
Neighbor to Family

An Innovative Approach to Foster Care

Amended Evaluation Report

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Neighbor to Family Foster Care Program

Executive Summary

Over the last decade, several factors have lead to a dramatic increase in the number of children placed in foster care. Changes in federal policies regarding financial aid to families with dependent children, child abuse and neglect reporting, child abuse intervention laws and changes in policies in the mental health and substance abuse systems have culminated in an increased pool of foster children.¹

As the number of children entering foster care rose, dynamics surrounding the “typical” foster care home changed significantly. Beginning in the 1970’s dual income households started to become the norm whereas before, many of the primary foster care providers were “stay at home” moms. Another factor that came into play was the increased number of divorces in the United States. The incidence of divorce that prompted women to enter the work force coupled with dual income households caused a reduction in the pool of homes that could support the increasing demand for foster care.

Foster care fell under heavy attack during the 1990’s. Numerous reports described the unconscionable conditions that children faced while in foster care. The foster care system was charged with not adequately maintaining sibling groups together. Critics said that children lingered in foster care limbo for great lengths of time before permanent placement was achieved. Question arose about placing children in homes poorly equipped to manage their needs. Because of these weaknesses and the change in the recruitment pool for foster caregivers, a movement toward developing foster caregivers as professionals gained momentum.

In 1994, the Jane Addams Hull House in Chicago developed a professional foster caregiver model, Neighbor to Neighbor, to aid children and families in foster care. Neighbor to Neighbor was an innovative strategy to keep sibling groups together and increase the number and quality of foster caregivers by employing professional foster caregivers. Their main emphasis was service provision that put the interest of children and families first. After researching the key issues regarding foster care services, they identified barriers and sought solutions to improve the system.

The community-based model promotes a strong recruitment and retention strategy for foster caregivers that includes an annual salary and benefits, comprehensive in-service training, case management support from on-site staff, a team approach involving foster caregivers in case staffings and individual planning for the children for whom they are responsible. The program emphasizes aggressive outreach to birth parents and extended family with a goal of reunifying sibling groups with their families. To aid in reunification, the program includes family-focused comprehensive wrap around services and employs a team-based approach to casework.

Gordon Johnson, former President and CEO of Jane Addams Hull House Association of Chicago created the Neighbor to Neighbor program model. In 1997, Mr. Johnson introduced the

¹ Barbell, K. and Freundluch, M. *Foster Care Today*. Casey Family Programs. 2001. Washington: DC.

Neighbor to Neighbor model to Florida where it was designated the Neighbor to Family (NTF) program due to proprietary rights related to the title, “Neighbor to Neighbor.” The program was first piloted in Volusia County (Daytona Beach), Florida in December 1998 after 14 months of planning. Neighbor to Family implemented the model in two additional sites in July 2000. A site was developed in Levy County, which is a rural farming community in north central Florida and another site was added in Broward County (Ft. Lauderdale), which is an urban community in south Florida.

The Neighbor to Family program has the following set of goals:

- Goal 1: Neighbor to Family will provide safe, nurturing foster care for sibling groups in a home setting and in close proximity to the family of origin.
- Goal 2: Neighbor to Family will provide case management and additional services to promote social, emotional, physical and educational development of the children in care.
- Goal 3: Neighbor to Family will promote and strengthen attachment between siblings and family members.
- Goal 4: Neighbor to Family will provide services of sufficient quality to ensure that participants and stakeholders are satisfied with services.

The Department of Children & Families – District 12 provided funding for the Neighbor to Family site in Daytona, Florida. The contract provided for up to \$1,879,955.00 over the three-year period. The funding formula was \$55.62 per child per day for allocated services for a maximum of 30 children at any given time. In addition, the Department of Children and Families – District 12 paid the standard board rate for each child in care directly to the foster caregiver. The standard monthly board rate for District 12 was \$369.00 for children 0-3 years of age, \$380.00 for children six-12 years of age and \$455.00 for children 13 and over.

In the spring of 2001, discussions began regarding an evaluation of the Neighbor to Family pilots in Florida. The interest in privatized foster care had increased in the legislature and issues stemming from difficulties within the child welfare system drew even more interest to the new approach offered by the pilot programs. The Volusia County site was chosen for evaluation, as it was the most mature site and provided the best opportunity to review the model. An evaluability assessment was completed in October 2001 that determined the site was established enough to evaluate both formatively and summatively. The formative evaluation and summative evaluation were conducted from November 2001 through February 2002 to minimize intrusion into the program by the evaluation. Information contained in this report includes program service data from December 1998 through December 2001.

The evaluation assessed the fidelity with which Neighbor to Family implemented the program and the impact upon the children served through the intervention. In compliance with the Ounce of Prevention Fund of Florida’s contractual requirements, the Neighbor to Family program developed a logic model that translated the program goals into quantifiable objectives and outcomes. The assessment of the degree to which the program achieved these goals, objectives and outcomes is the core of this evaluation.

Data Collection Methods

Several data collection methods were used to assemble the data examined in this evaluation. The data collection reflects a mixed methodology in describing the program processes and outcomes. Throughout the operation of the program, staff collected quantitative data on program participants, foster caregivers, staff and quality assurance measures through an electronic database. In addition, interviews, focus groups, observations and file reviews were used to collect information that reflects the perceptions of program participants and stakeholders as well as the contextual features of the program.

Structured interviews were conducted with biological parents, executive staff, community collaborators and adoptive parents to understand better their perceptions about foster care and the Neighbor to Family program. Evaluators developed an interview protocol to gather responses from those most closely connected to the Neighbor to Family program. The interviews included questions on current foster care issues, policies and practices. They were conducted either face to face or via telephone, depending on the method requested by the interviewee. Twenty-seven interviews were attempted and 13 were completed from November 2001 through February 2002.

Focus group interviews with program staff and foster caregivers were completed on site in Daytona Beach, Florida during November 2001. Interviewers held two separate focus group sessions. The first focus group included six of the nine on-site program staff. The other focus group included nine paid foster caregivers and two of their spouses. The focus group interviews were structured to gain insight into program implementation from the perspective of the staff. The staff comments illuminated what they perceive as the program processes, strengths and the areas in need of improvement.

Evaluation Findings

Quantitative Findings

The program has developed a strong foundation in working with foster children, biological parents, foster caregivers and community members. The efforts of the program staff are reflected in the objective and outcome achievements. The Neighbor to Family program set lofty targets. In total, 29 objectives and 12 outcomes are included in the program logic model. The program showed exemplary progress in achieving its objectives and outcomes considering its young age. During this time 68 children (20 sibling groups), 45 biological parents and 16 paid foster caregivers were involved in the program.

The 68 children who entered the program were between four months and 17 years old with a median age of 5.7 years. Forty-four percent were female and 56 percent were male. Sixty-three percent were White, 18 percent Multi/Bi-racial, 10 percent Hispanic, seven percent African American and two percent Asian. Thirty-four children exited from the program during the first three years. One third of the children reunified with their biological parents, relatives adopted another third and non-relatives adopted the final third. The average length of stay for those children was 163 days, 379 days and 722 days respectively. Sibling groups remained together in their adoptive placements.

Service Objectives

Service objectives serve as standards by which program implementation fidelity can be assessed. The following service objectives are key standards by which to determine how well the Neighbor to Family model was implemented in Volusia County.

Service Objective	Achievement
1. 50 % of the children will be placed in foster care homes within 25 miles of their family of origin.	54%
2. 80 % of foster caregivers will be retained by the program.	69%
3. 85 % of foster care homes will pass the Department of Health inspection prior to placement of a sibling group.	100%
4. 100 % of foster care homes will have a safety check by NTF staff before the initial placement.	100%
5. 85 % of foster care homes will pass the safety checklist every six months after the initial placement.	80%
6. 100 % of children eligible for parental visits will have visits made available to them.	100%

Participant Outcomes

Neighbor to Family has exceptional program documentation. The program outcomes include the documented changes in the knowledge, attitudes, behaviors or skills of the program participants. Clinical indicators of change are based on assessments the staff used in designing treatment plans for the children and their parents. Key outcomes are listed below with their corresponding achievement levels.

Outcomes	Achievement
1. 97 % of the children placed in foster care will not experience any verified or some indication of maltreatment during services.	99%
2. 95% of the children served will have no verified or some indication of child maltreatment within 12 months post-program services.	92% ²
3. 90 % of children in initial placement will maintain that placement with the foster caregiver until reunified with parents/relative, adopted, emancipated, have a goal change to independent living or are transferred to an alternative living arrangement.	82%
4. 75 % of children placed with Neighbor to Family will be reunified within 12 months or have an alternative permanency plan.	94%

² The N/D for this outcome was relatively small at 23/25. Neighbor to Family had the same percentage as compared to all foster children in District 12 as defined in this outcome.

5. 90 % of children will be in compliance with the Center for Disease Control recommended age appropriate immunization status.	100%
6. 80 % of children, five years and older at placement, demonstrating low self-esteem will improve their self-esteem.	75%
7. 70 % of children in a foster care home will make progress toward development/social milestones.	89%
8. 60 % of children who have poor academic performance will improve their performance and overall grade point average.	79%
9. 75 % of children, eight years or older who participate in counseling services, will increase their knowledge, coping skills and strategies to manage their personal problems.	53%
10. 95 % of children, five years and older and completing an exit interview, will report satisfaction with program services and comfort with their foster care home environment.	70%
11. 90 % of biological parents completing a survey will report satisfaction with the program services.	100%
12. 85 % of the foster caregivers will report satisfaction with the support they received from advocates, caseworkers and other NTF staff.	95%

Lessons Learned

Qualitative data often provide lessons learned that are valuable to stakeholders in evaluating the program effort and in considering the potential for replication of the program. The following paragraphs contain some important lessons learned from the Neighbor to Family program.

The numbers do not tell the complete program story. By looking only at the numbers the reader does not get the full picture of the program. For example, the numbers do not reveal that Volusia and Flagler Counties represent a large targeted service area. It was a significant accomplishment to place 54 percent of the sibling groups in foster homes within 25 miles of their homes. With respect to foster caregiver retention, the quantitative data does not provide a clear picture of program performance. One should also consider the reasons the caregivers were not retained. One of the foster caregivers moved out of town and another foster caregiver adopted a sibling group of four children. It is evident that the retention percentage for the program would have been 81 percent rather than 69 percent if these two cases were taken into account. This is further evidence of program strength in retaining foster caregivers. Therefore, the program would have met the objective. Although the outcomes as a whole are good, they do not reveal the stability the children have achieved in the program as compared to their prior placement history. Nor do the statistics alone clearly define the complexities of the children’s lives resulting from the abuse and neglect they have suffered.

Neighbor to Family staff worked diligently overcoming barriers to meet the children’s needs for services and permanency. Several examples surfaced illustrating the strengths of the Neighbor to Family team efforts that resulted in positive participant outcomes. Staff are

determined to think “outside the box” in developing solutions to the barriers they encounter. One example emerged during the staff focus group discussion involving a child who needed an assessment so he could get educational assistance. Staff were originally told that the assessment process would take six to 12 months. They took the task on themselves and the child was assessed and received the needed assistance in five weeks. As one staff commented, “We do not ask them (other agency staff) why they are not doing it (the work)---We volunteer to do some of the leg work...it is a lot of leg work, but in the end it makes a big difference for the youngster.”

Biological family members provided more examples of the staff’s efforts. Several of the biological family members praised the Neighbor to Family staff for assisting them in navigating the legal system. One family member said that they were very intimidated by the paperwork and all the court appearances. Had it not been for the staff, they could not have managed all the paperwork and court appearances. Staff reduced the time for achieving permanency through conducting diligent searches and interstate compact documentation. One family member stressed staff efforts in dealing with an international placement. He said that his family did not have to worry about any of the documents because the staff were such a great support to them. The staff also attended to the children’s medical needs that resulted from their mother’s substance abuse. The biological grandparents were especially grateful for the staff’s support in keeping the children together and offering financial support that enabled them to adopt the children. As one grandmother stated, “If it was not for the program staff, I would not have gotten them (the children) a doctor because no one in the area would take Medicaid and the one’s that would were already full. She (program staff) is the one that finally got the doctor that I wanted for them.”

