Keeping it in the family: The impact of a Family Finding intervention on placement, permanency, and well-being outcomes☆

Scott C. Leon a,*, Deborah J. Saucedo b, Kristin Jachymiak b

a Department of Psychology, Loyola University Chicago, United States
b Illinois Center for Adoptions and Permanency, United States

ABSTRACT

Child-centered recruitment via Family Finding has gained national attention as an approach to search, discover, and engage kin and fictive kin to support the attachment and permanency needs of children in foster care. However, despite its promise it has received scant attention in the empirical literature. The current study compared the outcomes of a front-end Family Finding intervention (n = 196) and a comparison group (n = 262) among children in foster care in Cook County Illinois between the ages of 6 and 13. Results showed that there were no differences between the intervention and comparison group on reunification rates, placement stability, or on longitudinal externalizing behavior and internalizing symptoms. However, the intervention found close to 75% more relatives than the control group, and many of these relatives were significant figures in the children’s lives. The intervention was also associated with a higher proportion of relative placements to total placements for a sub-group of children with five or more placements. Further, the effect of the intervention on this proportion (relative placements to total placements) was mediated by the greater number of relatives found in the intervention. Finally, the intervention was associated with relatively better Concurrent Planning. These results suggest that Family Finding has the potential to impact proximal outcomes related to discovery, engagement and planning but is currently not impacting more distal outcomes such as permanency and well-being. Family Finding approaches should continue to innovate, possibly through integration with psychosocial interventions, to affect more distal variables such as well-being outcomes.

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1. Introduction

For children in foster care, the negative impacts of maltreatment can be compounded by the social separation that often comes with entry into the system. Prior research indicates that social disruption- in the form of separation from schools, parents, foster parents, and peers- can be independently associated with increased emotional and behavioral difficulties above and beyond the effects of maltreatment (Salazar, Keller, & Courtney, 2011; Collins, Spencer, & Ward, 2010; Perry, 2006). This research dovetails with important theoretical advances in developmental psychology over the past several decades highlighting both the importance and complexity of the social forces that interplay at multiple ecological levels in predicting adjustment (Bronfenbrenner, 1992).

However, of glaring absence in the literature on the social and ecological factors influencing foster care children's adjustment is the potential role that non-resident kin and fictive kin may play on placement, permanency, and well-being outcomes. Rather, the focus in the child welfare literature has been on the impact of continuous ties to biological parents and the effect of kinship foster care on these outcomes (Cuddeback, 2004; Zielski & Bradshaw, 2006; McWey, Acoc, & Porter, 2010) rather than the broader kinship network outside of the foster home. This omission is all the more glaring when considering that African-American children are over-represented in child welfare (Lu et al., 2004) and that kinship networks are often stronger and seen as more integral to development in the African-American community (Cazenave & Straus, 1979; Hunter & Taylor, 1998; Harrison, Wilson, Pine, Chan, & Buriel, 1990). Further, research on children outside of the foster care system has found that support from the kinship network among ethnic minority families (e.g., financial, emotional, or instrumental aid) can be protective regarding the development of anxiety, substance use, and antisocial behaviors (e.g., Mcloyd, Jayaratne, Ceballo, & Borquez, 1994; Taylor, Seaton, & Dominguez, 2008).

Fortunately, the child welfare system is beginning to understand the potential importance of children's kinship networks. At the federal level, the 2008 Fostering Connections to Success and Increasing Adoptions act promotes kinship network connections in two ways: 1) Notice to all adult relatives, paternal and maternal, of removal and 2) family connection grants. Family connection grants were intended to fund
demonstration projects to develop an empirical research base to support the engagement and involvement of extended families throughout and after children’s time in care. These include Kinship Navigators, Family Finding, Family Group Decision-Making, and Residential Family Treatment. The program and evaluation described in the current study was supported by a family connections grant implemented through the Children's Bureau.

One of the grant areas described above, Family Finding, involves concerted efforts to locate, engage, and involve extended family members in service planning to support children’s placement, permanency, and well-being outcomes. The most common intervention is the Family Finding model of Kevin Campbell (Campbell, 2010). Campbell's Family Finding model consists of six stages: 1) Discovery. During this stage, family finders are trained to locate at least 40 relatives through interview, word-of-mouth, internet searches, file reviews, and specialized genealogical search tools; 2) Engagement. The goal of this stage is to highlight to appropriate family members (individually or in small groups) the need the child has for social connections, especially after entering care. Family members are encouraged to appreciate that they might be able to serve a vital function in supporting the child across all of his/her developmental needs; 3) Planning. After engaging individual or small groups of family members in the engagement stage, planning involves bringing as many family members together as possible to share knowledge about the child and the ways they may work together to meet the developmental needs of the child; 4) Decision-Making. After the planning meeting(s), family members meet again to make concrete commitments to the child’s development. Decisions are made among family members about specific roles, goals, plans, and dates; 5) Evaluation. Upon completion of the decision-making phase, family members should have an individualized plan to support what is referred to as the child’s “legal and emotional permanence”. After a provisional plan has been made, family members work together to review and evaluate the plan and determine possible alternatives to the plan if it should falter. This is where Concurrent Planning activities are conducted; 6) Follow-up Supports. Family members will be introduced to and given information about natural and informal supports in the community (e.g., dedicated teachers, coaches, church members) that can help the family members achieve their goals and roles involving the child. Family Finding staff will follow-up with family members at specific periods after formal case activities have ended.

