Evaluating Innovative Interventions

Three Steps to Preparing for Evaluation of Treatment Foster Care with Kin and Non-Kin Families

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Building evaluation into implementation of programs is critical to ensure programs are having their intended impact, and to make the case for continued services with public agency funders. This issue brief offers private providers advice about the three key steps they can take to prepare for evaluation. It also shares one agency’s experience working through each of the steps to lay the groundwork for an evaluation of therapeutic/treatment foster care (TFC) with kin and non-kin families.

Rationale for Evaluation of TFC With Kin and Non-Kin Families

Therapeutic foster care (TFC), also referred to as treatment foster care, is a powerful intervention designed to meet the specialized needs of children in foster care. TFC programs provide an array of services to children whose social, emotional and behavioral health needs cannot be met in a traditional foster care program. TFC often relies on a public-private partnership in which private agencies provide a higher level of training and support to families, 24/7 crisis intervention services to meet the special needs of children, and access to therapeutic interventions designed to stabilize children in a family based setting. TFC programs are designed to help public systems improve outcomes for children by:

- Preventing disruptions,
- Avoiding or shortening length of stay in costly group care placements, and
- Placing children and youth in permanent homes in a timely manner.

Kinship TFC takes the TFC model one step further. Kinship TFC prioritizes family-based placements within a child’s own extended family network and provides training and coaching to kin caregivers to offer the child a therapeutic level of care.
The idea that TFC can be provided within a kinship setting is a relatively new concept not widely implemented across the country. To continue to advocate for and remove barriers to kinship TFC, it is critical that private agencies can clearly describe the TFC intervention (with both kin and non-kin families), and how TFC can help public systems achieve better outcomes for children in foster care.

Data-driven practices can help private agencies make the case for partnerships with public systems for TFC implementation with kin and non-kin. Evidence-informed programs can give public systems confidence that the approach will help them improve outcomes for children and families. Evidence-based and data-driven approaches are also a prerequisite for many of the private funders who can support quality improvement of TFC interventions, including helping them build capacity for evaluation.

Public and private agencies considering whether to implement TFC and kinship TFC can benefit from documented examples of the results that have been achieved. While there is some fair and improving research about TFC, there is virtually no research available on kinship TFC. Despite this research gap, there are encouraging studies on kinship care in general, which suggests there is much more to learn.

Evaluation data can help private agencies make the case for TFC implementation.

Providers of TFC have an opportunity to contribute to the field by evaluating their programs. In this early stage of research about kinship TFC, studies that begin to link practice activities with outcomes can also help to build evidence about the TFC interventions that work best with kin. Providers implementing TFC have an opportunity to lead the field by exploring similarities and differences when working with kin versus non-kin to provide a therapeutic level of care.

More information about building evidence in child welfare is available from the US Department of Health and Human Services Children's Bureau.
Three Steps to Prepare for Evaluation

In order to design and conduct evaluation projects that can help to move TFC forward, programs must first be ready for evaluation. It is important that studies are grounded in clear theories about quality practice. There are three important steps that service providers can do to prepare for evaluation that are applicable to the evaluation of any intervention, including TFC with kin and non-kin families:

1. Articulate the theory of change,
2. Operationalize core components of practice,
3. Operationalize child and family outcomes.

Agencies that undertake these steps will be in a better position to conduct evaluations that allow them to make more definitive claims about the effectiveness of their interventions.

Evaluation: Experiences from The Bair Foundation

In 2015-2016, the Annie E. Casey Foundation funded a study to better understand how a TFC model being implemented at the Bair Foundation Child and Families Ministries (Bair) could be evaluated to measure outcomes for children in kinship TFC. Bair, a private multi-state child welfare organization based in Pennsylvania, has developed and implemented Structured Intervention Foster Care® (SITFC), a comprehensive trauma-informed model based on research and clinical expertise. Bair uses the model with both kin and non-kin families. SITFC also uses an evidence-based foster parent training curriculum, Together Facing the Challenge, to train foster parents.

Bair had previously reported promising outcome data from their internal reporting systems, but had not yet participated in a formal evaluation of its program. Dr. Sarah Kaye, an independent evaluator, worked with Bair teams to complete the steps to prepare for evaluation and to collect preliminary evaluation data. While the study did not allow for a full outcomes evaluation, the steps that Bair took to prepare for evaluation are instructive to any private agency seeking to better understand the impact of their interventions, including TFC with kin and non-kin families.