Staff empowerment is a key factor in program success. On-site staff and foster caregivers echoed their perceptions that they are empowered to make decisions that are in the best interest of reunifying the child or providing a safe home for the child. This feeling of empowerment seemed to motivate the staff to work long hours and take on challenging tasks. The staff stated that they felt they were part of a team that has increased their single ability to confront challenges and barriers in service provision. One of the staff summarized their perception by saying, “One of the things that is special about this program is that even though we have titles, and they are meaningful, they are not concrete. We all do what we need to do to get the job done.” The staff concurred that the leadership was supportive of team decisions and has built an atmosphere based on mutual support. A foster caregiver comment from the caregiver satisfaction survey encapsulates the on-site staff effort. The comment reads, “This is my first time as a foster parent. I feel that the staff is the most important asset to this program. They provide information, support and encouragement and in some situations that desperately needed third hand. This whole team functions together to create a family structure that is so vital to a family in need of promoting reunification, if possible.”

Foster caregivers are offered adequate training and participate in on-going professional development opportunities. A reoccurring concern with foster care providers is adequate recruitment and training. Before receiving a foster placement, the Neighbor to Family caregivers must pass a national background check. The foster caregivers received at least 32 hours of training annually. Seventy-three percent of the foster caregivers participated in more than their required number of training hours. Training topics vary based on the needs of the foster caregiver. The largest percentage of training sessions related to parenting issues and the second was administrative responsibilities. These two categories most likely reflect the areas where the

foster caregivers focus the majority of their energies. Other topics included special needs, therapeutic interventions, medical/health care and the legal system. Foster caregivers acknowledged during the focus group that they have many training opportunities. It did seem that they need more training regarding closure with the children. The foster caregivers affirmed the most difficult part of the job is letting the children go. Although they realize their role is to support reunification, they naturally become attached to the children. They grieve the loss of the children when reunification or adoption occurs.

Neighbor to family has benefited from a strong public awareness campaign. Public awareness is one strategy that has led to Daytona's positive experience in foster care. The director stated the program has spearheaded a public awareness campaign to increase the program's visibility and acceptance within the community. This helped the program in developing linkages with supportive services and in recruiting foster caregivers and staff. TIME Magazine, Parent's Magazine and CNN featured the program. Almost 30 news articles in local papers described the program and encouraged the public to become involved in foster parenting. The program promoted awareness of program events and foster care through on-going public service announcements.

Surveys and interviews of community members and stakeholders reflect that the program has a positive reputation in the community. The stakeholders' comments revealed a general level of confidence in the program staff's commitment to service provision. Eighty percent of the 24 stakeholders surveyed stated the staff always demonstrated an overall knowledge of the program. Eighty-six percent felt that Neighbor to Family staff listened to their ideas and respected their area of expertise. Ninety-six percent believed that the best interest of the child guided Neighbor to Family staff's decision-making.

Recommendations

Even with the program's overall success, the evaluation brought to light areas in need of improvement. The recommendations below are based on the information gathered from the database, focus groups, interviews and evaluator observations during site visits.

Review and update the program logic model. Program staff should review the logic model and consider the objectives and outcomes in light of the baseline data provided by this evaluation. Targeted achievement standards should reflect the data reported in this evaluation. In some instances, percentages may be too high and in other instances too low. The logic model should provide a realistic map of program processes, service objectives and outcomes. When the logic model accurately reflects the program, then the logic model serves as a valuable management tool for program implementation.

Update the database so it is useful in verifying progress on objectives. In several cases, the data were not available to determine outcome achievement. For example, several of the outcomes were based on individual achievement, yet the data was in an aggregate format, which makes achievement difficult to ascertain. Consistency between the objective and the database structure will help in determining program success. Another area in need of improvement is the computerization of the satisfaction surveys. The program did not enter responses to the individual survey questions into the database, only the overall results. This made it difficult to determine specific service areas in need of improvement based on the surveys.

Use respite care providers to improve foster caregiver workload stresses. Foster caregivers stated that the recruitment of respite care workers would improve their ability to care for themselves and the children. This is an on-going issue in foster care in general and is described as a primary barrier to the retention of foster caregivers. The NTF program director stated she is currently in the process of researching recruitment and retention strategies that include respite care. Neighbor to Family on-site staff proposed a potential recruitment strategy that would create a “shared” cadre of foster caregivers. The staff suggested that local foster care agencies pool resources in recruiting and training foster caregivers. Staff felt that potential respite caregivers might emerge as some potential foster caregivers realized that full-time foster care was not desirable for them.

Monitor foster care homes with large numbers of children closely to ensure safety and support. The average number of children in the foster caregiver’s homes is eight. This number includes foster children and non-foster children. The average age of the foster children is 5.7 years. The program should not only consider whether there is adequate space for the children, but whether there are sufficient human resources to provide for this number of children in a home. In such cases, the program staff should monitor carefully the quality of care that the children are receiving.

Provide additional support and training to foster caregivers in dealing with closure issues when sibling groups leave their care and in dealing constructively with abnormal behavior exhibited by children in their care. Foster caregivers stated they are always open to new training opportunities. The focus group suggested the caregivers need more assistance in grieving the loss of the children who are in their care. Although the caregivers stated they could always call each other or the on-site staff for support, it was apparent that they find closure with the children very difficult. The behavior of the children emerged from the interviews as another area of concern. Some of the interviews suggested the children were exhibiting abnormal behavior. For example, children were eating out of trashcans, sleeping under beds, swearing and acting physically aggressive towards each other. Some of this behavior is a normal response to the abuse and neglect the children have suffered. The program should provide foster caregivers with training and support for behavior modification strategies.

Preserve linkages to the child’s biological family and demonstrate appreciation for the child’s cultural heritage. Children who are removed from their biological homes suffer greatly from a loss of identity. Even though the removal is in their best interest, there is still a need for the children to have a connection to their past. An adoptive parent suggested the need for photos of the children as infants (if possible) and an on-going photo journal of their lives with their siblings. The program uses life books for each child. Although the adoptive parent acknowledged the receipt of the life book, the parent indicated that many of the pictures in the life book were of non-family members. She suggested that it would be helpful to the children to have pictures that included their foster parents and biological parents.

The program should provide additional training and support to foster caregivers so that they can demonstrate support and appreciation for the foster child’s cultural heritage. Matters as basic as food, clothing and haircuts are elements of the cultural heritage of a person. Additionally, suggestions were made regarding maintaining religious affiliation with the faith of origin,

although the respondents stated they were happy that the children were being raised in “Christian” homes.

Assist adoptive parents and biological family members in developing and implementing appropriate boundaries for biological parents who have terminated parental rights. Several of the interview respondents voiced concerns about the safety of the children as well as themselves once the biological parents terminate parental rights. In particular, the adoptive grandparents had concerns regarding the biological parents interacting with the children. This may create a great deal of stress for the adoptive family members. The adoptive parents do not know how to set appropriate boundaries regarding the children and their biological parents. Working with the adoptive parents in developing strategies that they can employ regarding these situations may help calm some of their fears.

Investigate strategies to maintain on-site staff momentum and reduce the potential for burnout. The on-site staff work long hours with minimal complaint. Comments made during the focus group discussion confirm that they perceive their position as a “calling” more than a job. They face many challenges based on the services they provide and the conditions in which they provide them. The conditions include limited office supplies and out-dated computers that are too few in number. They spend a significant amount of time developing reports for various funding agents. Management staff should explore ways to streamline reporting requirements. When funding agents are aware of these issues, they are often willing to seek efficient solutions.

In addition, staff provide follow-up on discharged children beyond the time of reimbursement for services. Almost a third of the children whose status is closed warrant continued monitoring by Neighbor to Family staff. The staff provide assistance and monitoring to ensure the clients are doing well upon program release in addition to monitoring active clients. This results in staff being stretched too thin due to lack of funding for aftercare services.

Provide aftercare services to reduce parental risk factors. The evaluation revealed two competing themes regarding permanency. The interplay of expediting permanency for the reunification of families and the reduction of risk. The outcome evaluation indicated three of the nine parents reunified with their children did not have a reduction in risk as determined by the Family Risk Assessment Indicator. In light of this finding, families who do not show improvement in risk reduction should be monitored regularly and encouraged to continue involvement in supportive services to ensure the safety of the children.

Areas for Further Review

The evaluation indicated several areas needing further review. A longitudinal study on the impact of the program would provide more conclusive information about program effectiveness. The current evaluation reviews short-term outcomes on the children. There is a need to understand more fully the long-term impact this program has on the children in care.

A second suggestion for further review is the investigation of the impact of the program on the foster care system. There is a current movement toward community-based care. The Neighbor to Family director is convinced that this program will fit well with the new community-based system of care that emphasizes small caseloads and closer involvement with families.

A third suggestion is to investigate the potential for expanding the Neighbor to Family program model to other areas of the state. Currently there are two other sites using this model in Florida. Those sites have not undergone an evaluation to determine implementation fidelity and impact. The review of these programs in comparison to the Daytona site will provide additional information as to how this program functions in different types of communities.

A fourth suggestion is to investigate the variables that affect outcomes. More research on variables related to staff, parents, children and foster caregivers would help determine what influences program outcomes.

Neighbor to Family Foster Care Program

Evaluation Report

Foster Care in the State of Florida

The foster care system in Florida is evolving as the needs of children are identified and changes in family patterns call for innovative strategies to meet the needs of children. With the growing number of dual income homes, it is increasingly difficult to find adults who can remain in the home and serve as volunteer foster caregivers. Moreover, the child protection system in Florida realizes the challenges that it faces in terms of reducing length of stay in foster care and minimizing the number of placements each child experiences while in foster care. Foundational to all of these concerns is the goal of providing foster care children with permanent placements so they can mature into healthy adults. One of Florida's responses to these challenges and changes is the Neighbor to Family program. The program uses highly skilled paraprofessionals as foster caregivers. The program seeks to stabilize foster care placements and expeditiously move foster care children toward reunification or alternative permanency options.

Foster care caseloads have increased substantially over recent years. Following a sharp drop in the 1980's, the number of children in foster care began to grow at a swift pace through the 1990's. The number of children in care in March 2002 nationally was about 588,000---which is double the number of children in care in 1984 (U.S. Department of Health and Human Services, 2001c.) Research³ conducted on Florida's foster care system echoes the national trend. The foster care caseload has increased dramatically from 1997 through 2000 from 15,035 to 19,256. This represents an increase of more than 28 percent compared to a growth in the child population of 22 percent for the three-year period. If this trend continues, the gap between the number of foster caregivers and the number of children entering foster care will widen even more. The child welfare interventions related to foster care encompass five basic concepts: 1) community-based care, 2) family reunification, 3) continuity of care, 4) least restrictive care and 5) permanency. Neighbor to Family addresses these concepts and includes keeping siblings together in placement as its priority.

Several recent studies in Florida⁴ demonstrate the need to address issues surrounding recruitment and retention of foster parents, the length of stay for children in foster care and the special needs of children in placement. These issues are interconnected and demonstrate the complexities foster care agencies face in finding safe and appropriate homes for children in crisis.

³ Chiles Center for Healthy Mothers and Babies. *Florida Foster Care Recruitment and Retention*. (July 2000). *Perspectives of Stakeholders on the Critical Factors Affecting Recruitment and Retention of Foster Parents*. (Part I).

⁴ *The Information Utilization Project: A Profile of Children in Florida's Child Protection System FY 1999-00*. Brown, C., Lipien, L., Trinidad, V., and Yampolskaya, S. *Measuring the Length of Stay Experiences of Florida's Foster Children*.