Despite the national enthusiasm for Family Finding, little attention has been paid to the empirical outcomes of the intervention in the peer-reviewed literature. Landsman, Boel-Studt, and Malone (2014) found that, compared to a control group, Family Finding engaged more family members and was associated with a higher likelihood of relational permanency and a relative adoption. However, Family Finding was not associated with time to permanency or likelihood of reunification. Garwood and Williams (2015) found that their Family Finding intervention was marginally (p < 0.10) associated with likelihood of a placement with a relative, but only for the new-to-care (versus lingering-in-care) sample. One problem with treating relative placement as a one-time dichotomous outcome (likelihood of a relative placement compared to a traditional placement) is that it may not capture the involvement of family members as placement resources across multiple placements. It is an unfortunate fact that children in foster care often have multiple placements; many studies report that 50% or more of children in foster care have three or more placements while in care (Newton, Litrownik, & Landsverk, 2000). However, it might be the case that Family Finding interventions- as a result of discovery, engagement, and planning- make it more likely that when placements do fail, new placements are nonetheless more likely to be with other relatives. This hypothesis has not been tested in Family Finding interventions, and is one of the aims of the current study. Clearly, the goal of keeping children connected to family is made more likely if family members are involved as foster parents during care.

Despite the limited attention Family Finding has received in the peer-reviewed literature, a recent report in Child Trends by Vandivere and Malm (2015) reviewed 13 non-peer reviewed evaluations of Family Finding. Their review suggests that Family Finding outcomes are mixed. In general, the Family Finding interventions were able to find more relatives than control groups consisting of casework as usual, suggesting that Family Finding is successful in the discovery stage. Further, and possibly related to success in the engagement stage, children in the intervention groups often had more contacts with relatives and their relatives were more likely remain connected. Family members in two of the interventions were more likely to become a foster parent compared to the control groups, but this finding was not consistent across all of the evaluations.

Longer term outcomes, such as those involving permanency and well-being, were consistently no better in the intervention versus control groups in Vandivere and Malm’s (2015) review of Family Finding evaluations. However, their review uncovered just one evaluation that evaluated well-being outcomes using a validated well-being measure. The evaluation reviewed was based on a Family Finding intervention in North Carolina targeted to children ages 13 and above already in care. Evaluators of the Family Finding program used the Youth Self Report (YSR; Achenbach & Rescorla, 2001) to measure well-being outcomes at 12 months and 24 months after the intervention. The authors found no differences between the intervention and control groups in terms of clinical levels of externalizing behavior, but did find a difference in favor of the control group in terms of internalizing behavior; adolescents in the control group actually had lower levels of clinical internalizing behavior at 24 months compared to the intervention. A limitation of the North Carolina evaluation was that, despite randomizing to group, the project did not collect baseline YSR data, limiting interpretation of their findings. One evaluation not included in Vandivere and Malm’s (2015) review was a recent evaluation of a Family Finding demonstration grant from Missouri (Extreme Recruitment). The evaluators of the Missouri Family Finding grant compared intervention and control groups on the Child and Adolescent Functional Assessment Scale (CAFAS; Hodges, Kline, Stern, Cytryn, and McKnew (1982)), another validated measure of well-being. However, despite efforts to randomize, the intervention and control group were not randomly assigned and the intervention group had significantly higher scores CAFAS scores at baseline. Further, it does not appear from the evaluation that baseline differences were controlled before comparing changes, limiting interpretation of the findings.

The current study reports on the evaluation findings of a Family Finding intervention in an effort to continue to contribute to the nascent empirical base. The goal is to examine some of the key outcomes that have been previously studied in the evaluation literature, such as number of relatives identified, placement stability, legal permanency, time in care, and well-being. However, this study seeks to take a more nuanced approach to the examination of kinship placements resulting from Family Finding. Specifically, instead of treating relative placement as a dichotomous outcome (likelihood of a relative placement compared to a traditional placement), we sought to determine if relative placements were more common across the overall number of placements (i.e., whether the proportion of relative placements to total placements was higher in the intervention versus control group).