More information about the SITFC is available from The Bair Foundation Child and Family Ministries.
### Choosing an Evaluator

Agencies embarking on evaluation can expect to have multiple individuals involved in the evaluation process—agency leadership, program management, service providers, data/information systems specialists, and ideally, public agency partners. While successful evaluation usually requires a team approach, there is typically a lead evaluator who manages the process. Agencies may have internal research and evaluation resources available to staff the evaluation. Agencies may also engage an external evaluation partner to support or facilitate the process, or to lead the full evaluation effort. Selecting the right evaluator for your agency will have a tremendous impact on your evaluation experience.

### Considerations when Choosing an Evaluator

- **Review of previous work.** Has the evaluator done similar, high quality child welfare work in the past? Has the evaluator demonstrated content expertise in the intervention or with the target population? Are reports or presentations understandable and provide useful information? Is the evaluator’s communication style clear and effective?

- **Approach to current project.** Has the evaluator inquired about the context for the evaluation and your goals for completing the evaluation? Has the evaluator sought to understand the information needs of different stakeholders?

- **Proposed methodological design.** Has the evaluator demonstrated methodological expertise in the proposed design? Has the evaluator previously worked with child welfare practice and outcomes data, including private agency and SACWIS data? Does the evaluator demonstrate flexibility, innovation and creativity in the evaluation design?

- **References from prior clients.** Is the evaluator responsive to agency needs? Is the evaluator open and transparent about the evaluation process? Does the evaluator seek feedback and effectively facilitate participation from the agency or other stakeholders?

External evaluators can be identified through the American Evaluation Association, the national professional association of evaluators. Local universities or research/consulting firms frequently have faculty, staff or students who can support organizations with research and evaluation needs. Other private service providers or public partners may be able to offer recommendations about evaluators they have worked with in the past.

More information about selecting an evaluator is available from the US Department of Health and Human Services Office of Planning, Research and Evaluation.
A program’s theory of change is a concise description of how and why activities that occur in practice will lead to the outcomes expected for children and families. Theories of change are frequently summarized in a graphic format. An explicit theory of change empowers private agencies to describe the outcomes they seek to achieve, and articulate how their work helps children and families achieve those outcomes. Theories of change can be useful to share with public agency partners, private funders, and other stakeholders. Inside the organization, theories of change can provide staff with direction and clarity about their role in achieving outcomes.

Considerations While Articulating a Theory of Change in Your Agency

When articulating a theory of change, agencies must consider how their work affects outcomes for children and families.

Step #1: Articulate Your Theory of Change

How does what you do in practice impact the outcomes of the children and families you serve?

- Generate a list of practice activities and intended outcomes for children (and families, when appropriate): review program materials used for marketing or training; interview agency leadership, staff, and other stakeholders (e.g., public agency partners, clinicians, educators); review research and practice literature.

- Connect specific practice activities with specific outcomes. In agency evaluations, focus on child or family outcomes that are directly related to agency practices.

- Get feedback on early drafts and continue to clarify and make explicit connections. Good candidates for reviewing drafts include agency administrators and staff, public agency partners, clinicians, and kin/non-kin resource families—in addition to individuals who may not be familiar with the program to ensure the theory is clear.
Bair’s Experience: Articulating the Theory of Change for SITFC

The SITFC model was well documented in Bair’s training and marketing materials. The theory of change, however, was not clearly articulated in a way that would lend itself to evaluation. Dr. Kaye reviewed documentation that had been developed by Bair, interviewed Foster Care Specialists and managers, and developed a preliminary list that linked specific practices with specific outcomes. In a collaborative process with Dr. Kaye, Bair leadership reviewed the preliminary list, clarified connections, and the model was revised until consensus was reached on a final theory of change.

In Bair’s SITFC program, as well as many other TFC programs, work with kin/non-kin resource families is the primary vehicle used to improve child outcomes. The SITFC Theory of Change figure below illustrates the core components of the SITFC model: providing safety and stability, addressing needs, and promoting resiliency for children. The practices outlined on the left are designed to promote the outcomes listed on the right. More detail about the practices are described in step two, and more detail about the outcomes are described in step three. The theory of change is the guiding theory that connects the dots between practice and outcomes.