Chiles Center for Healthy Mothers and Babies and the Department of Health Policy and Epidemiology Institute for Health Policy Research. *Medical, Developmental and Behavioral Problems of Foster Children and the Capacity of Foster Care Providers in Florida*.

Chiles Center for Healthy Mothers and Babies. *Florida Foster Care Recruitment and Retention*. (July 2000). *Perspectives of Stakeholders on the Critical Factors Affecting Recruitment and Retention of Foster Parents*. (Part I).

This report is comprised of the following four sections: the introduction, evaluation, lessons learned and recommendations. The introduction provides a general discussion of the history and development of foster care and the Neighbor to Family program model. It details the evaluation design including the site selection, methodology and data analysis. The evaluation is presented using the program's logic model that states program goals and outlines program implementation and participant outcomes in terms of service objectives and outcomes. Program goals and their corresponding service objectives are measured to determine achievement in program implementation. Correspondingly, program goals and their related outcomes are analyzed to determine program effectiveness. Lessons learned comprise the third section of the report. They reflect not only conclusions drawn from the quantitative data, but also significant findings gleaned from interviews and focus groups. The final section offers a summary and recommendations based on the data presented in the report.

The Neighbor to Family Program Model

The Neighbor to Family program is an offshoot of the Neighbor to Neighbor program in Chicago. Neighbor to Neighbor is a community-based foster care program that is operated by the Jane Addams Hull House Association of Chicago. The program began in 1994 and serves children and parents who are temporarily separated from each other due to child abuse or neglect. The primary funder of the Neighbor to Neighbor program is the Illinois Department of Children and Family Services.

Neighbor to Neighbor was a response to the need for providing foster care that would keep siblings together in their local communities. The impetus for this response is based on research that shows children who are kept with their siblings are spared lasting effects that are caused by the incredible pain and loss separation inflicts on children already traumatized by dysfunctional family settings. The second issue this model addresses is the need to create a more professional cadre of foster care providers to work with the increased number of children entering foster care. Changes in society have decreased the potential number of volunteer foster parents. With more dual family incomes needed to meet economic demands, many potential foster care providers are now employed outside the home. The Neighbor to Family model pays foster care providers and gives them not only full-time responsibilities, but also the compensation and benefits of employees.

Gordon Johnson, former President and CEO of Jane Addams Hull House Association of Chicago created the Neighbor to Neighbor program model. In 1997, Mr. Johnson introduced the Neighbor to Neighbor program to Florida where it was designated the Neighbor to Family program due to proprietary rights related to the title, "Neighbor to Neighbor." The program was first piloted in Volusia County (Daytona Beach), Florida in December 1998 after 14 months of planning. Two additional sites were implemented by July 2000. A site was developed in Levy County, which is a rural farming community in north central Florida and another site was added in Broward County (Ft. Lauderdale), which is an urban community in south Florida.

The Neighbor to Family Program has four primary goals:

Goal 1: Neighbor to Family will provide safe, nurturing foster care for sibling groups in a home setting and in close proximity to the family of origin.

Goal 2: Neighbor to Family will provide case management and additional services to promote social, emotional, physical and educational development of the children in care.

Goal 3: Neighbor to Family will promote and strengthen attachment between siblings and family members.

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The Department of Children & Families – District 12 provided funding for the Neighbor to Family site in Daytona, Florida. The contract provided for up to \$1,879,955.00 over the three-year period. The funding formula was \$55.62 per child per day for allocated services for a maximum of 30 children at any given time. In addition, the Department of Children and Families – District 12 paid the standard board rate for each child in care directly to the foster caregiver. The standard monthly board rate for District 12 was \$369.00 for children 0-3 years of age, \$380.00 for children six-12 years of age and \$455.00 for children 13 and over.

Neighbor to Family Evaluation Design

In the spring of 2001, discussions on evaluating the Neighbor to Family pilot programs began. The interest in privatized foster care had increased in the legislature and issues stemming from difficulties within the child welfare system drew even more interest to the new model. The Volusia County site was chosen for evaluation, as it is the most mature site and provides the best opportunity to review the model. An evaluability assessment completed in October 2001 determined the site was established enough to evaluate formatively and summatively. The formative evaluation and summative evaluation were conducted from November of 2001 through February 2002 to minimize intrusion into the program by the evaluation process. Information contained in this report covers the first three years of the program. Data used in the analyses are from December 1998 through December 2001.

The evaluation assessed the fidelity of program implementation and the impact on the children served through the intervention. In compliance with the Ounce of Prevention Fund Florida's contractual requirements, the Neighbor to Family program developed a logic model that translated the program into quantifiable goals, objectives and outcomes. The assessment of the degree to which the program achieved these goals, objectives and outcomes is the core of the evaluation. In addition, the evaluation assesses critical issues in foster care that are not part of the logic model but add context to the evaluation. Namely, retention and recruitment of foster caregivers and on-site staff, issues surrounding training and community collaboration are expanded using focus groups and structured interviews.

Data Collection Methods

Several data collection methods were used to assemble the data examined in this evaluation. The data collection approach reflects a mixed methodology of quantitative and qualitative methods. Throughout the operation of the program, quantitative data were collected on program participants, foster care givers, staff and quality assurance measures through an electronic data collection system. In addition, interviews, focus groups, observations and file reviews were utilized to collect qualitative and quantitative data.

Structured interviews were conducted with biological parents, executive staff, community collaborators and adoptive parents to understand better the perceptions of local stakeholders regarding foster care. An interview protocol was developed that included questions on current issues in foster care to garner feedback from those most closely connected to the Neighbor to Family program. The interviews were conducted either face to face or via telephone, depending on the method requested by the interviewee. Twenty-seven interviews were attempted and 13 were completed from November 2001 through February 2002.

Focus group interviews with program staff and foster care providers were held on site in Daytona Beach, Florida during November 2001. Two separate focus group sessions were completed. The first focus group included six of the nine on-site program staff. One of the staff participated in the focus group via conference call. The other focus group included nine of the paid foster caregivers and two of their spouses. The focus group interviews were structured around specific questions to gain insight into the program implementation from the perspective of the staff. The staff comments framed the program strengths and the program areas in need of improvement.

Program documents housed at the Ounce of Prevention Fund were reviewed for quality assurance information that may reveal areas in need of improvement and best practices of the Neighbor to Family program. All program documents including site visit reports, quarterly reports, monthly reports and contracts were reviewed from the inception of the program.

Data Analysis

The data reported in this evaluation are generally descriptive in nature. The tables and graphs provide the reader with a basic understanding of the implementation and outcome achievement of the program.

The data that are stored in the electronic database were mined to determine outcome achievement and potential areas for outcome development and improvement. The data were analyzed using the Statistical Package for Social Sciences (SPSS) to determine time from intake to placement, case processing time and demographic information on clients, their families and the foster care providers. Program impact related to changes in client behavior and status as well as those of the biological parents was reviewed using the database.

Data from the interviews and focus groups were tabulated to develop an understanding of the respondents' perceptions of the program functions. Open-ended responses were reviewed for theme development. Some participant quotes are used that summarize the primary perception of the respondents to aid in the readers' understanding of program context.

This evaluation has several limitations. The first is reliance on stakeholder perceptions can sometimes create an inaccurate picture of what is actually taking place. This is well understood by the evaluator who attempted to verify information reported by staff, parents and other program stakeholders.

Another issue limiting the findings is that not all stakeholders were interviewed. This can create an issue of bias in that those who were interviewed may have a more positive or negative perception of the program. Every effort was made to contact all biological parents and

collaborators. Two to three telephone calls were placed in order to connect with the individuals. Children were not interviewed, although their interactions with family and staff during the interviews of the adults were observed.

An additional caveat is that the data regarding the foster children are based on a small number of children in placement. Neighbor to Family served 68 children during the three years of program considered in this evaluation. Thirty-four children completed their placement during the study period. Therefore, outcome information should be viewed with this limitation in mind. It is recommended that further evaluation of the program occur over a longer period to understand thoroughly its long-term impact.

A Look at Program through the Logic Model

A logic model is a tool utilized by the Ounce of Prevention Fund in supporting programs in their development and implementation phases. It is also the primary tool by which programs are assessed with respect to successful program implementation and program effectiveness. The logic model consists of five interrelated components. The first step in developing the logic model is to state clearly the goals of the program. Second, a set of descriptive process objectives is delineated that includes the program services, target population and target service area. The third step translates the process objectives into a set of service objectives that provide quantifiable measures related to assessing service delivery and participant dosage. This is generally referred to as the formative element of the evaluation. The fourth component is a list of short-term outcomes that measure the immediate impact of the program upon its participants. Finally, the logic model includes a set of long-term outcomes that assess the program's impact upon its participants at varying longitudinal points beyond program participation. This is commonly known as the summative element of the evaluation.

Formative Evaluation

Neighbor to Family has four program goals. Each goal has its own service objectives. In all, there are 29 service objectives. The logic model illustrates not only the complexity of the program, but also the high standards expected from the staff in service provision. The formative evaluation examines each goal and its associated service objectives. The achievement of service objectives was determined by a review of the database records and reports submitted by the program to the Ounce of Prevention Fund.

Goal 1: Neighbor to Family will provide safe, nurturing foster care for sibling groups in a home setting and in close proximity to the family of origin.

Neighbor to Family states as one of its goals the provision of safe, nurturing foster homes for sibling groups within 25 miles of the family of origin. Twelve service objectives measure the success of the program in achieving this goal. These objectives entail factors related to the children, the foster home, foster caregivers, and the child's community of origin. The foster homes were licensed by the Department of Health and passed safety inspections prior to receiving placements. The program data indicates that three objectives were exceeded, five objectives were achieved, two objectives were not achieved and two could not be determined based on available data.

Foster Children

The program maintains a “no reject, no eject” policy that is very inclusive of children in need of family placement. However, children who are actively homicidal, suicidal, fire setting or sexually predatory may not enter the program. In addition, children whose biological parents have already terminated parental rights are not eligible for the program. Children who are in long-term foster care are also ineligible for the program.

Neighbor to Family served 68 children from 20 sibling groups from December 1998 to December 2001. During the first month of operation the program accepted three (3) children, in 1999 the number of intakes was 24, in 2000 the number of children placed was 16 and in 2001, 25 children were placed in the Neighbor to Family program.

Service Objective 1.1	100 % of the 30 children will be placed in foster care homes.	68/60 113%
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Forty-four percent of the children were females and 56 percent were males. Ages of the children ranged from four months old to 17 years old. The median age of the children was 5.7 years. The racial composition of the children was 63 percent White, 18 percent Multi/Bi-racial, 10 percent Hispanic, seven percent African American, and two percent Asian.

Table 1: Ages of Foster Care Children

Age	Number	Percent
Infants (0-18 months)	11	16.2
Toddlers (19-36 months)	11	16.2
Preschoolers (37-60 months)	10	14.7
Grade Schoolers (61-97 months)	18	26.5
Pre-Adolescent (98-132 months)	9	13.2
Adolescents (133-204 months)	9	13.2
Total	68	100

Service Objective 1.2	50 % of 30 children will be placed in foster care homes within 25 miles of their family of origin.	37/68 54%
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Thirty-seven children were placed in foster care homes within 25 miles of their family of origin. The average distance from the residence of the family of origin and the placement home was 19.24 miles with a range from 1.1 miles to 37.1 miles. Neighbor to Family served two counties, Flagler and Volusia. With such a large target service area, it was difficult to meet the objective of placing children within 25 miles of their home of origin.

Foster Caregivers

Foster caregivers in Neighbor to Family are characteristic of the foster care providers in Florida as described in a study by the Chiles Center for Healthy Mothers and Babies on foster care services⁵. Many of the Neighbor to Family foster caregivers have cared for the children of others for several years or are from families where fostering was customary. The foster caregivers look at their service to children as a “calling” and not just a way to earn money. Neighbor to Family foster caregivers are well trained and feel they are important members of the team. The program’s approach in developing foster caregivers as professionals is evidenced by the number of training and support hours provided to the foster caregivers. The caregivers in general stated the on-site staff were supportive and provided ample oversight and assistance as needed.

