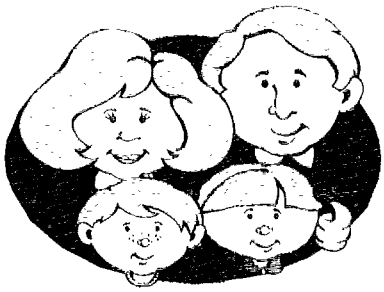
[xxv] Childcare stipends were offered for some training.

[xxvi] Minnesota's Adoption Assistance Program includes Medical Assistance (MA) coverage for covered children. Adoptive families are able to utilize MA for family-based therapy if the child has a mental health diagnosis and the therapy is promoting stabilization of the child within the family home. Project funds were not needed to support this service.

[xxvii] Foster Care Policy in Anoka County does not provide funding for childcare expenses associated with child placement.
[xxviii] Kinship Families are defined as families who are relatives, extended relative or important friends of the child or family. In Minnesota, Kinship Caregivers must be licensed for foster care.
[xxix] The child's assigned Child Protection/Child Welfare Social Worker and/or Case Aide completes background checks, a site inspection and an emergency foster care license application, submits the application to the MN DHS for approval and forwards the materials to the Foster Care Unit for a full licensure study. The Emergency License is valid for 120 days.
[xxx] We did compile demographic data for families declining to participate and include discussion concerning this subgroup throughout the outcome portion of this report.
[xxxi] No distinction concerning population status, i.e. kinship family, adoptive family, agency staff, etc., was made on evaluation forms. % Reported relates to entire audience.
[xxxii] The presenter at the *Diapers to Drivers Licenses* ESG was an Adoptive parent and Permanency Project participant.
[xxxiii] The Permanency Project is applying the National Standard for "length of time to achieve reunification" to this objective. Although the National Standard for "length of time to achieve adoption" is 24 months, Minnesota Statute requires the Local Social Services Agency to file an adoption petition, unless it can be determined contrary to the best interests of the child, if the Adoptive family has not filed a petition within 12 months of adoptive placement. Anoka County met the National Standard for both permanency indicators during the September 2003 DHS Child and Family Services Review.
[xxxiv] Includes 2 placements of the same child with the same family. In neither case, did the family participate in services. The first placement was 7 days in length; the second placement was 26 days in length.
[xxxv] Full Project sample includes all participants whether or not they received services.
[xxxvi] The National Standard for "incidence of child abuse/neglect in foster care." The Minnesota Department of Human Services conducted a Minnesota Child and Family Services Review of Anoka County in September 2003. That review found Anoka County to be in compliance with this standard, having 0% of determinations of maltreatment by foster parents.
[xxxvii] The National Standard for "stability in foster care placements" is for children to have no more than two placement settings during the 12 months following their most recent removal from their parent's home. Human Services conducted a Minnesota Child and Family Services Review of Anoka County in September 2003. The review found Anoka County was not in compliance with this standard, having 22.1% of children having more than two placements.
[xxxviii] No distinction concerning population status, i.e. kinship family, adoptive family, agency staff, etc., was made on evaluation forms. % Reported relates to entire audience.
[xxxix] The presenter at the *Diapers to Drivers Licenses* ESG was an Adoptive parent and Permanency Project participant.
[xl] Full sample includes children who disrupted from their Project placements.
[xli] Full sample includes children who disrupted from their Project placements.
[xlii] We found it helpful to do program development while incorporating program participants as this allows for the input and participation of the recipient, increasing the likelihood the program components actually match their needs.



PERMANENCY PROJECT PRESS

October - Issue 11

3rd Annual Anoka County Permanency Celebration

Mark, your calendars, save the date! Friday Night November 21st the Anoka County Permanency Project will be sponsoring it's 3rd annual celebration of permanency. This year we will have a carnival theme. The event includes a special visit from Clifford, Strawberry Shortcake and Bob the Builder! Play games, eat snacks, do a craft project and stay for a special magic show!