**SITFC Theory of Change**

**PRACTICE**

- Family fun time
- Social activities
- Helping activities
- Assessment
- Goal setting and service planning
- Understanding child’s motivation
- Structured interventions
- Daily check ins
- Preparation for placement
- Commitment to kids
- Visits and contacts
- Resource parent competencies (TFC) and expectations

**OUTCOMES**

- Improved CANS Strengths:
  - Strengths
  - Positive behaviors

- Improved CANS Needs:
  - Life Domain Functioning
  - Risk Behaviors Behavioral/Emotional Needs

**PROVIDING SAFETY AND STABILITY**

- Safe homes
- No maltreatment
- No moves

**ADDRESSING NEEDS**

- **PROMOTING RESILIENCY**

- **Improved CANS Strengths**: Strengths
- **Positive behaviors**

- **Improved CANS Needs**: Life Domain Functioning
- Risk Behaviors Behavioral/Emotional Needs

**PRACTICE**
Step #2
Operationalize Core Components

In an evaluation context, to “operationalize” something means to describe the phenomena in a way that is observable and measurable. When applied to child welfare practice, operationalizing core components means to explicitly define what workers, resource parents, clinicians, and others should be doing and saying when the model is being implemented as intended. Operationalizing the core components provides much more detail to the practices that are outlined in the theory of change.

Frequently child welfare programs like TFC are grounded in values or principles that guide what practice should look like. When values and practice principles are an important part of the program or practice model, it can be helpful to link the underlying values with the specific practice behaviors.

Ultimately, the goal is to define practice activities specifically enough to be able to observe the degree to which they are occurring in practice – and then to identify sources of data that can be used to measure practice. Measuring practice is important for internal quality assurance and quality improvement efforts. It is also paramount to any evaluation that seeks to link practice activities with outcomes achieved.

Considerations While Operationalizing Core Components in Your Agency

When operationalizing core components, agencies must consider what core components look like in practice, and how those practices can be measured.

What do core components of practice look like?

- Describe what workers, caregivers, and other practitioners are doing and saying for each of the practice components identified in the theory of change.
- Describe service delivery in a way that can be observed and measured.
- Work with partners to define practices of each agency when outcomes rely on the contributions of multiple organizations.

How will you measure practice?

- Align documentation requirements to capture core components of practice through forms, tools, checklists, and data systems.
• Assess the quality of documentation used in practice to determine whether it could be reliably used as evaluation data (i.e., assess completeness, reliability, validity of each data source).

• Explore whether and how state or local child welfare administrative data can be accessed for a fuller picture of how interventions impact outcomes throughout involvement in the child welfare system (see step 3 for more information).

Bair’s Experience: Operationalizing SITFC Core Components

The SITFC model is grounded in strong practice principles that guided all the practice activities. The table on page 9 operationalizes the values/principles and related practice activities for each of the core components identified in the SITFC theory of change. Activities for kin and non-kin families are almost identical, except kin families receive an individualized orientation and training tailored to their unique family situations.

Bair had been implementing their TFC program for many years prior to the study described here, and had robust documentation requirements that were designed to support and monitor Foster Care Specialists’ (FCS) use of the SITFC model.

Potential data sources available to measure SITFC practice at Bair included:

- BairTrax administrative data system (visits, meetings);
- Weekly logs completed by resource parents (structured interventions used in the home);
- Monthly monitoring paperwork completed by Foster Care Specialists (home safety, family activities);
- Annual evaluations of resource parents completed by Foster Care Specialists (resource parent performance and compliance);
- Individual service plans and treatment plans developed by Foster Care Specialists and partners (services provided, social activities, helping activities);
- Supervisory and Performance Quality Improvement (PQI) reviews.

When assessing the available data to determine what would be used as part of the study, Dr. Kaye and the Bair team prioritized the data sources that:

1. demonstrated a sufficient level of quality to be a fair and accurate reflection of practice (see page 13 for considerations when assessing data quality,

2. were considered critically important in achieving outcomes for children, according to the SITFC theory of change, and

3. could be efficiently collected and analyzed for all of the children in the study sample.

More information about developing practice profiles is available from the National Implementation Research Network. More information about measuring practices by getting inside the “black box” is available from Kaye Implementation & Evaluation, LLC.
## Core Components of the SITFC Model