As of December 2001, the Neighbor to Family Program had 11 foster homes in which to place the 34 active children. The sibling groups placed in the foster homes ranged from two to six siblings. There was an average of four children per sibling group.

Service Objective 1.3	NTF will recruit an adequate number of foster care homes into which the contracted number of foster care children can be placed.	Achieved
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Over the past three years, Neighbor to Family has recruited 16 paid foster caregivers to provide safe and stable homes for the children waiting to reunite with parents or for adoption. Seventy-one percent of the 16 paid foster caregivers hired between December 1998 and December 2001 were over 40 years of age.

Data reported in the table below are based on the foster care household that includes the paid foster caregiver and their spouse if applicable. The 24 foster caregivers and their non-paid spouses ranged in age from 33 to 72 years of age. Sixty-six percent were female (11) and the remaining third (five) were male. Data indicate half of the households were dual parent, 29 percent were single parent and the remaining 21 percent had three or more adults in the household. The racial makeup of the foster homes was 50 percent White, 20 percent Hispanic and 29 percent Black. Over 90 percent of the foster parents have at least a high school education and 50 percent indicated they had some college education.

Table 2. Ages of Foster Caregivers

Age	Frequency	Percent
30 to 39 Years	7	29.2
40 to 49 Years	5	20.8
50 to 59 Years	6	25.0
60 to 69 Years	5	20.8
70+ Years	1	4.2

⁵ The Lawton and Rhea Chiles Center for Healthy Mothers and Babies. University of South Florida. *Medical, Developmental and Behavioral Problems of Foster Children and the Capacity of Foster Care Providers in Florida*.

All of the homes in which the foster children were placed have other children residing in them. The table below presents the number of children in the providers' homes other than foster children. The 16 households have 72 children in addition to the foster children.

Table 3. Number of Children in Household Other than Foster Children

Children in Household	Frequency	Number of Children
2	1	2
3	4	12
4	3	12
5	5	25
6	1	6
7	1	7
8	1	8
Total	16	72

On the average the homes have four children in addition to the foster children. The lowest number of children in the providers' home is two and the highest is eight. The average number of children including foster and non-foster children per household is eight.

Service Objective 1.4 100 % of foster caregivers will complete 32 hours of scheduled training annually.	14/14
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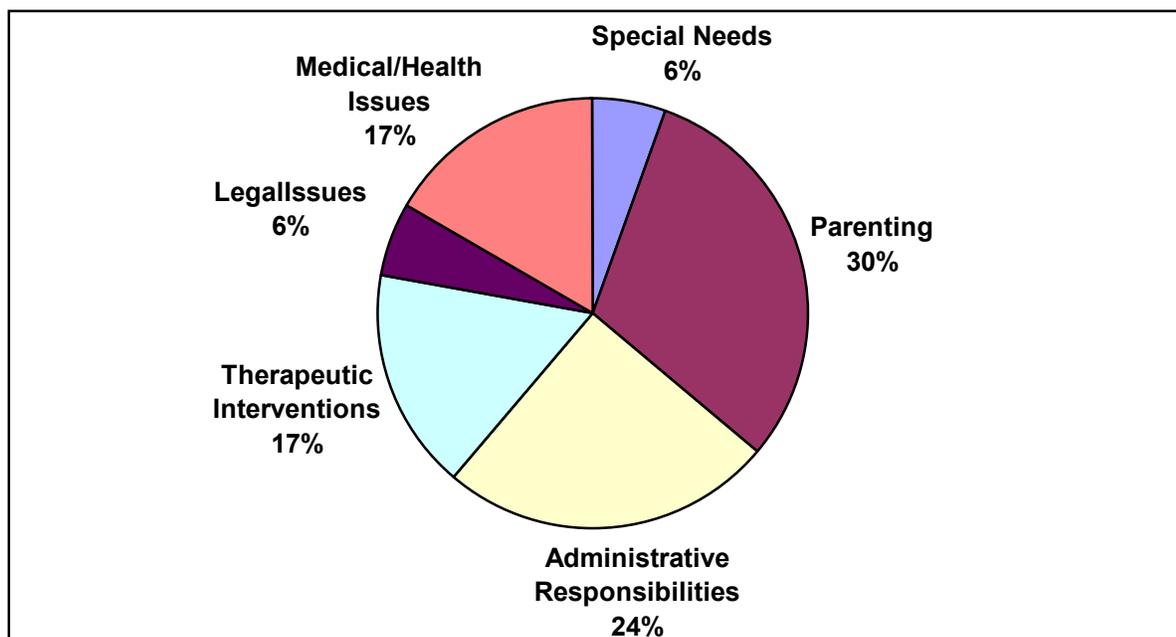
The Neighbor to Family program has an extensive training program outlined in their program materials manual. Each foster caregiver receives a job description that includes the following responsibility: “to participate in training and skill development and work collaboratively as a member of a professional team.” Foster caregivers are required to have at least 32 hours of training per year. The 14 foster caregivers employed for at least one year during the study period had met their annual number of required training hours. In fact, 73 percent of the foster care providers completed more than the required number of annual training hours.

The focus group interview highlighted that the opportunity to receive training was amply available to the paid foster caregivers and their spouses. Moreover, the foster caregivers unanimously agreed that the Neighbor to Family on-site staff were available to them around the clock to answer questions and provide assistance in crisis. The foster caregivers are also involved in monthly team meetings that discuss the children's cases and provide a forum for sharing ideas and learning from the clinical staff.

A review of the foster caregivers' individual training files indicated that a variety of training topics were provided to the foster caregivers based on licensing requirements and individual need. The topical areas included parenting, special needs children, administrative

responsibilities, therapeutic interventions, medical/health and legal system. The pie chart below shows the break down of the training topics offered to foster parents over the past three years.

Figure 1. Foster Parent Training Areas



Service Objective 1.5	75 % of the foster caregivers will attend monthly support groups.	Cannot Determine
Service Objective 1.6	75 % of the foster caregivers will attend monthly activities.	Cannot Determine

Monthly activities were provided for the foster caregivers. These activities included the team meetings, special events such as celebrating national foster care month, family style luncheons and trips to cultural events including Disney World, visits with Santa, art museums and botanical gardens. Foster caregivers are also awarded “Extra Mile Awards” that honor their service to the children. Information from the database indicates an average of two social activities and one support group a month were offered to foster parents between February 1999 and December 2001. An average of 13 foster parents attended the social activities and nine attended the support groups. It is difficult to determine from the data whether the objectives were met as stated. The database has two separate variables for the number of support groups and activities by month. There is also a variable for the number of foster parents attending the function by month. The attendance does not specify if the attendee is a paid caregiver or their spouse. Therefore, it is difficult to determine how many foster caregivers attended the specific activities.

Service Objective 1.7	80 % of foster caregivers will be retained as measured by foster caregivers personnel files.	69% 11/16
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Neighbor to Family employed 16 paid foster caregivers during the three-year period. Eleven of the paid foster caregivers are still employed by the program resulting in a retention rate of 69 percent. Three couples and two single caregivers left the program between December 1998 and December 2001. Specific reasons for closure include one caregiver was closed due to lack of fit, one couple adopted four foster children, one couple moved from the service area and the other couple were no longer interested.

Service Objective 1.8	85 % of foster care homes will pass the Department of Health inspection prior to placement of a sibling group.	16/16 100%
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Before placement, the foster care home is inspected by the Health Department to ensure it is safe. The program records indicate the Health Department inspected all of the foster homes before children being placed in the homes.

Service Objective 1.9	100 % of foster care homes will have a safety check by NTF staff before the initial placement as documented in the foster care licensure file.	16/16 100%
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In addition to the Department of Health inspection, Neighbor to Family on-site staff also complete a walk through of the home with the potential foster caregiver. During the walk through, staff point out safety issues such as extension cords, outlets that are not child safe, medicine cabinets that are not secure and other safety measures. On-going safety checks are completed every six months by on-site staff to ensure hazards are removed from the foster homes. On-site staff completed safety checks for all 16 foster care homes before the initial placement.

Service Objective 1.10	85 % of foster care homes will pass a safety checklist conducted by a NTF staff member every six months.	12/15 80%
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Although 100 percent (15/15) of the homes inspected during the three year period passed each inspection, not all the inspections were completed on time. Ongoing safety checks were scheduled every six months by the on-site staff while foster children are in residence. Program staff met the standards for conducting safety inspections of the foster care homes, although some of the follow-up inspections occurred later than they were scheduled. Of the 30 safety checks that were due during the first three years of program operation, staff conducted 31 (89 percent) on time. However, four (11 percent) were conducted from three to nine months later than the six-month period required.

Incident and Abuse Reporting

Information from the site database supports the achievement of the service objectives related to notification of incidents within the specified periods.

Service Objective 1.11 100 % of abuse/neglect incidents will be reported within 24 hours to DCF and OPFF and the total number of incidents per month to OPFF.	Achieved
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The Neighbor to Family staff reported four abuse/neglect reports during the first three years of operation. All reports were made within the required periods.

Service Objective 1.12 100 % of incidents (medical, accidents or other) will be reported within 24 hours to DCF and OPFF and the total number of incidents per month to OPFF as documented in the incident notebook.	Achieved
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Eighty-six reports were filed by the Neighbor to Family staff over the first three years of operation. Forty-three incident reports, 14 accident reports, 13 medical reports and 16 other reports. The category other includes incidents such as property damage by a foster child, sexual exploitation or abuse by child and sexual exploitation or abuse by an adult other than the foster caregiver. All were filed within the prescribed timeframes.

Goal 2: Neighbor to Family will provide case management and additional services to promote social, emotional, physical and educational development of the children in care.

Neighbor to Family uses a case management team to provide services for the children. The team consists of Neighbor to Family program director, case manager, therapist and family advocate, the foster caregivers, the biological parents and representatives from local agencies such as Department of Children and Families and the child’s school. The case management team reviews the child’s needs on a monthly basis. Children are assessed by the team and referred to services based on their needs. Referrals include medical, counseling, educational, therapy for speech and hearing and programs to foster social interaction.

Eleven service objectives are used to assess program implementation relative to this goal. The data presented indicate the program exceeded one of the objectives, achieved seven of the objectives and did not achieve four of the objectives. A note of clarification is necessary concerning the objectives that were not met. Service objectives 2.3, 2.4 and 2.5 required achievement at a level of 100 percent. The lowest level of achievement among the three was 85 percent.

Assessments

Service Objective 2.1 100 % of 30 children enrolled will have a comprehensive assessment.	65/65 100%
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Database records indicate that 65 children who stayed in the program for at least 30 days had a comprehensive assessment. One sibling group of three was only in the program for 11 days so they were not counted in this objective.

Service Objective 2.2 100 % of children will have an individual case plan within 90 days of placement as documented in participant files.	65/65
	100%

The case plan is based on information provided by the mother and father of the child. Efforts are made by program staff to contact both of the parents. However, many of the parents were not available due to various circumstances. Database records indicate that all of the children’s case plans were completed within 90 days of intake. Three of the children were in the program for only 11 days and they were not counted in this objective.

Service Objective 2.3 100 % of children will receive monthly face-to-face case management contacts as documented in participant files.	58/68
	85%

In total 1,360 case management sessions were documented during the first three years of the program. On the average the children received 1.3 case management sessions per month. However, 10 of the 68 children in the program did not have any documented case management meetings. Their records were not available to program staff as they were already closed and sent to the Department of Children and Families for processing.

Service Objective 2.4 100 % of child status reports will be completed and reported to the Department of Children and Families within 90 days of placement as documented in participant files.	58/62
	94%

Database records indicate that 58/62 children’s (94 percent) status reports were completed within 90 days of the date of intake. Three children had not yet been in the program 90 days by December 31, 2001. Three other children were only in the program for eleven days before being released. The status reports for the four children that did not make the 90-day target were completed in 92 days.