The event will take place at Zion Lutheran Church's Christian Life Center located at 1601 Fourth Avenue South, Anoka, MN from 6:00 to 8:00 p.m. Look for your invitation in the mail. To sign up contact Diane Kerr at 763-422-6915 with your attendance count. Hope to see you there!

Adoption Proclamation

On 10-28-03 we will be appearing before the Anoka County Board of Commissioners to proclaim the month of November Adoption Awareness Month in Anoka County. The event will take place at the Anoka County Government Center, 7th Floor Board Room at 9:30 a.m. Please contact Nancy Le at 763-422-7104 if you are able to attend. In years past, a picture of attendees is submitted to local newspapers.

Circus Of The Heart

The annual Circus of the Heart will take place from 1-4 p.m. on Sunday, October 26th at the Earle Brown Heritage Center, in Brooklyn Center. *Circus of the Heart* is a free celebration to honor families who've grown through adoption and those who are waiting to adopt children.

Minnesota Zoo Event

On August 19th, the Permanency Project sponsored a family day at the Minnesota Zoo. Despite the heat ---people attended. They enjoyed a delicious lunch, and ice cream of course! There were many games and activities for the kids, and adults too. Many people commented and observed that the children were exceptionally well behaved and were doing a great job of playing and taking turns at the games. Way to go kids! The adults seemed to behave themselves also. All in all it was a really enjoyable day for families and our staff as well.

** Reminder **

September is, of course, back to school time, but it's also a time that other programs start up their fall schedule. The Anoka County Parks have a wide range of activities from Full Moon Walks to Naturalist clubs. They have a website: www.anokacountyparks.com Phone:763-757-3920.

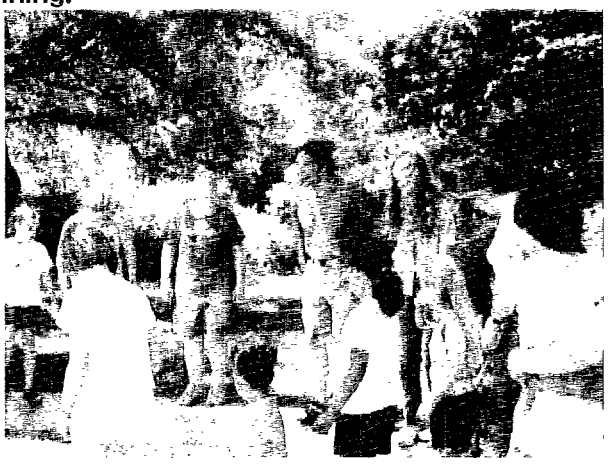
Anoka Hennepin District 11 sponsors several classes on parenting children of all ages; their website is www.anoka.k12.mn.us/citizeninvolvement Phone: 763-506-1278

There is a Parent Involvement Resource Center; Room 1845 in the Staff Development Center at 2727 North Ferry St, in Anoka. Hours are 9:00 a.m. – 3:00 p.m. M-F. You may borrow books, videos and audiotapes. For more information call 763-506-1567.

Also, District 11 ECFE has many programs for children and families. Their brochures are also out now with the Fall schedules. If you have not received it you may call 763-506-1030.

Native American Education Day

On June 20th we gathered at Locke Park in Fridley for a Native American Education Day. sponsored by the Permanency Project. Mark Denning, a Menominee Indian, presented an informative and varied program for us. Those who attended learned about native dancing, the native craft of beading along with fascinating history on his people. Those who attended gained a great deal from his colorful training.



4 Keeps - Keeps Happening!

On August 9th the 4 Keeps Support Group had their summer picnic at Coon Lake. Thanks to Julie and Diane for planning a great event. Chuck and Ricky Holm again gave boat rides. A good time was definitely had by all.

The mom's and dad's had their nights out too, July 23rd was the mom's turn at Mansetti's Restaurant. The dad's too had their turn to gather at Mansetti's for an evening out. The word is that is was a great success. They even knew how to find dessert afterwards.