2. Method

2.1. Participants

Children and adolescents between the ages of six and 13, entering the care of the Illinois Department of Children and Family Services (DCFS) in Cook and Will Counties between October 1st, 2011 and October 1st, 2015, were eligible for the present study.
2.2. Family Finding Intervention

The Family Finding intervention examined here is based on a demonstration grant from the Children’s Bureau, known as the Recruitment and Kin Connections Project (RKCP). The RKCP employed methods used in several of the more prominent interventions (e.g., The Seneca Model). The intervention was administered by independent workers hired specifically to conduct Family Finding. The workers, known as Kin Connection Specialists, conducted an intensive family search and engagement outreach service for children’s caseworkers. The information was intended to provide positive supportive resources for service planning and Concurrent Planning. This 40-day, front-end Family Finding model consisted of the following components: (1) Interviews with birth parents and family members present at Juvenile Court immediately after temporary custody is granted; (2) creation of a baseline genogram; (3) searches for additional birth family members, fictive kin, and significant others who can act as resources for the family; (4) individual meetings with family members to discuss current involvement and engage around potential involvement and to determine if they are willing consent to a CANTS (Child Abuse and Neglect Tracking System) and LEADS (Law Enforcement Agencies Data System) check; (5) when appropriate, meetings with children within ten days of case opening in order to conduct an interview with the child and to develop an Ecomap documented in his/her words; (6) documentation of all Family Finding efforts in the Statewide Automated Child Welfare Information Systems (SACWIS) system in order to forward this information to the Child Welfare Specialist (caseworker); (7) meeting with the assigned Child Welfare Specialist in-person to share the information gathered and offer guidance and consultation regarding how to use the information to improve planning; (8) re-assessment of identified family members throughout the case as a means of concurrent and service planning; (9) conducting of additional in-person and telephone interviews at the request of the Child Welfare Specialist; (10) assessment of levels of support the family member can provide (placement, respite, transportation, supervise visits) and document in SACWIS and in a Family Search and Engagement Summary Report due 40 days after case opening; and (11) facilitation of in-person child-centered recruitment summary meeting with the assigned Child Welfare Specialist in order to share the family information obtained during the discovery and engagement phase.

Overall, then, the RKCP was designed to provide front-end Family Finding services that meet the criteria for the Discovery and Engagement phases in Kevin Campbell’s model. The RKCP might be considered to partially meet the criterion of Planning, since the Kin Connection Specialist meets with the Child Welfare Specialist to discuss the findings and offer suggestions for how to use the findings to support case planning and Concurrent Planning. Therefore, while the Family Finding workers in our model were involved in all stages of Kevin Campbell’s model, they provided consultation and guidance in the latter stages.

2.3. Procedure

In order to ensure fair assignment of cases, the clerk’s office at the Cook County Juvenile Court, where all child welfare cases are adjudicated in Cook County, uses a simple automated software program to assign cases randomly to court rooms. There are a total of 12 court rooms at the Cook County Juvenile courthouse, five on the “Ground” level and seven on the “Concourse” level. In order to avoid disruptions and confusion regarding which children were receiving the RKCP intervention versus control, we decided to assign cases at the Concourse level to the intervention and the Ground level to the control group in Year 1, switch them in Year 2, and alternate them in six month intervals in Year 3. Therefore, the study design is quasi-experimental, although the method allowed us to more closely approximate the ideal of a Randomized Controlled Trial than is possible in typical quasi-experimental designs.

The intervention team sent a list of eligible participants for the study to the research team at Loyola University Chicago. This list contained the children served in the intervention and the control groups. The research team at Loyola University Chicago reviewed information on the Illinois DCFS Statewide Automated Child Welfare Information System (SACWIS) database to collect data on the child’s demographics and family (see below). The primary section of the SACWIS record reviewed by the team was the family psycho-social history developed as part of the Integrated Assessment (IA). As required by the state of Illinois, the IA is completed within 45 days of entry into DCFS care through Temporary Custody. An IA screener, a licensed mental health professional, conducts in-person interviews with each youth and his or her parent(s) and foster parent(s) to examine the medical, social, developmental, mental health, familial, and educational domains of both the child and the adults involved in rearing the child. The main objective of the IA is to develop a service plan, and to aid in placement decision-making and visitation planning. The IA also provides information on the youth’s family composition, history of abuse or neglect, and placement history. After reviewing the IA for each participant, research assistants conducted phone interviews with the Kin Connection Specialists in the intervention and caseworkers in the control group to confirm the information collected from the SACWIS database and make any changes based on an ongoing understanding of the family. The Institutional Review Boards at both DCFS and Loyola University Chicago approved this study.

2.4. Materials

2.4.1. Demographic and family information

A tool developed for this study, the Kin Identification and Level of Engagement (KILE) Form was used to obtain information regarding participants’ race/ethnicity, gender, age, family composition, and extended family members (e.g., maternal grandmother, maternal great-aunt, paternal aunt, maternal cousin), and the type of kinship involvement provided to youth by each of the identified kin. The categories of kinship involvement included visitation, phone calls, childcare, homework help, mentoring, transportation assistance, coaching, sending birthday cards or letters, invitations to family events, attendance at important events, and providing respite as well as support to biological parents and foster parents.

The completion of the KILE Form occurred in two phases. In Phase I, the Loyola evaluator searched the Illinois DCFS SACWIS system to identify kin and record information regarding their support to the youth. In Phase II, the research team contacted the child’s child welfare worker to conduct a 30-min interview to review and (a) confirm the kin and fictive kin identified by the file review and (b) determine if the worker was aware of any kin/fictive kin not identified through the SACWIS file review or aware of any family involvement in the child’s life among those already identified.