Service Objective 2.5 100 % of children will have a developmental assessment using Ages and Stages Questionnaire/Child Behavioral Checklist (ASQ/CBCL) ⁶ for cognitive skills completed within 120 days of placement as documented in participant files.	61/65
	94%

⁶ Bricker, D., Squires, J. *Ages and Stages Questionnaires: A Parent Completed, Child-Monitoring System, Second Edition*. 1999. Paul H. Brookes Publishing Co.
T.M. Achenbach Center for Children, Youth and Families, University of Vermont. *Child Behavioral Checklist*. 1988.

The Neighbor to Family therapist used the Child Behavioral Check List (CBCL) and/or the Ages and Stages Questionnaire to determine the cognitive skills of the children based on the children's age. Assessments were scheduled for completion within 120 days. Database records indicate 61 of the 65 children had a developmental assessment within 120 days of intake. Four (six percent) of the children had their developmental assessment after the 120-day target, two were completed at 135 days and the other two were completed 165 days after intake.

Foster Children's Academic Performance

The Neighbor to Family staff worked with the foster caregivers to ensure that the child's educational needs are addressed. According to staff, securing educational opportunities for children with special needs is especially challenging. The Neighbor to Family on-site staff assist foster caregivers in navigating a somewhat burdensome system to get special needs children placed in educational programs. An issue that was mentioned in the staff focus group was the long waiting time between requesting an assessment and getting an assessment appointment. In one case, the staff were told that they would have to wait for at least six months to a year to get through all the testing the child needed for placement in the special education program. The staff decided they would speed up the process by assisting the foster caregiver in navigating through the paperwork and appointments. The process was completed in five weeks.

Service Objective 2.6	100 % of children needing additional educational testing as determined by the comprehensive assessment and developmental assessment will receive a referral.	8/8 100%
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The database records identify eight of the 68 children were in need of educational testing. All of the children who were assessed in need of educational testing were referred for educational testing.

Service Objective 2.7	100 % of children over the age of three will be enrolled in an appropriate educational program as required by Public Law 94-142 as documented in school records and participant files.	46/46 100%
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Forty-six of the children in the program were over three years of age. Database records verify 100 percent of those children in the program age three and older were registered in an appropriate educational program.

Counseling is offered to children as needed. Counseling sessions may include discussions of issues that arise during the foster placement or because of the abuse and neglect the child suffered in the biological home. They may also discuss the upcoming reunification or adoption plans. The child therapist helps the children build coping mechanisms and positive ways to express emotions. Sibling group counseling is offered to the children to strengthen sibling relationships.

Service Objective 2.8	100 % of children eight years and older will receive counseling on a monthly basis as documented in participant files until successfully discharged or the goals of service plan are met, although counseling can resume at any time if an issue arises.	16/16 100%
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Eighteen children were eight years old or older. The older children were engaged in individual counseling to aid in their transition from their home of origin to their foster home. A review of the foster children data records verifies the children received different types of therapy. The category, All, means the child received group, individual and family therapy. The category, Both, indicates that the child received group and individual therapy. Group indicates that the children were in group counseling with their siblings.

Data were sorted for those children eight years of age and older to determine the types of therapy they received. The table below provides information on the therapy types.

Table 4: Children Eight Years and Older Therapy Types

	Frequency	Percent
All	6	33.3
Both	10	55.6
None	2	11.1
Total	18	100

Over half (55.5 percent) the children received group and individual therapy. Over 33 percent received group, individual and family therapy. The two children that received no therapy left the program within two weeks of intake.

The table below shows the range of therapy received by the children in the Neighbor to Family program. The categories of therapy are the same as above. Forty-nine of the children received therapy while in the program. The three that are missing information represent the sibling group that left after 11 days in the program. A total of 748 therapy sessions were provided for the Neighbor to Family children between December 1998 and December 2001.

Table 5: Therapy Type for All Foster Children

	Frequency	Percent
All	12	17.6
Both	29	42.6
Group	2	2.9
Individual	6	8.8
None	16	23.5
Missing	3	4.4
Total	68	100

Children were assessed by the team for emotional needs and referred to therapy or other local resources according to need. Staff made 1,193 referrals for individual counseling for the children in placement. An additional 147 referrals for group therapy sessions were made over the 36-month period. Family therapy sessions were not tracked in the database until December of 2000. At that time data including the number of referrals to family therapy sessions per month and the number of families attending therapy per month were added to the database. In total, 71 referrals were made for family therapy during the 12-month period.

Social and Recreational Activities

Recreation is important for healthy development. Children learn through social interaction and having fun. Neighbor to Family staff planned monthly social enrichment/recreational activities for the children to build social skills. The children were involved in school sports programs and social events planned by the agency such as trips to Disney World, family picnics, outings to local museums and sites of interest. The program staff coordinates Holiday outings. The outings included a variety of activities such as visits with Santa, Halloween parties and Thanksgiving dinners. The children share in the foster caregivers family traditions and are encouraged to participate in their biological or adoptive family's special events.

Service Objective 2.9	100 % (12/12) monthly social/recreational activities will be provided annually as documented in program records.	Exceeded
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Two hundred and nine social activities were documented for the Neighbor to Family children during the timeframe under review. The number of individual children attending each of the activities is not available through the database. However, it appears that on the average about six monthly social/recreational activities are provided for the children.

Service Objective 2.10	100 % of the children will attend 75 % (9/12) social/recreational activities as documented in participant files.	26/68 38%
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The number of social activities attended by the children varied quite a bit. Some children did not attend monthly social activity whereas others were involved in several types of activities each month. This reflects the age of the children, as preschool age children are not involved in structured sports and school activities as their school age siblings.

Service Objective 2.11	100 % of children requesting access to religious functions will be provided transportation and access as documented in participant files.	Achieved
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The foster caregivers provide access to religious functions. Many of the foster caregivers mentioned that they attend religious functions with the children. Biological parents also stated that their children were being raised in "Christian" environments created by the foster parents. One biological mother, although not pleased that she could not take her child to her church, did say that the children were able to go to church with the foster caregiver.

According to the database records, none of the children requested access to religious functions. Interviews with parents and family members indicate children were able to attend religious functions and many did. The family members interviewed expressed their gratitude to the foster care parents for taking their children to church.

Goal 3: Neighbor to Family will promote and strengthen attachment between siblings and family members.

Family reunification is a major focus of the Neighbor to Family program. The program goal is to maintain sibling groups together and, if possible, reunify the children with their biological parents. When the safe return of children to biological parents is not an option, the program seeks kinship adoptions first and if none are available, a non-familial adoption is sought.

The data support the program's success in promoting continued interaction between the sibling groups and their biological parents. The program achieved the three service objectives used to measure achievement of program implementation relative to this goal.

Biological Parents

Neighbor to Family staff worked closely with the biological parents to aid in reunification. In cases where reunification was not possible, the staff worked with the parents to help them realize that terminating parental rights and supporting the adoption of the children was in the children's best interest. Staff focus group comments suggested the relationship between the biological parents and the staff was critical in providing services that were in the children's best interest. Furthermore, they indicated that even those parents, who initially were resistant and even defiant about the children's removal from the home, came to realize that the staff were focusing on what was best for the children.

Information was available on 45 of the biological parents, 19 women and 26 men. Sixty-four percent of the parents were White, 20 percent Black, 13 percent Hispanic and two percent other. One third of the 45 parents had terminated their parental rights and an additional 18 percent were either incarcerated, out of state or staff were unable to locate them.

Parental Visitation

Visits are vital for maintaining family bonds. Neighbor to Family staff coordinated regular visits between the children and their biological parents and/or extended family. Visits between children and biological parents, as well as the extended family, were arranged by the on-site staff and coordinated with the foster parents as permitted by the courts. Some children were permitted to visit in the homes of their parents or grandparents, while others required supervision by Neighbor to Family on-site staff. The biological families who participated in the interviews were asked if they had access to regular visits with the children. In almost every instance, the family members responded that the staff were very considerate about facilitating visits. Some family members stated that they wanted to see the children more often, but schedules and transportation hindered the frequency of the visits. Neighbor to Family staff transported family members who had limited transportation to visits.

Service Objective 3.1	100 % of children eligible for parental visits will have visits arranged as documented in the family visitation file unless otherwise ordered by the court.	68/68 100%
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All of the children were provided the opportunity to visit with their parents unless the court had ruled that family visitation was not appropriate. The data indicate parental visits were encouraged regularly to give families an opportunity to address issues related to reunification. It is evident from a review of the data that some families visited more often than others did. It appears that parental visitation continued up to the time that the permanency changed from reunification to adoption. The biological parents made 1,261 visits with their children during the period under consideration. On average, each family made 63 visits over an average of 430 days length of stay.

Parental Assessments

On-site staff assessed the biological parents to determine the parents’ level of risk for abuse using the Family Risk Assessment Indicator (FRAI). On-site staff administered the FRAI at program intake and after completion of the parent support services. The Neighbor to Family on-site staff developed the pre-risk scale. It identifies parents in four risk categories including benchmark, low, intermediate and high risk. Intermediate and high-risk parents were in most need of interventions. Benchmark indicates no abuse or incident of risk. Low risk means that there was no injury or minor injury with no medical attention required or discernable effect upon the child. The incident was categorized as an isolated occurrence. Intermediate risk indicates that there was an injury to the child that required medical attention or there was a pattern of physical punishment. High risk is based on evidence the child or a sibling had received medical attention or hospitalization due to physical punishment and/or there were numerous alleged accidental injuries, escalating injuries with inconsistent explanations. The table below presents the results of the risk scale pre-tests for the biological parents.

Table 6: Family Risk Pre-test Scores

Pre-Test Rating	Frequency	Percent
Benchmark	3	6.7
Low	3	6.7
Intermediate	11	24.4
High	25	55.6
Missing	3	6.7
Total	45	100

Forty-two parents completed the pre-test. Over half (55.6 percent) of the biological parents tested presented a high-risk pre-test score. Another quarter presented an intermediate risk at pre-test. The test scores indicated 86 percent (36) of the parents completing the pre-test were in need of parenting supports.

Parenting Classes

Once assessed, referrals were made to the Neighbor to Family therapist or an outside agency for parenting sessions that addressed issues such as developmental stages, medical, physical, social and emotional needs of children. In some instances, the court mandated parenting sessions as a part of the family reunification plan. The Neighbor to Family therapist who facilitates parenting classes used the Systemic Training for Effective Parenting (STEP)⁷ model. Classes were delivered individually to the biological parents based on their individual strengths and needs during visitation with the children. At times, the Neighbor to Family therapist referred parents to The House Next Door, a local service provider, when it was determined that the parents would benefit more from a group setting. Topics covered in the STEP model include the following subjects:

- Understanding Yourself and Your Child
- Understanding Beliefs and Feelings
- Encouraging Your Child and Yourself
- Listening and Talking to Your Child
- Helping Children Cooperate
- Discipline That Makes Sense
- Choosing Your Approach

Service Objective 3.2	100 % of those parents determined in need of improved parenting skills will be referred to parenting classes as documented in their case file.	Achieved
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The STEP Parent Survey has two sections. The first section asks questions about the parent’s behavior. The second section asks about the parent’s beliefs about parenting. It does not determine parenting “needs” per se, but aids the parent and therapist in understanding the parent’s behavior and beliefs so they can work together to modify them according to the STEP method.

Ten parents completed a parenting skills pre-test. Only one parent completed the post-test. This might suggest that only one parent was involved in the entire STEP program. It is difficult to ascertain the number of individual parents attending parenting sessions. The database indicates that 117 parenting sessions were held over the three years included in the study. This produces an average of about three sessions per month. The database does not link the parenting sessions to individual parents, but provides the number of parents attending the sessions. The number in attendance in the 117 parenting sessions over the three years was 91. Interviews with the on-site staff, biological parents and caregivers confirmed the on-site staff provide parent effectiveness training to all available parents. Several parents mentioned they attended parenting classes as part of their reunification plan and others mentioned that on-site staff provided less formal assistance with parenting issues. On-site staff concurred that they model effective parenting with the parents during therapy sessions and visitation using the STEP model, as well as answer any questions that may arise between sessions and visitation.