4 Keeps is also happy to be a part of a Spooktacular Halloween Party on October 25th, at the home of Nathan and Deb Fjeld. The whole family is invited to an evening, which includes a potluck dinner, games, obstacle course, treats, indoor and outdoor fun, prizes and more. Be sure to wear your costume. RSVP to Deb at 763-862-3599.

Watch dates this fall for upcoming Mom and Dad's nights out. Flyers will be mailed as details are confirmed!

Valley Fair Event

On July 17th the Permanency Project held another family building event at Valley Fair. We had 165 people attending. The weather held out for us – not too rainy or too hot! Our families enjoyed lunch and ice cream and prizes for the kids and of course the rides, the rides, the rides!!

Howard Glasser Training

On 9-26-03, the Permanency Project sent 21 participants to a training opportunity with Howard Glasser. Howard Glasser is the Executive Director of the Children's Success Foundation in Tucson, Arizona. He is the designer of the Nutured Heart Approach and the author of Transforming The Difficult Child, published in June of 1999 and currently a top selling book on the subject of ADHD. He lectures interculturally teaching therapists, educators and parents about The Nurtured Heart Approach, which is now being used in thousands of homes and classrooms around the world.

The philosophy of The Nutured Heart Approach is that instead of believing that one gets a great deal more from adults through negativity, and that positive choices are a less certain bet. The child is moved to believing that he or she can fully invest his or her intensity and intelligence in successes.

Adoption News

Congratulations go to all our families who have finalized their adoptions!

Michelle and Terry Johnson, on Sept. 2nd finalized their adoption of **Joshua, Isaiah,** and **Josiah**, the newest additions to their family.

Timothy Price became an official member of the **Scott and Laura Price** family on 8/18/03.

Richard Paulson finalized his adoption on 8/15/03. His proud parents **Deb and Dave Paulson** and brother **Sam** were thrilled!

4 Keeps Planning Session

On 7-31-03 a planning meeting for the 4Keeps Adoption Support Group took place at the Anoka County Government Center. Attendance was low for the planning session, but much was accomplished. All in attendance felt good that an entire calendar year was able to be planned. Several people that were unable to attend had volunteered to help with specific activities throughout the calendar year.

The planning session took place due to the Permanency Project grant coming to a close. The goal of the planning session was to come up with a calendar year of activities with group members being in charge of these activities.

This is the calendar that was created:

October

- Circus of Heart (10/26/03)
- Fall costume party at the home of Deb Fjeld.
- Dad's night out (Scott Price in charge of picking location and date) Attendees are responsible for the cost of their meal.

November

- Anoka County Permanency Celebration (11/21/03)
- Mom's Night Out (Alison Atchison to pick location and date) Attendees are responsible for the cost of their meal).

December

- No Activity

January 2004

- Hotel for swimming and food; (Nancy Byers is in charge of event). We discussed popcorn and snacks for the food. Permanency Project will pay facility cost.

February

- Game Night at Constance Free Church (Marsha VanDenBurgh in charge of event) We had discussed having families bring different board games to play.

March

- Couple's Dinner (Diane Rumsey is in charge of location & date). Couples to pay for their own cost of meal.

April

- MNASAP Parent Conference (Anoka County will mail out a flier; Julie Martindale will call Nancy Le with details) Attendees will be responsible for paying their own registration fee.

May

- Mom's Night Out (Alison Atchison is to pick out the location and date). Attendees to pay for their own cost of meal. Anoka County will do flier.