<table>
<thead>
<tr>
<th>Values/Principles</th>
<th>Practice Activities</th>
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<tbody>
<tr>
<td><strong>Promoting Resiliency</strong></td>
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Children who are resilient have the ability to thrive when faced with adversity. Resiliency can be strengthened through skills and experiences. |  
- Children participate in social activities and helping activities, to begin to appreciate that they can influence the world around them and to heal trauma pathways that have been developed through trauma.  
- Resource parents organize family fun time at least once per month. |
| **Addressing Needs** |  
Effective service planning will provide a road map to achieving goals, and are most successful when all parties are involved and the child is empowered as an active partner in planning for his/her future. |  
- Foster care specialists (FCS) assess children’s needs and strengths using the Child and Adolescent Needs and Strengths (CANS) or Ages and Stages Questionnaire (ASQ), diagnoses, and behavior to develop goals and a plan to achieve goals, including behavioral support planning.  
- Resource parents prepare the child for participating in the Individualized Service Planning (ISP) meetings.  
- Required participants in ISP meetings include: resource parents, child (when age-appropriate).  
- Invited participants to ISP meetings include: County worker, bio family, service providers and other case-specific individuals. |
| Children’s behavior must be viewed in the context of a history of trauma that led to their placement with Bair. All behavior has purpose. Understanding the child’s inner goal can help adults facilitate change in outward behavior. |  
- FCS assist resource parents in identifying the root cause of behavior, and selecting specific interventions.  
- Resource parents use structured interventions to intervene when problem behavior occurs.  
- Resource parents have a daily check in with children. |
| **Providing Safety and Stability** |  
Resource parents are the principle agents of change in a child’s life. Proper preparation of resource parents for their role with each child is vital to successful placements. |  
- Intake provides as much information about children as possible when making a placement so resource parents are informed about the child coming in to their home.  
- Intake and FCS point out resource parent strengths and believe that they can provide a positive home for the child. |
| Foster parents must be prepared to work effectively with children who have been exposed to trauma. Given training and tools, all foster parents can gain the skills necessary to work with any child in their home. |  
- Foster parents attend group training prior to children being placed in their home.  
- Kin receive orientation and training on an individualized basis, sometimes after children are placed and/or have been living there for a while.  
- FCS conduct semi-structured home visits at least once per month to provide ongoing coaching to resource parents.  
- FCS promote resource parent accountability through weekly logs, monthly reports, and annual re-evaluations. |
| Strong relationships are important for successful outcomes, and are built on commitment in the face of challenges. Children placed with Bair will be provided with the most stable environment possible. |  
- Every member of the treatment team must support the No Moves protocol.  
- FCS see children at least once per month, and have weekly contact by email or phone or text.  
- Reaffirming Our Commitment to Kids (ROCK) meetings are held at the first sign of discontent and whenever a resource parents requests a child is removed. |
When applied in a child welfare context, operationalizing outcomes typically means defining the safety, permanency, and well-being outcomes that children will experience as a result of participating in the program. Once again, the theory of change is critical in identifying the outcomes that are most directly related to the practice activities. In Pennsylvania, for example, permanency outcomes would not be appropriate to measure in TFC programs implemented in private agencies because the public agency maintains primary responsibility for permanency-related practice activities. Instead, private agencies may focus on specific improvements in child functioning or behavior, or stability in placement, as more immediate and observable outcomes of their work.

With child welfare outcomes well defined through Federal monitoring requirements and a long history of child maltreatment research, agencies can compare their work to other studies if they conceptualize and operationalize outcomes in the same way. However, much of the existing outcomes measurement relies on statewide administrative data that is typically maintained by the public agency. Statewide administrative data offer several important features that can be an asset to private agency evaluation efforts:

- Information about the child’s total care experience—before and after placement in the private agency—which allows for examination of the total number of placements and time in out-of-home care;
- Information about children that were not referred to the private agency, which allows for exploration about how children referred to the private agency are similar to and different from children referred to other programs;
- Information about formal reports of child maltreatment as well as the disposition, which allows for consistent measurement of repeat maltreatment in the child’s family of origin, as well as maltreatment in while in out-of-home care.
Public agencies can support comprehensive evaluation efforts by granting access to statewide administrative data for key variables of interest. Analysis can be done in a way that protects the privacy and confidentiality of all children and families served. However, if data sharing is impossible, private agencies might request key pieces of information about the children they serve to more precisely measure important outcomes. For example, if placement stability is critical in the theory of change, important pieces of information needed from the public agency include: the number and type of all placements prior to referral to the TFC program, and the number and type of all placements after leaving the TFC program. These data may also better equip agencies to compare outcomes for TFC provided in kin and non-kin families.

Considerations While Operationalizing Outcomes in Your Agency

When operationalizing outcomes, agencies must consider the outcomes that children and families should achieve, and how those outcomes will be measured.

What outcomes will your program achieve?