2.4.2. Child and Adolescent Needs and Strengths (CANS)

Externalizing behavior and internalizing symptoms were evaluated using the Child and Adolescent Needs and Strengths (CANS; Lyons, Small, Weiner, & Kisiel, 2008). For each item on the CANS, severity ratings are reported on a four-point Likert scale of “0” to “3”, where a score of “0” indicates no evidence of any needs or the presence of significant strengths, a score of “1” indicates a need for monitoring or preventive activities, a score of “2” indicates a need for addressing the problem, and a score of “3” indicates a need for immediate or intensive action. In order to complete the CANS as part of the IA and based on a consensus from the IA worker and the caseworker, workers must first establish a reliability of 85% rating accuracy (State of Illinois DCFS). Internalizing symptoms (i.e., depression, anxiety, somatization, traumatic grief/separation, and adjustment to trauma) had an α = 0.71, and externalizing behavior (i.e., oppositional behavior, conduct, attention deficit/impulse control, anger control, danger to others, sexual aggression, and
delinquency) had an $\alpha = 0.84$. CANS are completed by caseworkers quarterly throughout their time in care.

2.4.3. Placement history and time in care

Placement and time in care was determined using the Child and Youth Centered Information System (CYCIS) the Management Accounting and Reporting System (MARS). Both databases are used to track placements for the purpose of payment.

2.4.4. Planning

There has been a growing emphasis on the role of Concurrent Planning as a means of improving positive permanency and reducing time in care (Child Welfare Information Gateway, 2012). Concurrent Planning involves the consideration of more than one permanency plan, usually a plan to reunify plus an alternative plan should reunification fail, at the outset of a child’s entry into care. Family Finding and notification to all adult paternal and maternal relatives is now being promoted as critical to effective Concurrent Planning. As a result, we sought to determine if our Family Finding intervention was associated with improved Concurrent Planning. We randomly selected 75 intervention and 75 control cases and applied a rubric developed for this evaluation to determine any differences between the groups in terms of quality of case worker Concurrent Planning. Based on the results of what was written in the Concurrent Planning section of Illinois’ SACWIS, we assigned a rating of “Yes” or “No” to each of the following four concurrent plan domains: (1) Comprehension (worker’s response indicates at least a basic knowledge of what is meant by Concurrent Planning); (2) identity (a clearly identifiable person is listed); (3) planning discussion (a conversation with the possible alternative permanency option has clearly taken place); and (4) planning activities (specific activities have taken place that prepares the alternative permanency option to step into a parental role). Two reviewers independently double-rated 40 cases to establish reliability and resolve any differences in the use of the rubric. A kappa reliability of 0.90 was established, and independent ratings were commenced. A composite variable was created by adding item scores (Yes = 1, No = 0). The scale produced an alpha of 0.85.

2.5. Data analysis

Chi square tests, Independent Samples t-tests, and Analysis of Covariance (ANCOVA) was used to test for basic differences between the intervention and control group (e.g., number of relatives identified). The mediational analyses, which sought to determine if the intervention was associated with a greater likelihood that children’s placements would be with relatives, and if this effect was mediated by the difference between the two groups in the number of relatives identified, was accomplished using Structural Equation Modeling. Based on recommendations from Preacher and Hayes (2008), the indirect effect for the model was estimated using a bias-corrected bootstrap with 5000 replications. This approach allowed for the calculation of a 95% confidence interval for the indirect effect.

In order to examine the possible effect of the intervention on longitudinal externalizing behavior and internalizing symptoms outcomes, a three-level nested model was employed using the Hierarchical Linear Modeling (HLM) statistical software program (Bryk & Raudenbush, 1992). By applying a 3-level model to the data, we were able to nest CANS assessments into time (quarter, Level 1), CANS assessments into children (Level-2), and children into families (Level-3). Of primary interest, Level 2 Time 1 (i.e., time invariant) predictors (e.g., intervention group) were used to predict externalizing behavior and internalizing symptoms slope trajectories. The outcome, externalizing behavior and internalizing symptoms, was positively skewed with a relatively high number of zeros. Data transformations such as a log-transformation are often insufficient to ensure that the assumptions of the test are met, most notably the assumption of normality of residuals. This can lead to biased parameter estimates and an increased likelihood of Type 1 errors. As a result, we recoded the CANS items into dichotomous count data by recoding a “0” or a “1” into “0” (absence of a problem), and “2” or “3” into a “1” (presence of a problem). The items were then summed, allowing us to use a Hierarchical Generalized Linear Model (HGLM) with a Poisson distributed outcome consisting of count data. Since the mean and standard deviation of both scales were equivalent, we ran the model using the over-dispersion feature in HLM. We chose to use a “2” or “3” to indicate the presence of an externalizing behavior/internalizing symptom problem based on the item anchorings and how the CANS is used in practice. For all items on the CANS, a “2” or a “3” rating indicates the need to address the problem, whereas a “1” indicates that “watchful waiting” may be appropriate and of course a zero indicates that no concern is present. In terms of practice, caseworkers are only required to address a problem on the service plan if an item on the CANS is rated as a “2” or “3”.