⁷ Dinkmeyer, D., McKay, G. and Dinkmeyer, Jr., D. *The Systemic Training for Effective Parenting*. 1997. American Guidance Service: Circle Pines, MN.

Family Therapy

In compliance with the reunification plan, parents were referred to family therapy. The family therapy sessions included parents and their children. The sessions identify strengths and weaknesses in family dynamics. Establishing and improving communications within the family unit and developing constructive disciplinary and conflict resolution strategies were the primary objectives of family therapy.

Service Objective 3.3	100 % of biological family members assessed in need will be referred to family therapy as documented in participant files.	25/25 100%
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Database records indicate 25 (55 percent) of the 45 parents needed family therapy. Twenty-five of the 25 (100 percent) parents were referred to family therapy. Seven of the 25 (28 percent) parents declined family therapy services. In total, eight of the 18 (44 percent) parents who accepted the referral attended family therapy sessions. The reasons parents did not attend therapy are highlighted in the table below.

Table 7: Reason Referred Parents Did Not Attend Family Therapy

Reason	Frequency	Percent
Unable to locate	4	23.5
Out of state	2	11.8
Declined services	7	41.1
Incarcerated	2	11.8
Referred to a different type of treatment	2	11.8
Total	17	100

Goal 4: Neighbor to Family will provide services of sufficient quality to ensure that participants and stakeholders are satisfied with services.
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Children, foster caregivers, biological parents and community participants were given the opportunity to provide feedback to the program regarding service provision. Children were asked questions about satisfaction with services by the family therapist during an exit interview. Biological parents were given the opportunity to comment on the program two times per year. Foster caregivers were given a satisfaction survey after each sibling group was released from their care. The community collaborators were surveyed twice a year. This information is stored in the case files as well as in the database system.

The program set a standard of 100 percent for distribution of satisfaction surveys and did not achieve those targets for the family and caregiver objectives. All children age five and over did complete an exit interview.

Sibling Group Satisfaction

Service Objective 4.1	100 % of the children, five years and older, placed in foster care homes will complete an exit interview at closure as documented in the participant file.	20/20 100%
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Twenty-three children over the age of five completed the program between December 1998 and December 2001. Twenty completed an exit interview. Three of the 23 children were in the program for 11 days and did not receive an exit survey.

Biological Parents

Service Objective 4.2	100 % of the biological parents will be provided the DCF Client Satisfaction Survey in the third quarter of the fiscal year or at case closure before the third quarter.	25/29 86%
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The database indicates that the satisfaction surveys were not administered according to the objective. Twenty-five of 29 (86 percent) of the parents completed satisfaction surveys during the period included in the evaluation. Thirty-five satisfaction surveys were distributed to the biological parents between December 1998 and December 2001. Twenty-five parents received one survey and 10 parents received a second survey. According to program records, 29 parents should have received a satisfaction survey. Six of the parents did not receive a survey because they either were incarcerated or out of state. The other 10 had either not been in the program long enough to receive a survey or their cases were not yet closed.

Service Objective 4.3	100 % of the foster care parents will complete the Department of Children and Families Satisfaction Survey after each sibling group placement is completed as documented in the foster caregiver file.	18/19 95%
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Foster caregivers were given the opportunity to complete the Department of Children and Families satisfaction survey. Database records indicate 19 placement completions during the timeframe under study. Foster care providers completed 18 exit evaluations during this timeframe. This represents 95 percent of the total projected in the objective.

Summative Evaluation

Neighbor to Family began serving children from Flagler and Volusia Counties in December 1998. In that time, 68 children representing 20 sibling groups entered the Neighbor to Family program. The summative evaluation includes an assessment of participant outcomes related to the four program goals. Program impact is measured by the changes in knowledge, attitudes, behaviors, skills or status of program participants. For the purposes of this evaluation, only short-term outcomes were available. When assessing program impact, long-term outcomes obtained by tracking participants over time are most beneficial. The short-term outcome data for this study were gathered from the Neighbor to Family program files and electronic database to determine participant outcomes. Information from the focus group and interviews were added to provide context.

Goal 1: Neighbor to Family will provide safe, nurturing foster care for sibling groups in a home setting and in close proximity to the family of origin.

The primary function of the Neighbor to Family program is to keep children safe while working with their biological parents to achieve reunification. The program keeps sibling groups together and close to their biological parents to facilitate the goal of reunification. When reunification is not an option, the on-site staff work with the parents and biological family to facilitate adoption by a family member. Absent these two options, the final alternative is to place the sibling group in a non-biological family adoption.

Ensuring the safety of children in foster care and in their permanent placement is critical. Outcomes 1 and 2 were used to measure the safety of children during foster care services and within 12 months post-program, respectively. Sixty-eight children were placed in foster care through Neighbor to Family during the three-year period under evaluation. Three of the children had some indication or verified finding of maltreatment during services. One incident of maltreatment occurred during the foster care services. Two incidences of verified or some indication of maltreatment occurred during post-placement supervision.

Outcome 1.1	97 % of the children placed in foster care will not experience any verified or some indication of maltreatment during services.	67/68 99%
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A total of 34 children had been out of the program for at least one year for the evaluation period. Of those 34 children, nine left the State of Florida. Two of the remaining 25 children had incidences of verified or some indication of maltreatment.

Outcome 1.2.	95% of the children served will have no verified or some indication of child maltreatment within 12 months post-program services.	23/25 92%
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A comparison of data⁸ related to verified or some indication of maltreatment for all children in foster care in Department of Children and Families, District 12 revealed that Neighbor to Family had a higher percentage of children with **no** verified or some indication of child maltreatment than children in foster care in District 12. For the period of April 1999 – March 2001, 90 percent of children in foster care in District 12 had **no** verified or some indication of maltreatment compared to 99 percent of children who had no verified or some indication of maltreatment in Neighbor to Family.

Neighbor to Family had the same percentage of children with **no** verified or some indication of child maltreatment within 12 months post-program as children in District 12. The percentage of children with **no** verified or some indication of child maltreatment within 12 months post-

⁸ Child maltreatment data for Neighbor to Family participants and rates for District 12 were provided by the Department of Children and Families.

program was 92 percent for both groups. The data available for District 12 was for the period of July 1999 – December 2000 with follow-up through December 2001.

Stability is important to the safety and overall well-being of children. Neighbor to Family staff worked diligently to maintain children in their initial placement until reunification or adoption was achieved. Outcome 1.3 is a measure of stability in terms of the number of foster placements while in the program. Although the outcome was below the target, it indicates a high level of performance by the program, especially when compared to the number of placements experienced by the children in the foster care system prior to entering Neighbor to Family.

Outcome 1.3	90 % of children referred in initial placement with Neighbor to Family will maintain placement with the initial foster caregiver until they are reunified with parents/relative, adopted, emancipated, have a goal change to independent living or are transferred to an alternative living arrangement.	56/68 82%
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Over 80 percent of the children were maintained with the initial placement while in the program. However, 17.6 percent of the children had more than one placement while in the program. All of the changes were planned and were not due to the children’s behaviors. The reason children were removed from the initial placement varied. In six of the cases, the foster parent resigned. In three of the cases, the foster parent moved from the service area. In three other cases, the foster parent was determined unfit.

Comparing the number of moves before the Neighbor to Family placement with the number of moves beyond the initial program placement provides insight into the stability the children experienced in the Neighbor to Family program. The data in the table below indicate that the Neighbor to Family program provided the stability that is crucial for the children. Before placement in the Neighbor to Family Program, 28 of the children (43 percent) had experienced two or more placements. Taking into account that 32 of the children are preschool age emphasizes the amount of instability experienced in their young lives.

Table 8: Number of Foster Home Placements Prior to and During Neighbor to Family

Placements	Prior to Neighbor to Family		During the Program	
	Frequency	Percent	Frequency	Percent
0	20	29.4	56	82.4
1	17	25.0	12	17.6
2	6	8.8	0	0
3	5	7.4	0	0
4	7	10.3	0	0
5	4	5.9	0	0
6	1	1.5	0	0
7	3	4.4	0	0

Placements	Prior to Neighbor to Family		During the Program	
	Frequency	Percent	Frequency	Percent
9	1	1.5	0	0
12	1	1.5	0	0
Missing	3	4.4	0	0
Total	68	100.0	68	100.0

Goal 2: Neighbor to Family will provide case management and additional services to promote social, emotional, physical and educational development of the children in care.

Many of the children who enter foster care have suffered abuse and neglect that has negatively affected their development. Each child in the program was assessed for needs and strengths. An individual case plan was developed for them based on the assessments. The on-site staff worked with the foster caregivers to link the children with interventions that provided medical, educational, psychological and social development services.

Case Management and Referral Services

Participant outcomes related to case management and referral services consist of five outcomes encompassing the children’s health, self-esteem, developmental progress, academic progress and coping skills. The children were assessed for developmentally appropriate milestones and referred to services as needed. The data indicate that the program exceeded expectations on three of the outcomes and did not achieve two of the outcomes. The outcomes exceeded included immunization maintenance, progress in developmental milestones and academic improvement. Outcomes related to self-esteem and coping skills were not achieved at the targeted level.

Outcome 2.1	90 % of children will be in compliance with the Center for Disease Control’s recommended age-appropriate immunization status as documented by immunization records in participant files.	65/65 100%
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According to program records, 100 percent of the children were in compliance with age-appropriate immunizations. Three children who left the program after only 11 days were not included in this objective.

Outcome 2.2	80 % of children, five years and older at placement, demonstrating low self-esteem will improve their self-esteem as measured by the Behavioral and Emotional Rating Scale (BERS) ⁶ pre/post tests administered at the beginning and end of placement.	15/20 75%
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⁹ Epstein, M.H. and Sharma, J. *Behavioral and Emotional Rating Scale*. 1997. PROED Austin:TX

Thirty-six of the children are five years and older. Thirty-five of children (97 percent) had completed a pre-test using the BERS to determine self-esteem and 20 had been post-tested at the time of the evaluation. The BERS is a strength-based assessment designed for use with children ages five to 18. The instrument measures the child’s positive emotions and behaviors. It includes 52 items describing specific, observable and measurable behavioral and emotional strengths of children. There are also eight open-ended questions for parents and professionals to note the child’s academic, social, athletic, family and community strengths. It assesses five dimensions of childhood strengths: intrapersonal strength, school functioning, interpersonal strength, family involvement and affective strength. These strengths are related to the child’s self-esteem. The Neighbor to Family therapist stated the children entering the program were all suffering from psychological trauma that could damage self-esteem. A comparison of the BERS pre and posttest scores determined 75 percent (15) of the children had improved from pre to post test. Twenty percent had lower post than pre-test scores and five percent had no change in their scores from pre to post test.

Outcome 2.3	70 % of children in a foster care home will make progress toward developmental/social milestones as measured by an age-appropriate assessment using Ages and Stages Questionnaire/Child Behavioral Checklist (ASQ/CBCL), unless the assessment identifies special developmental needs as documented in participant files.	32/36 89%
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The children involved in the Neighbor to Family program were assessed for development/social milestones at six-month intervals after the initial assessment at intake. The table below presents the assessment levels of the children at intake. Nearly one fifth (19.1 percent) of the children were assessed as Special Needs at intake. Over half (57.4 percent) of the children were assessed as being On Target regarding developmental/social milestones and 14.7 percent were determined developmentally “Delayed.” Six of the children were not assessed. Three were only in the program for 11 days and the other three just entered the program on December 11, 2001.