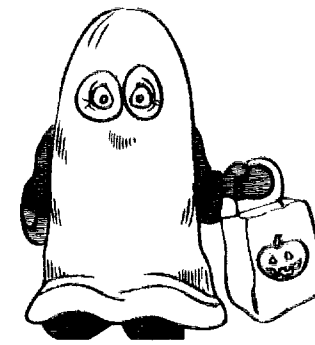
June

- Dad's Night Out (Scott Price is to pick out the location and date) Attendees to pay for their own cost of meal. Anoka County will do flier

July

- Summer Picnic (Ricky Holmes & Sue France in charge of activities)

Anoka County Permanency Unit will continue to create fliers and do the mailing for 4 Keeps. Unfortunately, without the Permanency Project grant we will no longer be able to financially support 4 Keeps. We are so thrilled with the success of 4 Keeps and thankful for the leadership of Julie Martindale and Diane Rumsey. Permanency unit staff is more than willing to assist in planning future calendars of events or problem solve. Congratulations on the exciting vibrant support group you have created! Our hats go off to all of you!

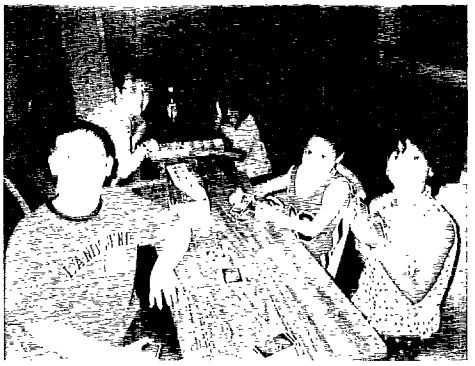


Birdhouses Everywhere!

On June 11th, the Permanency Project sponsored a craft activity for kids and their families. Two creative helpers from Jo Ann's Etc. came and helped the children and their families make terra cotta birdhouses and even gave birdseed to attract the pretty birds! Twenty-nine adults and sixty-six kids spent a beautiful summer day at Lion's Park in Coon Rapids. It was a great way to kick off the summer for everyone!

Permanency Project Educational Group

Educational group trainings happen the fourth Tuesday of each month at the government center from 6-8 pm. Remember dinner is served and **we provide childcare!** Hope to see you there!!!



Upcoming educational classes:

October 28th	Power Struggles – Paul Buckley
Nov. 25th	Teen Issues in Foster care & Adoption Wendy Raun (MARN)

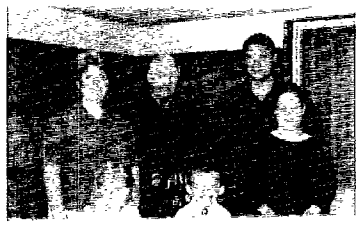
Next 4 meetings presented by Vicki Thrasher-Cronin

Dec. 16th	Healthy Families
Jan. 27th	Interpreting the Language of Behavior
Feb. 24th	Transitional Time
March 23rd	Raising Your Spirited Child

Harambee Update

Families are invited to attend monthly evenings of support, education, fun and food for African American children and their foster/adopt/kinship families. These events take place the 3rd Thursday of each month from 6:00-8:00 p.m. For more information go to www.RedemmerMpls.org

Jamen Goodale became an official member of the **Goodale family** on August 5, 2003.



Christina became a member of the **Bishop** family this summer!

Open House For Foster/Adoptive Families & Legislators

Who: At the home of Cheri & Chris Chandler (phone: 763-862-8445)
Where: 12854 Polk St NE Blaine, MN
When: Monday, November 3 7:00 -- 9:00 p.m.

OR

Who: At the home of Tony Arellano (phone: 763-421-2712)
Where: 16222 Ramsey Blvd Anoka, MN
When: Thursday, November 6 7:00-9:00 p.m.

Why: **To share our stories and the issues affecting foster and adoptive families in an effort to increase support & resources**

Just two of over 50 Open House meetings across the state in November as part of the 3 year Foster Doll Project initiated to educate our leaders and community.