Overall, 149 (44.7%) children were singletons in the sample (i.e., were the only children taken into custody or other children in the family were not part of the sample). Even with approximately one half of the sample consisting of singletons in the study, prior simulation research suggests that Level 2 coefficients and standard errors, parameters of primary interest in our study, are not significantly altered under these conditions (Bell, Morgan, Kromrey, & Ferron, 2010).

3. Results

Table 1 presents descriptive statistics for the sample. Approximately 50% of the sample was female and a majority was African American (61.4%). A majority of children experienced neglect (76.6%), and the next highest categories were physical abuse (29.9%) and sexual abuse (9.2%). An average of between three and four siblings were removed, and not surprisingly this range was the same for the number of youth removed and the number of youth in the home. Approximately half of first placements were with relatives (49.2%), followed by shelter placements (34.6%). Relatively few first placements were in traditional foster homes. The largest and seemingly most meaningful difference between the groups involved percentage of neglect cases. We found that 85% of intervention cases and 71% of control cases experienced neglect. As a result, we controlled for this variable when significant in all subsequent analyses.

As Table 1 also illustrates, RKCP services identified more relatives. An average of 19.31 (SD = 7.44) kin and fictive kin were identified in the intervention group and an average of 12.83 (SD = 5.36) kin and fictive kin were identified in the control group. Using an Analysis of Covariance (ANCOVA) controlling for the neglect variable, the intervention group found significantly more relatives, $F(456) = 28.02$, p < 0.001. Further, it does not appear that the additional relatives found are inconsequential in the children’s lives. The mean number of relatives per family who were positive attachment figures, as determined by our interviews, was 2.81 (2.41) for the intervention group and 1.18 (1.49) for the control group, $F(455) = 73.48$, p < 0.001.

3.1. Placement/planning/permanency results

In terms of placement stability, Table 1 also indicates that the intervention group experienced more overall placements and more relative placements. There was no significant difference between the two groups in terms of the proportion of relative overall placements to overall placements; approximately 50% of placements were with relatives in both groups. In terms of placement duration, there were no differences between the two groups in days to disruption for the second, third or fourth placements. In terms of placement, children in the intervention received higher scores on our Concurrent Planning rubric compared to children in the control group $(t(148) = 2.49$, p < 0.05. In terms of permanency, for children who were discharged from DCFS during the study period, 79.2% were reunified in the intervention group and 83.3% were reunified in the control group, a difference which was not statistically
Table 1
Descriptive statistics: intervention and control.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Intervention</th>
<th>Control</th>
<th>Overall</th>
<th>Intervention</th>
<th>Control</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Variable</strong></td>
<td>Percent (n)</td>
<td>Percent (n)</td>
<td>Percent (n)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
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<tr>
<td><strong>Child variables</strong></td>
<td></td>
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<tr>
<td>Age</td>
<td>9.86 (2.44)</td>
<td>10.05 (2.32)</td>
<td>9.97 (2.37)</td>
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<tr>
<td>Gender: female</td>
<td>50.5% (99)</td>
<td>52.3% (137)</td>
<td>51.5% (236)</td>
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<tr>
<td>Race: African American</td>
<td>63.8% (125)</td>
<td>59.5% (156)</td>
<td>61.4 (281)</td>
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<tr>
<td>Ethnicity: Latino</td>
<td>12.8% (25)</td>
<td>19.1% (50)</td>
<td>16.4% (75)</td>
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<tr>
<td>Multi-ethnic</td>
<td>14.3% (28)</td>
<td>13.4% (35)</td>
<td>13.8% (62)</td>
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<tr>
<td>Reason for entry to care</td>
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<tr>
<td>Physical abuse</td>
<td>26.0% (51)</td>
<td>32.8% (86)</td>
<td>29.9% (137)</td>
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<tr>
<td>Sexual abuse</td>
<td>9.2% (18)</td>
<td>9.2% (24)</td>
<td>9.2% (42)</td>
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<tr>
<td>Neglect***</td>
<td>84.7% (166)</td>
<td>70.6% (185)</td>
<td>76.6 (351)</td>
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<tr>
<td>Dependency</td>
<td>6.6% (13)</td>
<td>6.5% (17)</td>
<td>6.6% (30)</td>
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<tr>
<td><strong>Sibling/in-home family variables</strong></td>
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</tr>
<tr>
<td>Number of siblings removed</td>
<td>3.27 (1.80)</td>
<td>3.61 (2.16)</td>
<td>3.46 (2.02)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Birth order*</td>
<td>1.72 (1.00)</td>
<td>1.94 (1.89)</td>
<td>1.85 (1.10)</td>
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<tr>
<td>Youths removed</td>
<td>3.10 (1.86)</td>
<td>3.36 (2.20)</td>
<td>3.25 (2.06)</td>
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</tr>
<tr>
<td>Adults in the home*</td>
<td>1.66 (0.61)</td>
<td>2.00 (0.78)</td>
<td>1.86 (0.74)</td>
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<td></td>
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<td>Youth in the home</td>
<td>3.47 (1.68)</td>
<td>3.99 (2.00)</td>
<td>3.76 (1.88)</td>
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<td>Siblings in the home</td>
<td>1.55 (1.38)</td>
<td>1.67 (1.56)</td>
<td>1.62 (1.49)</td>
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<tr>
<td>First placement*</td>
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<tr>
<td>Home of relative</td>
<td>51.5% (101)</td>
<td>47.5% (124)</td>
<td>49.2% (225)</td>
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<tr>
<td>Shelter</td>
<td>38.3% (75)</td>
<td>31.8% (83)</td>
<td>34.6% (158)</td>
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<tr>
<td>Traditional foster parent</td>
<td>3.6% (7)</td>
<td>9.6% (25)</td>
<td>7.0% (32)</td>
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<tr>
<td>Hospital</td>
<td>6.1% (12)</td>
<td>10.0% (26)</td>
<td>8.3% (38)</td>
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<tr>
<td><strong>System variables</strong></td>
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<tr>
<td>Days to case assignment</td>
<td>10.08 (29.51)</td>
<td>8.82 (13.22)</td>
<td>9.36 (21.73)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days in the shelter</td>
<td>21.44 (34.74)</td>
<td>25.63 (34.78)</td>
<td>22.28 (34.21)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kin and Fictive Kin Found***</td>
<td>19.31 (7.44)</td>
<td>12.83 (5.36)</td>
<td>15.41 (6.94)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kin Fictive Kin <em>Positive Attachment Figures</em>**</td>
<td>2.81 (2.41)</td>
<td>1.18 (1.49)</td>
<td>1.89 (2.12)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Placement stability/permanency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of placements**</td>
<td>3.35 (2.44)</td>
<td>2.73 (2.02)</td>
<td>2.86 (2.03)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of relative placements**</td>
<td>1.17 (1.01)</td>
<td>0.92 (0.79)</td>
<td>1.01 (0.89)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proportion of relative placements to total placements</td>
<td>0.49 (0.37)</td>
<td>0.46 (0.40)</td>
<td>0.46 (0.39)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Placement 2 duration (days)</td>
<td>344.60 (389.87)</td>
<td>369.37 (337.97)</td>
<td>353.46 (350.60)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Placement 3 duration (days)</td>
<td>357.11 (343.27)</td>
<td>293.54 (275.57)</td>
<td>313.33 (295.34)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Placement 4 duration (days)</td>
<td>151.32 (219.15)</td>
<td>114.87 (211.90)</td>
<td>125.36 (209.37)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reunification</td>
<td>79.2% (19)</td>
<td>83.3% (25)</td>
<td>81.5% (44)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concurrent Planning*</td>
<td>0.56 (1.00)</td>
<td>0.23 (0.60)</td>
<td>0.39 (0.85)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Statistically significant difference, *p < 0.05, **p < 0.01, ***p < 0.001.