Table 9: Initial Development/Social Assessment Level at Intake

Assessed Level	Frequency	Percent
Delayed	10	14.7
On Target	39	57.4
Special Needs	13	19.1
Not Assessed	6	8.8
Total	68	100

Developmental targets are based on the children's age and expected physical (fine and gross motor) and psycho/social changes. Infants are expected to reach specific developmental milestones such as rolling over and sitting by a specific time. Other milestones such as language acquisition and hearing are assessed as the child ages. An infant may not have been identified as "delayed" or "special needs" at intake, but on subsequent developmental assessments may not be

found to perform certain tasks associated with particular developmental milestones appropriate for their age.

Table 10: Developmental Assessment Level of Children Not Assessed as Special Needs at Intake

	6 Months		12 Months		18 Months		24 Months	
	#	%	#	%	#	%	#	%
Delayed	2	4.1	1	2	0	0	0	0
On-Target	32	65.3	24	49	18	36.7	9	18.4
Special Needs	2	4.1	4	8.2	3	6.1	2	4.1
Not Assessed	13	26.5	20	40.8	28	57.1	38	77.6
Total	49	100	49	100	49	100	49	100

The above table presents the developmental progress of the foster children at six-month intervals. The numbers in the “Not Assessed” row indicate children had not yet reached the six-month time point for assessment. Excluding the children who were assessed at intake as special needs and those who were not assessed during the time point, the percentage of children on target were as follows: at six months 89 percent, at 12 months 82.7 percent, at 18 months 85.7 percent and at 24 months 81.8 percent. For purposes of reporting on the outcome, the six-month interval data were used because it represented the largest sample size. In fact, the targeted standard (70%) for the outcome was achieved at every interval.

Outcome 2.4	60 % of the children who have poor academic performance will improve their performance and overall GPA as measured by school report cards each grading period, unless there is a need for special services.	11/14 79%
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Fifty-seven percent (39) of the children were school age. The academic performance for the children was recorded either by grade point level (four-point scale) or descriptively (below level, on level or above level). Almost half (19) of the children were assessed as having poor academic performance at intake.

Table 11: Educational Improvement by Children with Poor Academic Performance

Poor Academic Performance at Intake	Educational Performance Improvement During Program				
	Yes	No	Same	Missing Data	Total
Yes	11	1	2	5	19
No	6	2	3	0	11
Total	17	3	5	5	30

Performance was recorded on 14 of the children assessed as having poor academic performance at intake. Eleven (79 percent) of those children improved their performance while they were in the program. The table above shows two of the 14 children stayed the same regarding academic performance and one decreased in their academic performance during their program stay.

A review of the above table also presents information on those children who were not experiencing difficulty in school upon intake. Six of the students who were not considered poor performers at intake improved in school and three maintained their good academic performance. The other two experienced difficulty in maintaining their educational performance during placement.

Outcome 2.5	75 % of children, eight years or older who are involved in counseling, will increase their knowledge, coping skills and strategies to manage their personal problems as documented by case notes and therapist's assessment.	8/15 53%
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Eighteen of the foster children were eight years or older. All of the children eight and older who were in the program for at least 30 days received counseling services. Fifteen of the children's files included data on coping skills. Three of the children left the program in 11 days so they did not receive counseling. The records indicate that eight of the 15 children (53.3 percent) improved in their coping skills and strategies based on the therapist's assessment. Six (40 percent) of the children remained the same in their coping strategies and one (6.7 percent) was assessed as having poorer coping skills than at intake.

Goal 3: Neighbor to Family will promote and strengthen attachment between siblings and family members.

Two outcomes are associated with this goal. The first is reduction of risk in the biological parents and the second is establishing permanency. A goal of foster care is to reunify families as quickly as possible so children can experience stability. However, before the families are reunified the issues that brought them to the attention of the child welfare system must be ameliorated. Children who enter the Neighbor to Family program are suffering from extreme and often prolonged crisis. Neighbor to Family staff assessed the families for strengths and risks at intake with a comprehensive assessment tool. Assessment results indicate over half (55.6 percent) of the biological parents presented a high-risk pre-test score. Another quarter presented an intermediate risk at pre-test. The test scores indicate 86 percent (36) of the parents completing the pre-test were in need of therapeutic interventions to help alleviate risk to their children. Often the parents had a lengthy history of dysfunctional behaviors that require intensive intervention strategies.

The program interventions did not reduce the risk of all the biological families to the target level prior to reunification. The program was successful in achieving permanency for the children within the targeted period. In fact, the program exceeded the expected permanency outcome. Parents who were non-compliant with the reunification plans terminated parental rights after extensive efforts by staff to encourage their participation in interventions failed. During the focus group interview, staff stated that working with parents to come to terms with termination of

parental rights was a very difficult part of their job. Many parents are resistant at first, but with staff support, they realize that they are doing what is best for their children.

Outcome 3.1	80 % of families referred under the proposal and involved with the NTF program for at least six months will experience alleviation of symptoms and reduction of risk that led them to the attention of the department as measured by the Family Risk Assessment Indicator (FRAI). The level of risk recorded in the final FRAI will determine the progress and/or the necessity to change permanence to something other than reunification.	6/9 67%
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Staff assessed all available biological parents with the Family Risk Assessment Indicator tool to determine risk associated with reunification. The four levels of risk identified by this tool are benchmark, low risk, intermediate risk and high risk. Parent assessments that score as benchmark indicate there is no evidence of abuse or a physical incident. Low risk indicates no injury or medical attention was required and there was evidence of an isolated incident of improper punishment. Intermediate risk means that there was evidence of a minor or unexplained injury that required medical attention and/or there is an on-going history or pattern of inappropriate discipline. High risk indicates the child or sibling required immediate medical attention and/or hospitalization and/or there are numerous alleged accidental injuries with inconsistent explanations. Forty-two of the 45 parents were assessed using the FRAI pre-test. Eighteen of those assessed had a permanency goal of reunification. Of those 18, nine were post-tested and were involved in the program for at least six months. Six of the nine (67 percent) had a reduction in risk from pre to post-test.

Outcome 3.2	75 % of dependent children placed will be reunified with parents within 12 months or have an alternative permanency plan.	32/34 94%
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The initial placement plan for all of the children entering the program is reunification. Program staff work with the biological parents to improve parenting and reduce other issues that brought the children into protective care. When it becomes evident, that reunification is not in the best interest of the children, the staff present the case to the parents and the court. A hearing is set requesting termination of parental rights so the child/children can be adopted.

Neighbor to Family staff conducted diligent searches for biological family members to reduce the time in achieving permanency. Additionally, the staff completed the documentation necessary for interstate compact cases that significantly reduced the case processing time. Several family members and adoptive parents confirmed that program staff were very helpful in providing assistance with court documents and adoption paperwork.

Thirty-four children completed the program between December 1998 and December 2001. Eleven (32.3 percent) were reunited with their biological parents. Of these 11 children, 10 (91 percent) of the children were reunified with their parents within 12 months. In one instance, the child's case took 22 months before the child was reunified with his/her parents. The average

length of stay in the program for the 11 children who were reunified with their parents was 162 days.

Twenty-three children were not reunified with their parents and received an alternative permanency plan. For 22 of the 23 (95.6 percent), the permanency plan was changed within the 12-month target. The average time from intake to change in permanency was 216 days or approximately seven months.

Biological family members adopted 11 of the 23 children not reunified with their parents. The average length of stay for these children was 379 days. Non-relatives adopted 12 of the 23 children who were not reunified with parents. The longest length of stay was among these children. On the average, the length of stay for children adopted by non-family members was 721 days. This information illustrates the efforts of staff and the courts to ensure that alternative placement options adequately provide for the safety and security of the children.

Goal 4: Neighbor to Family will provide services of sufficient quality to ensure that participants and stakeholders are satisfied with services.

The Neighbor to Family program distributed satisfaction surveys to program stakeholders to elicit feedback. The case manager and therapist interviewed the children to determine satisfaction and comfort with their placements. The program provided biological parents satisfaction surveys twice a year. Foster caregivers were given surveys after each placement is completed. The program also distributed surveys twice a year to community members who were involved in the program. These individuals included guardian ad litem, attorneys, family court judges, mental health service providers, social service agency providers, relatives and friends of the children’s families. Satisfaction survey results were stored in the database for the children, biological parents and foster caregivers. Community satisfaction results were available in hard copy. Focus group and interview responses also provided feedback on satisfaction.

Neighbor to Family shows promise with respect to program satisfaction, but it did not achieve the targeted objective regarding children’s satisfaction with program services. The program exceeded the targeted level of achievement regarding parent and foster caregiver satisfaction with the program.

Outcome 4.1	95 % of children, five years and older and completing an exit interview, will report satisfaction with program services and comfort with their foster care home environment as demonstrated by exit interview notes and documented in the participant file.	14/20 70%
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Twenty-three children five years and older completed the program between December 1998 and December 2001. Twenty children completed an exit interview as the other three children were only in placement for 11 days. Of those 20 children, 14 (70 percent) indicated they were satisfied with the foster care placement, one (2.8 percent) did not respond to the question and five (13.9 percent) reported they were not satisfied with their placement. Another section of the satisfaction survey asked questions regarding comfort with the foster home. Fifteen (75 percent)

of the children reported that they were either Very Comfortable or Comfortable with the home setting. Four (20 percent) of the children indicated that they were Not Comfortable with the home placement and one (five percent) of the children did not respond to the question. Children’s comments regarding the foster home placement reflect their perceptions of family life. “I like being at (name) home. They give me good food and take me places.” “I like being part of a family...I made friends with (foster mom’s grandson)”.

Outcome 4.2	90 % of biological parents completing a survey will report satisfaction with the program services as demonstrated by the DCF Client Satisfaction Survey and documented in the participant files.	9/9 100%
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Staff distributed 35 satisfaction to biological parents between December 1998 and December 2001. There are only nine responses in the database. All nine of the responses indicate the biological parents were satisfied with the program services. This represents a very small number of the biological parents’ opinions. However, information gathered from interviews with biological family members evidenced similar results. It was clear that a couple of the biological parents were not happy about their children being in foster placement, but their comments regarding their treatment by program staff and the foster caregivers were generally positive. One respondent made the following comment, “I am thankful to the staff for transporting us to see our children. I will never forget that...thank you”.

Outcome 4.3	85 % of the foster parent group will report satisfaction with the support they received from advocates, caseworkers and other NTF staff as demonstrated by the NTF Foster Parent Support Services Satisfaction Survey.	18/19 95%
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Database records indicate 19 placement completions during the timeframe under study. Foster caregivers completed 18 exit evaluations regarding those placements. The database does not provide specific information on support received from advocates, caseworkers and other NTF staff. It only provides a final rating of either Satisfied, Not satisfied or No response. Ninety-five percent of the survey ratings indicated the foster caregivers were satisfied. The focus group feedback supports the satisfaction of the foster caregivers with the support they received from the advocates, caseworkers and other Neighbor to Family staff. Several of the focus group questions probed the relationships and roles of the on-site staff and the foster caregivers. Overwhelmingly the foster caregiver’s responses regarding the support and professionalism of the on-site staff were enthusiastically positive. Some quotes were “she’s a therapist and a friend...she tells me to try another option when I’m having difficulty with one of the children.” The group answered another question regarding the foster caregivers’ perception of their input into the children’s case plan almost unanimously. The response was “everybody has a voice in the process, we’re a team that looks out for the best interest of the children...nobody pulls rank here”. When asked what was the most difficult task of the job, the room grew silent. Several of the foster caregivers looked around at each other until one responded with tear filled eyes, “letting the kids go.”

Lessons Learned

Qualitative data often provide lessons learned that are valuable to stakeholders in evaluating the program effort and in considering the potential for replication of the program. The following paragraphs contain some important lessons learned from the Neighbor to Family program.

The numbers do not tell the complete program story. By looking only at the numbers the reader does not get the full picture of the program. For example, the numbers do not reveal that Volusia and Flagler Counties represent a large targeted service area. It was a significant accomplishment to place 54 percent of the sibling groups in a foster placement within 25 miles of their homes. With respect to foster caregiver retention, the quantitative data does not provide a clear picture of program performance. One of the foster caregivers moved out of town and another foster caregiver adopted a sibling group of four children. It is evident that the retention percentage for the program would have been 81 percent rather than 69 percent. This is further evidence of program strength in retaining foster caregivers. Therefore, the program would have met the objective. Although the outcomes as a whole are good, they do not reveal the stability the children have achieved in the program as compared to their prior placement history. Nor do the statistics alone clearly define the complexities of the children's lives resulting from the abuse and neglect they have suffered.