• Engage stakeholders in defining outcomes to promote clarity, transparency, and discussion of shared priorities.
• Define specific and measurable outcomes that children/families will achieve as a result of the core components of practice.

How will you measure outcomes?

• Identify data sources, measurement periods, and comparison groups.
• Request access to public agency data to allow comparisons to be made to other child welfare studies.

More information about Federal measures of child welfare outcomes is available from the US DHHS Childrens Bureau. More information about standardized measures that have been used to evaluate child welfare outcomes in previous research is available from James Bell Associates.
Bair’s Experience: Operationalizing SITFC® Outcomes

The primary outcome areas of the SITFC model included the enhancement of child strengths, reduction of child needs, and safe and stable placements. Bair used the Child and Adolescent Needs and Strengths (CANS) tool to assess the strengths and needs of children ages 5 and older at entry into care, quarterly during placement, and at discharge from Bair. Evaluating child-level changes in scores on standardized assessments like CANS offers useful insight into changes in child behavior and functioning while they are participating in the program.

Bair did not have access to state child welfare data and could not assess safety and stability outcomes in the same way that outcomes are typically measured using state administrative data. Instead, proxies were developed using data that Bair had available — and then results were presented with caveats, as described in the outcomes table below.

Measuring SITFC Outcomes Without Public Agency Data

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<tr>
<th>Standard Measure</th>
<th>Bair Proxy</th>
<th>Caution/Caveat</th>
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</thead>
<tbody>
<tr>
<td><strong>Child safety:</strong> Substantiated reports of child maltreatment</td>
<td>No maltreatment: Internal critical incidents that were consistent with alleged child maltreatment</td>
<td>• Internal critical incident reports found in private agency data do not include the same substantiation decisions typically found in public agency data. Private agency data may overestimate possible maltreatment.</td>
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<tr>
<td></td>
<td>Safe homes: Resource parent compliance with items included in safety checks</td>
<td>• Safety assessments used to monitor placement homes can vary substantially across jurisdictions and may not be comparable.</td>
</tr>
<tr>
<td><strong>Placement stability:</strong> Count of total number of placements in a custody episode</td>
<td>No moves: Number of placements in different Bair resource homes or discharges from Bair to another placement setting (group home, county foster home)</td>
<td>• Public agency data includes all placements before and after placement with private agency. Private agency data may underestimate the total number of placements during the child’s custody episode.</td>
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</tbody>
</table>
Ensuring the Use of Quality Data

Prior to use in an evaluation, data sources must be assessed for quality. Most practice documentation is initially used to guide and support quality implementation, not intended to be used as part of a research study. Data quality standards are required to ensure that data are reliable and valid so that the conclusions drawn from them are trustworthy. Examples of data quality standards include:

- **Completeness** – documents or data are available for almost all children on almost all variables of interest (e.g., no more than 20% of children are missing documents or variables used in the analysis),
- **Consistency** – workers reliably fulfill documentation guidelines and requirements (e.g., similar level of detail in case plans across workers),
- **Timeliness** – time-sensitive requirements (e.g., assessments, plans) are completed according to the designated schedule.

When preparing for evaluation, agencies should audit their data collection processes to assess for completeness, consistency, and timeliness of practice and outcomes data. Data sources that do not meet data quality standards should not be included in the study because high quality data are imperative for accurate results.

Using Assessment Data

Data from standardized assessments can provide invaluable insights into the well-being or clinical outcomes of children served in TFC programs. There are two critical considerations for using assessment data.

1. Assessments must be consistently administered at defined points in time for all children in care to ensure comparable results across children.
2. Different assessments have different scoring and monitoring procedures; analysis of data must be clearly defined and consistent with recommendations of the developers of the assessment.
Conclusions

The child welfare field needs an improved understanding of how TFC programs work and what outcomes can be achieved. This is particularly important as private agencies continue to work with their public systems to remove the barriers to working with kinship families as therapeutic foster parents. Through their public-private partnerships, private agencies can advance this understanding and support the continued development of programs that effectively meet the needs of children and families.

The data-driven strategies presented in this brief illustrate important steps that private agencies can take to prepare for evaluation. At each step, public agency partners and other stakeholders can be engaged to promote a better understanding of the value of TFC with kin and non-kin and how it contributes to desired outcomes. These steps are fundamental to ensuring that evidence-supported interventions are grounded in the wisdom, experience, and expertise of private agencies that are working in partnership with foster parents, including kinship foster parents, to provide safe, stable and therapeutic homes for children with special needs.

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