Fig. 1. Proportion of relative placements to total placements across number of placements: intervention versus control.
significant, $\chi^2 (2 = 0.15, p = 0.93)$. However, caution is warranted when interpreting these results because only 11.8% (54) of the sample had exited foster care by the end of the study period and a relatively high percentage of youth reunified in both groups.

While there was no difference in the overall proportion of relative placements to total placements for the two groups, we nonetheless sought to determine if there were differences in the proportion of relative placements to total placements for all children with at least two placements (shelter care is often a first placement). As Fig. 1 demonstrates, there were no differences between the intervention and control group in terms of ratio of relative placements to total placements for children with two, three, or four or more placements. However, for children with five or more placements, the difference is significant. For children in the intervention group with five or more placements, a mean of approximately 25% of those placements were with relatives compared to 18% for the control group.

We next sought to determine if the difference found between the groups regarding the proportion of relative to total placements (five or more placements) could be attributable to the greater number of relatives found in the intervention versus control group. To do this, we employed a mediational model testing the indirect effect of group membership on the proportion of relative placements to total placements, mediated by the number of relatives found in the intervention versus control groups. The model indicated a good fit to the data, $\chi^2 (3 = 27.82, p < 0.001)$, CFI = 1.00, TLI = 1.00, RMSEA = 0, and SRMR = 0. In the model tested (see Fig. 2), the effect of the intervention on the number of kin and fictive kin identified was significant, $b = 0.49$, SE = 0.085, $p < 0.001$. The effect of the number of kin and fictive kin on the proportion of relative placements to total placements was significant, $b = 0.389$, SE = 0.105, $p < 0.001$. The effect of the intervention on the proportion of relative placements to total placements was significant, $b = 0.245$, SE = 0.110, $p = 0.026$. Finally, a test of the indirect effect of the intervention on the proportion of relative placements to total placements (through number of relatives identified) was significant, $b = 0.057$, SE = 0.023, $p = 0.015$.