Neighbor to Family staff worked diligently overcoming barriers to meet the children's needs for services and permanency. Several examples surfaced illustrating the strengths of the Neighbor to Family team efforts that resulted in positive participant outcomes. Staff are determined to think "outside the box" in developing solutions to the barriers they encounter. One example emerged during the staff focus group discussion involving a child who needed an assessment so he could get educational assistance. Staff were originally told that the assessment process would take six to 12 months. They took the task on themselves and the child was assessed and received the needed assistance in five weeks. As one staff commented, "We do not ask them (other agency staff) why they are not doing it (the work)----We volunteer to do some of the leg work...it is a lot of leg work, but in the end it makes a big difference for the youngster."

Biological family members provided more examples of the staff's efforts. Several of the biological family members praised the Neighbor to Family staff for assisting them in navigating the legal system. One family member said that they were very intimidated by the paperwork and all the court appearances. Had it not been for the staff, they could not have managed all the paperwork and court appearances. Staff reduced the time for achieving permanency through conducting diligent searches and interstate compact documentation. One family member stressed staff efforts in dealing with an international placement. He said that his family did not have to worry about any of the documents because the staff were such a great support to them. The staff also attended to the children's medical needs that resulted from their mother's substance abuse. The biological grandparents were especially grateful for the staff's support in keeping the children together and offering financial support that enabled them to adopt the children. As one grandmother stated, "If it was not for the program staff, I would not have gotten them (the children) a doctor because no one in the area would take Medicaid and the one's that would were already full. She (program staff) is the one that finally got the doctor that I wanted for them."

Staff empowerment is a key factor in program success. On-site staff and foster caregivers echoed their perceptions that they are empowered to make decisions that are in the best interest of reunifying the child or providing a safe home for the child. This feeling of empowerment seemed to motivate the staff to work long hours and take on challenging tasks. The staff stated that they felt they were part of a team that has increased their single ability to confront challenges and barriers in service provision. One of the staff summarized their perception by saying, “One of the things that is special about this program is that even though we have titles, and they are meaningful, they are not concrete. We all do what we need to do to get the job done.” The staff concurred that the leadership was supportive of team decisions and has built an atmosphere based on mutual support. A foster caregiver comment from the caregiver satisfaction survey encapsulates the on-site staff effort. The comment reads, “This is my first time as a foster parent. I feel that the staff is the most important asset to this program. They provide information, support and encouragement and in some situations that desperately needed third hand. This whole team functions together to create a family structure that is so vital to a family in need of promoting reunification, if possible.”

Foster caregivers are offered adequate training and participate in on-going professional development opportunities. A reoccurring concern with foster care providers is adequate recruitment and training. Before receiving a foster placement, the Neighbor to Family caregivers must pass a national background check. The foster caregivers received at least 32 hours of training annually. Seventy-three percent of the foster caregivers participated in more than their required number of training hours. Training topics vary based on the needs of the foster caregiver. The largest percentage of training sessions related to parenting issues and the second was administrative responsibilities. These two categories most likely reflect the areas where the foster caregivers focus the majority of their energies. Other topics included special needs, therapeutic interventions, medical/health care and the legal system. Foster caregivers acknowledged during the focus group that they have many training opportunities. It did seem that they need more training regarding closure with the children. The foster caregivers affirmed the most difficult part of the job is letting the children go. Although they realize their role is to support reunification, they naturally become attached to the children. They grieve the loss of the children when reunification or adoption occurs.

Neighbor to family has benefited from a strong public awareness campaign. Public awareness is one strategy that has led to Daytona’s positive experience in foster care. The director stated the program has spearheaded a public awareness campaign to increase the program’s visibility and acceptance within the community. This helped the program in developing linkages with supportive services and in recruiting foster caregivers and staff. TIME Magazine, Parent’s Magazine and CNN featured the program. Almost 30 news articles in local papers described the program and encouraged the public to become involved in foster parenting. The program promoted awareness of program events and foster care through on-going public service announcements.

Surveys and interviews of community members and stakeholders reflect that the program has a positive reputation in the community. The stakeholders comments revealed a general level of confidence in the program staff’s commitment to service provision. Eighty percent of the 24 stakeholders surveyed stated the staff always demonstrated an overall knowledge of the program. Eighty-six percent felt that Neighbor to Family staff listened to their ideas and respected their

area of expertise. Ninety-six percent believed that the best interest of the child guided Neighbor to Family staff's decision-making.

Summary

Children in foster care are three to six times more likely than children not in care to have emotional, behavioral and developmental problems including conduct disorders, depression, difficulties in school and impaired social relationships. Other estimates suggest that about 30 percent of the children in care have marked or severe emotional problems.⁷

The Neighbor to Family program made a positive contribution in providing care for children in crisis. Neighbor to Family implemented the program model with a significant degree of fidelity resulting in quality services for the children in its care. Participant outcomes demonstrate that the program had a positive impact on the children with respect to achieving stability in terms of the number of placement during their program stay. The program was also effective in moving the children to permanency placements in an efficient and timely manner.

Recommendations

Even with the program's overall success, the evaluation brought to light areas in need of improvement. The recommendations below are based on the information gathered from the database, focus groups, interviews and evaluator observations during site visits.

Review and update the program logic model. Program staff should review the logic model and consider the objectives and outcomes in light of the baseline data provided by this evaluation. Targeted achievement standards should reflect the data reported in this evaluation. In some instances, percentages may be too high and in other instances too low. The logic model should provide a realistic map of program processes, service objectives and outcomes. When the logic model accurately reflects the program, then the logic model serves as a valuable management tool for program implementation.

Update the database so it is useful in verifying progress on objectives. In several cases, the data were not available to determine outcome achievement. For example, several of the outcomes were based on individual achievement, yet the data was in an aggregate format, which makes achievement difficult to ascertain. Consistency between the objective and the database structure will help in determining program success. Another area in need of improvement is the computerization of the satisfaction surveys. The program did not enter responses to the individual survey questions into the database, only the overall results. This made it difficult to determine specific service areas in need of improvement based on the surveys.

Use respite care providers to improve foster caregiver workload stresses. Foster caregivers stated that the recruitment of respite care workers would improve their ability to care for themselves and the children. This is an on-going issue in foster care in general and is described as a primary barrier to the retention of foster caregivers. The NTF program director stated she is currently in the process of researching recruitment and retention strategies that include respite

¹⁰ Chiles Center for Healthy Mothers and Babies and the Department of Health Policy and Epidemiology Institute for Health Policy Research. *Medical, Developmental and Behavioral Problems of Foster Children and the Capacity of Foster Care Providers in Florida.*

care. Neighbor to family on-site staff proposed a potential recruitment strategy that would create a “shared” cadre of foster caregivers. The staff suggested that local foster care agencies pool resources in recruiting and training foster caregivers. Staff felt that potential respite caregivers might emerge as some potential foster caregivers realized that full-time foster care was not desirable for them.

Monitor foster care homes with large numbers of children closely to ensure safety and support. The average number of children in the foster caregiver’s homes is eight. This number includes foster children and non-foster children. The average age of the foster children is 5.7 years. The program should not only consider whether there is adequate space for the children, but whether there are sufficient human resources to provide for this number of children in a home. In such cases, the program staff should monitor carefully the quality of care that the children are receiving.

Provide additional support and training to foster caregivers in dealing with closure issues when sibling groups leave their care and in dealing constructively with abnormal behavior exhibited by children in their care. Foster caregivers stated they are always open to new training opportunities. The focus group suggested the caregivers need more assistance in grieving the loss of the children who are in their care. Although the caregivers stated they could always call each other or the on-site staff for support, it was apparent that they find closure with the children very difficult. The behavior of the children emerged from the interviews as another area of concern. Some of the interviews suggested the children were exhibiting abnormal behavior. For example, children were eating out of trashcans, sleeping under beds, swearing and acting physically aggressive towards each other. Some of this behavior is a normal response to the abuse and neglect the children have suffered. The program should provide foster caregivers with training and support for behavior modification strategies.

Preserve linkages to the child’s biological family and demonstrate appreciation for the child’s cultural heritage. Children who are removed from their biological homes suffer greatly from a loss of identity. Even though the removal is in their best interest, there is still a need for the children to have a connection to their past. An adoptive parent suggested the need for photos of the children as infants (if possible) and an on-going photo journal of their lives with their siblings. The program uses life books for each child. Although the adoptive parent acknowledged the receipt of the life book, the parent indicated that many of the pictures in the life book were of non-family members. She suggested that it would be helpful to the children to have pictures that included their foster parents and biological parents.

The program should provide additional training and support to foster caregivers so that they can demonstrate support and appreciation for the foster child’s cultural heritage. Matters as basic as food, clothing and haircuts are elements of the cultural heritage of a person. Additionally, suggestions were made regarding maintaining religious affiliation with the faith of origin, although the respondents stated they were happy that the children were being raised in “Christian” homes.

Assist adoptive parents and biological family members in developing and implementing appropriate boundaries for biological parents who have terminated parental rights. Several of the interview respondents voiced concerns about the safety of the children as well as themselves once the biological parents terminate parental rights. In particular, the adoptive grandparents had

concerns regarding the biological parents interacting with the children. This may create a great deal of stress for the adoptive family members. The adoptive parents do not know how to set appropriate boundaries regarding the children and their biological parents. Working with the adoptive parents in developing strategies that they can employ regarding these situations may help calm some of their fears.

Investigate strategies to maintain on-site staff momentum and reduce the potential for burnout. The on-site staff work long hours with minimal complaint. Comments made during the focus group discussion confirm that they perceive their position as a “calling” more than a job. They face many challenges based on the services they provide and the conditions in which they provide them. The conditions include limited office supplies and out-dated computers that are too few in number. They spend a significant amount of time developing reports for various funding agents. Management staff should explore ways to streamline reporting requirements. When funding agents are aware of these issues, they are often willing to seek efficient solutions.

In addition, staff provide follow-up on discharged children beyond the time of reimbursement for services. Almost a third of the children whose status is closed warrant continued monitoring by Neighbor to Family staff. The staff provide assistance and monitoring to ensure the clients are doing well upon program release in addition to monitoring active clients. This results in staff being stretched too thin due to lack of funding for aftercare services.

Provide aftercare services to reduce parental risk factors. The evaluation revealed two competing themes regarding permanency. The interplay of expediting permanency for the reunification of families and the reduction of risk. The outcome evaluation indicated three of the nine parents reunified with their children did not have a reduction in risk as determined by the Family Risk Assessment Indicator. In light of this finding, families who do not show improvement in risk reduction should be monitored regularly and encouraged to continue involvement in supportive services to ensure the safety of the children.

Areas for Further Review

The evaluation indicated several areas needing further review. A longitudinal study on the impact of the program would provide more conclusive information about program effectiveness. The current evaluation reviews short-term outcomes on the children. There is a need to understand more fully the long-term impact this program has on the children in care.

A second suggestion for further review is the investigation of the impact of the program on the foster care system. There is a current movement toward community-based care. The Neighbor to Family director is convinced that this program will fit well with the new community-based system of care that emphasizes small caseloads and closer involvement with families.

A third suggestion is to investigate the potential for expanding the Neighbor to Family program model to other areas of the state. Currently there are two other sites using this model in Florida. Those sites have not undergone an evaluation to determine implementation fidelity and impact. The review of these programs in comparison to the Daytona site will provide additional information as to how this program functions in different types of communities.

A fourth suggestion is to investigate the variables that affect outcomes. More research on variables related to staff, parents, children and foster caregivers would help determine what influences program outcomes.