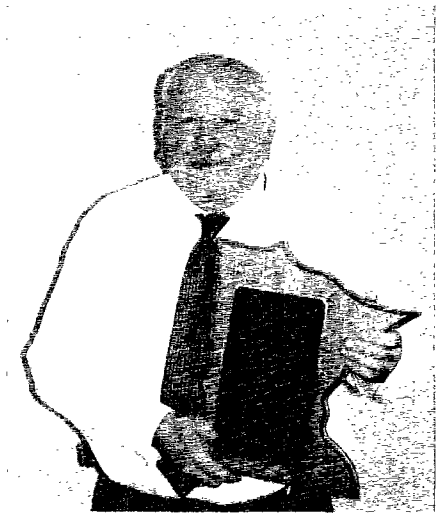
Join other foster and adoptive parents and your district representative/senator for an informal get together

Sponsored by MFCA and NACAC

Cross-Cultural Family Building Opportunity

Christmas with the Steeles! Sunday, December 7th, at 4:00 p.m., at the Ordway Center's Main Hall. The Permanency Project is able to send twenty individuals to "It's Christmas! With the Steeles." The Steeles are very high energy and interact with the audience. This is a wonderful cross-cultural experience, that your children will truly enjoy. **Minimum age is 6 years to attend at the Ordway.** Prefer to have the tickets go to our families that have adopted cross-culturally. Call Anne Turnbull, at 763-422-7111, tickets will go quickly!

Jerry Soma Receives 2003 Jack Young Award And Good Neighbor Recognition



Congratulations to our Human Services Division Manager Jerry Soma, who recently received the 2003 Jack Young Award, from the Minnesota Association of Community Corrections Act Counties, in recognition of his long-term contributions and participation in advancing the field of Community Corrections in Minnesota. In addition, Mr. Soma was honored as the WCCO Radio Good Neighbor on Monday, September 22, 2003.

Mr. Soma was recognized for his leadership with Anoka County for establishing the Anoka County Juvenile Center, the Workhouse, Probation Service Center, and Two-Day DWI Program.

Mr. Soma is considered a strong role model statewide for Community Corrections professionals, and is known for his positive, collaborative approach to working with people. He is seen as a leader in the field of Corrections, and has been recognized as such by the Legislature, where he has been called to testify on numerous occasions.

Congratulations Mr. Soma on both awards!

Newsletter Staff
Reporters:
Anne Turnbull.....Project Coordinator
Nancy Le.....SW/Adoption
Sharon Rasmussen.....SW/Adoption
Betsy Rosol .....SW/Kinship
Diane Kerr.....Design & Layout

CHANGES FOR THE PERMANENCY PROJECT

The grant funding for the Permanency Project will be ending in March 2004. Until that time, Coordinator Anne Turnbull and the rest of the current Permanency Project staff will be wrapping things up with their programming and will stay busy evaluating the original goals of the grant.

Starting this fall, Anne's responsibilities as coordinator will be expanded. A team has been working to formalize the purpose, goals, and structure of a Permanency Unit. The purpose of the Permanency Unit is to "provide specialized services to children in placement by supporting permanency and stability through proactive case management, training, and support of foster and adoptive parents." The goals of the unit are to create stability and permanency for children, to develop practices that enhance the adoption process through finalization, and to improve best practice with children in long-term foster care.

Two workers from Ongoing Child Protection in Family Services West and one from Family Services East will be reassigned to the Permanency Unit. The unit will be housed in Family Services West. Under the supervision of Anne, these workers will assume responsibilities for long-term foster care cases and cases of children who are state wards and are awaiting adoption. Cases will be transitioned from current ongoing workers to these new specialized positions gradually, keeping the children's best interests in mind. Nancy Le and Sharon Rasmussen will continue their positions as adoption workers and will also be a part of the Permanency Unit. November is the target for the unit to form and begin to take shape.

It is hoped that the unit will serve children who cannot be reunified with their families better than our current structure. It is also hoped that the unit will help lower the caseloads of current ongoing workers, and allow each area to focus attention on their specific type of cases, whether the current plan is reunification, long-term foster care, or adoption. Any questions about the unit may be directed to Anne Turnbull at 422-7111.