### 3.2. Well-being results

Unconditional growth curve analyses indicated that the mean trajectories for externalizing behavior and internalizing symptoms had a nonzero intercept and a nonzero slope. For the conditional externalizing model, eight variables were used to estimate externalizing problems intercepts, and the same eight variables were used to estimate externalizing slopes (see Table 2). In terms of intercepts, Time 1 externalizing behavior was, not surprisingly, significantly associated with intercept values of externalizing behavior $(\beta_1 = 0.69, p < 0.001)$. However, two additional variables were significantly associated with baseline externalizing behavior: Race/Ethnicity $(\beta_4 = 0.37, p < 0.001)$, with African Americans exhibiting more externalizing behavior; and maltreatment $(\beta_6 = 0.11, p = 0.002)$. Higher levels of maltreatment were associated with higher baseline externalizing behavior. In terms of slope effects, Time 1 externalizing behavior was again negatively associated with the slope of externalizing behavior over time $(\beta_{11} = -0.03, p < 0.001)$. Two additional variables were associated with changes in externalizing behavior. Higher levels of community violence were associated with lower slopes $(\beta_{15} = -0.04, p = 0.009)$ and higher levels of maltreatment were associated with higher slope trajectories $(\beta_{16} = -0.01, p = 0.002)$. Neither the main effect of group (intervention versus control) nor the interaction between Time 1 externalizing behavior and group were associated with slope trajectories.

Table 2 also presents the results of the internalizing symptoms analyses. Again, Time 1 internalizing symptoms was associated with higher levels of baseline internalizing scores $(\beta_{1} = 0.41, p < 0.001)$. Further, age was positively associated with higher baseline internalizing symptoms $(\beta_{2} = 0.06, p = 0.022)$. In terms of slopes, Time 1 internalizing symptoms were again associated with internalizing trajectories $(\beta_{11} = -0.036, p < 0.001)$. The only other variable associated with internalizing symptoms trajectories was maltreatment $(\beta_{16} = 0.02, p < 0.001)$. Higher levels of maltreatment were associated with more positive slope trajectories. And, as with the externalizing behavior analyses, neither the main effect of group (intervention versus control) nor the interaction between Time 1 internalizing symptoms and group were associated with slope trajectories.

### 4. Discussion

This study examined the impact of a Family Finding intervention on child welfare (e.g., placement stability, permanency) and behavioral (i.e., externalizing behavior and internalizing symptoms) outcomes. There were no differences between the control group and intervention on reunification rates, placement stability, or on externalizing behavior and internalizing symptoms. In addition, the interaction of Time 1 externalizing behavior/internalizing symptoms and group was not significant, suggesting that the intervention did not impact behavioral outcomes at any level of baseline problems. However, the intervention found close to 75% more relatives than the control group, and many of these relatives were significant figures in the children’s lives. The intervention was also associated with a higher proportion of relative placements to total placements for a subgroup of children with five or more placements. Further, the effect of the intervention on this proportion (relative placements to total placements) was mediated by the greater number of relatives found in the intervention. Finally, the intervention was associated with relatively better Concurrent Planning.

Our findings are generally consistent with the results of prior evaluations of Family Finding, both in terms of the null effects and the positive impacts. For example, in Vandivere and Malm’s (2015) review, four out of the five evaluations that studied permanency outcomes did not find a benefit of Family Finding in terms of positive permanency (e.g., reunification) for children new to care. Family Finding was also not associated with time in foster care and only two of the five evaluations that examined placement stability found that Family Finding was associated with fewer placement changes. Further, the only evaluation in Vandivere and Malm’s (2015) review that examined well-being found that Family Finding was actually associated with higher levels of internalizing behavior at 24 months; however, this evaluation did not collect baseline internalizing data. The positive impacts of Family Finding in Vandivere and Malm’s review were also consistent with our findings. Consistent with their overall findings, our evaluation found that Family Finding was associated with the discovery of more relatives, and more relatives who were considered positive attachment figures for...
children. Further, our results found that relatives in the intervention group were more likely to become placement resources for children with five or more placements.

Taking our findings with Vandivere and Malm’s (2015) findings, Family Finding appears to be having an impact on outcomes that are more proximal to its inputs and to the discovery, engagement, and planning stages. The literature suggests that more “downstream” outcomes such as permanancy and well-being are influenced by a variety of factors at multiple ecological levels, whereas Family Finding primarily focuses on just one aspect of the child’s ecology, the family. For example, the literature suggests that well-being outcomes such as externalizing and internalizing behavior are influenced by a range of variables at multiple ecological levels outside of the family, including genetic factors (e.g., Ferguson, 2010), community violence (Fowler, Tompset, Braciszewski, Jacques-Tiura, & Baltes, 2009), peer victimization (Reijntjes, Kamphuis, Prinzie, & Telch, 2010), and poverty (Brooks-Tomset, Braciszewski, Jacques-Tiura, & Baltes, 2009). Permanency rates are also associated with myriad factors, including the child’s age, race/ethnicity, mental health and physical problems, reason for removal, prior entries into the system, and placement type (Connell, Vanderploeg, Flaspohler, Katz, Saunders, & Tebes, 2006). It may not be the case that finding, engaging, and including family members in planning is enough to effectively address more complex and nuanced outcomes such as permanency and well-being.

Additionally, Family Finding in its current form may not be positively impacting internalizing symptoms and externalizing behaviors because it is not a prevention program per se or a psychosocial intervention. However, this does not mean that Family Finding cannot play an adjunctive role in addressing well-being outcomes by being embedded into existing interventions. Several family-based psychosocial interventions for children and adolescents have now been developed, tested and found to be beneficial for a range of disorders, such as mood disorders, disruptive behavior disorders, pervasive developmental disorders, eating disorders, and Post-Traumatic Stress Disorder (PTSD; Kaslow, Broth, Smith, & Collins, 2012). However, despite having a family focus and even recognizing the importance of engaging extended family, these treatments do not apply the same rigorous discovery and engagement strategies as in Family Finding interventions. Further, Family Finding from its inception has been an intervention for children in foster care, and as such is tailored to the unique needs of families and professionals in the child welfare setting. It is possible that greater inclusion of Family Finding approaches into established psychosocial interventions could provide additional treatment benefits, particularly for the child welfare population.

For example, Multi-Systemic Therapy (MST; Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 2009) is an empirically supported intervention for the treatment of a range of emotional and behavioral problems. MST seeks to address the areas of a child’s ecology (e.g., parents, peers, schools) that are driving the behavioral problems, for example by improving parenting skills or improving communication between the school and parents. A component of MST works with parents in the assessment phase to develop a genogram that can then be used to enlist the help of extended family to support the child’s treatment goals (e.g., helping with a job application). However, in a child welfare context family members can be dispersed and estranged, which may limit efforts to complete a full genogram on both sides of the family. Furthermore, while reunification is the most common goal upon entry into care, child welfare systems are now required to engage in Concurrent Planning efforts at the outset in the event that reunification is not possible. For these reasons, Family Finding interventions do not rely solely on the information obtained from parent or immediate family interviews but cast a wider net in a discovery phase that uses tools such as genealogical search engines. Clearly, MST and other family-based interventions could easily incorporate these and other Family Finding strategies in a way that is more tailored to the unique needs of children in foster care.

4.1. Limitations

The study design was quasi-experimental. Therefore, our evaluation results cannot be causally attributed to the intervention. Our method, which borrowed on the natural randomization processes designed to ensure the fair assignment of cases to judge’s courtrooms, did not randomize in the experimental sense of the term. That is, children were not assigned to intervention versus control group on the “flip of the coin”. Rather, children were assigned to courtrooms randomly and we ensured that all courtrooms were given equal representation in the intervention and control groups. However, the method still does not account for historical confounds. For example, a policy unrelated to the Family Finding intervention might have been implemented in year two of services that altered judicial practices in some courtrooms but not others in a way that it impacted outcomes. Support for this possibility comes from prior work suggesting that judges can have a significant effect on a range of judicial decisions in the juvenile system (Aizer...
& Doyle, 2015). Nonetheless, our method took advantage of the court assignment randomization process and the two groups were largely similar across demographic, placement, and clinical characteristics. It should also be noted that we chose not to randomly assign cases out of expressed concerns that this might create confusion within courtrooms regarding membership in the intervention versus control group. Therefore, we argue that the method chosen balanced the competing needs of methodological rigor on the one hand and feasibility on the other.

Vandivere and Malm (2015) offer several suggestions for how to improve study designs and create measurement consistency across evaluations to better identify the impacts of Family Finding. For example, one goal of Family Finding is to create long-term connections between children and kin and fictive kin. However, most Family Finding evaluations—including our evaluation—do not include follow-up beyond children’s time in care. In fact, very few children had been discharged from DCFS in our evaluation by the end of the study period (11.8%). It might be the case that the benefits of Family Finding accrue later for children, as they exit the foster care system and possibly have more family connections going forward in their lives. In terms of method consistency, our evaluation examined the majority of outcomes studied in other evaluations (e.g., placement stability). However, our evaluation did not examine some of the outcomes explored in other Family Finding evaluations, such as probability of maltreatment re-allegation, step-down from congregate care, and likelihood of material hardships.

4.2. Future directions

Since Family Finding is a relatively recent service, there exists variation in the way it has been implemented. Most Family Finding programs, including the Family Finding evaluation examined in the current study, use specialized workers and are guided Kevin Campbell’s six-stage model. Further, existing models share broad consistency across the discovery and engagement stages of Family Finding. However, programs vary more in the implementation of the latter four stages of Campbell’s model (planning, decisions, evaluation, follow-up supports). In some models, the specialized workers take more of a lead in planning and decision meetings, where in other models— including our model—specialized workers serve in a consultation role. However, our model was deemed the most feasible in Illinois’ child welfare culture. Model variability such as what we see in Family Finding is consistent with the early stages of interventions. Future work in this field should formalize a general model— including the type of structured manuals seen in other evaluation work— and formalize the ways it can be tailored to the unique needs of specific state and county child welfare systems. However, caution is warranted in moving forward too quickly towards a more structured approach to Family Finding since the current empirical evidence is modest in its support for the intervention. Therefore, it may be unwise to converge upon and promote specific and highly structured approaches to Family Finding without necessary empirical support. Instead, the field may need to continue to flexibly explore the model and allow it to evolve through a continuous quality improvement process. From a clinical perspective, this may also include embedding Family Finding into existing family-based interventions (e.g., TF CBT, Multisystemic Therapy) to determine if such an addition improves upon the known benefits of these treatments.

References


