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# Removing barriers to service delivery

## An outcome evaluation of a 'remodelled' foster care programme<sup>1</sup>

**Yvonne Unrau, Michael Wells and Mary Ann Hartnett** describe a US family-centred, needs-based foster care programme named Promise and present evaluation findings based on a comparison group design evaluation. Promise allowed for greater discretion among line-level workers to meet the unique service needs of families served, promoted greater team-oriented communication and involved more foster family involvement than the comparison group. An initial statistical comparison revealed that foster children in the Promise group ( $n = 380$ ) experienced greater stability in their caseworker assignment and, to a lesser degree, greater placement stability over a 15-month period when compared to foster children served under the conventional model ( $n = 436$ ). However, only the caseworker continuity effect remained when further analysis was undertaken. Similar rates of permanency achievement were reported for both models. Implications for foster care policy, practice and research are presented.

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Foster care is the most common out-of-home placement service used to protect children who have been abused or neglected by their parents in the United States and continual efforts are being made to search for more effective interventions. This paper aims to add to the emerging knowledge about what works in foster care (Pecora and Maluccio, 2000). We report an outcome evaluation of an innovative foster care programme known as Promise, which was designed to remove service barriers of a conventional foster care system operating in the Midwest United States. These barriers resulted from a categorical structure of service delivery whereby the state fixed the amount and type of services available

to foster children and birth families based on initial assessments of need. In doing away with the bureaucratic contract structure, and adding other service innovations, Promise was expected to provide a more effective service and yield better outcomes for children than conventional foster care.

### Background

Public policy in the USA has been moving foster care in the direction of achieving more timely permanency outcomes for children, while holding safety and child well-being as priorities. Permanency outcomes in the US foster care system are placement options that are used to guide both the courts and foster care workers in assessing client need, service provision and case progress. Federal regulations require that foster children, as dependants of the state, have a written service plan that has been approved by the courts. This plan must specify a permanency placement, which is the expected goal or outcome of the case. Permanency options include reunification with parents, living with other relatives, adoption and other permanent placements that occur less often, such as long-term foster care or emancipation (Badeau and Gesiriech, 2003).

Although there is a considerable amount of research investigating foster care in the USA, only a handful of studies have specifically examined whether particular models of foster care produce better permanency outcomes for children and families. The dearth of empirical literature investigating specific models of foster care is not surprising given that most programmes do not identify with a particular intervention technique or approach (Hudson *et al.*, 1992). Our review

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of the literature found three US studies that were relevant to this evaluation.

In a 1978 study, Stein and colleagues researched a demonstration project that was designed to improve permanency outcomes for foster children placed in Alameda County, California. Programme innovations included intensive casework with families, as well as housing and financial assistance. Using a quasi-experimental group design, the researchers found that significantly more children in the demonstration group achieved permanency via return home, guardianship or adoption (26 per cent vs 18 per cent).

Twenty years later, Westat *et al* (1998) used a randomised experimental design to evaluate a New York City project aimed at producing faster permanency placements for foster children. The major innovation was a restructuring of payments for foster care services. Three agencies in the experimental group were given up-front fixed payments to cover a three-year period of foster care for each child. The funds were to be used by each agency in ways to promote timely permanency and there were no restrictions on how services were to be provided. Preliminary findings at the end of the first year of the programme were encouraging, with 79 per cent of the experimental group remaining in care compared to 85 per cent of the control group (Wulczyn *et al*, 1997). In the final analysis, however, the results were mixed. Only two of the six programme sites showed an effect on achieving earlier discharge and reducing the time spent in care – one site was in the experimental condition while the other was in the control group (Westat *et al*, 1998).

More recently, Lewandowski and Pierce (2002) evaluated Missouri's Family-Centred Out-of-Home Care model for its impact on reunification outcomes, as well as on time in care. Family-centred innovations included a focus on birth family strengths, a team approach to service delivery and increased family involvement in assessment and treatment planning. The evaluation used a comparison group design involving existing programmes and achieved mixed results. Children served by the 'experimental' foster care model spent

an average of seven days less in out-of-home care but there was no difference in the proportion of children who returned home within the first 12 months of the evaluation period. Overall, 42 per cent of the sample returned home but foster children served by the 'innovative' model were more likely to re-enter care within the 18-month study period. Notwithstanding the dearth of research to date, empirical support for the idea that programme innovations improve foster care outcomes is weak.

In this article, we describe the innovations of Promise foster care and report the findings of its outcome evaluation, which not only assessed programme performance on the measure of permanency but also investigated whether service innovations led to greater stability in both foster home placements and caseworker assignments. Promise did not replicate any other service model but it did share some features with programmes previously studied. For example, the concrete financial assistance available in the Alameda project, the revamped payment structure of the New York City Project and both the focus on birth family strengths and team approach to service delivery of the Missouri study (Lewandowski and Pierce, 2002) were also core ideas in the Promise model.

### **Programme models**

The Promise model was established by restructuring and renovating the largest of one Midwestern agency's conventional foster care service. It resulted from collaborative work between the agency offering the programme and the state department responsible for children and family services. Promise evolved from the existing model of foster care that was offered state wide, so did not begin anew. As such, we first offer a description of the conventional, or categorical, model of foster care and then describe changes that were made to create the Promise model.

#### *Conventional foster care*

The features that made up the conventional approach were typical of the existing public child welfare rules and procedures governing the state-wide foster care service at the time of the study. Funding

contracts greatly influenced how foster care services were delivered since children entering foster care were assigned to one of six contractual categories that represented a continuum of client needs. Children with uncomplicated needs, for example, were served via traditional or relative foster care contracts, while children with intensely difficult needs were assigned to more expensive contracts, such as treatment foster care. Each contract category specified both the type and intensity of services available and the higher-need categories included more services.

Caseworkers were charged with the responsibility of seeing that contracts were fulfilled but had neither the authority nor the discretion to change service provision as stipulated within a contract. The funding contracts, which were set by the state child welfare agency, also determined how conventional staff were organised. For instance, traditional staff reported to a traditional supervisor while treatment staff reported to a treatment supervisor. Within contracts, further categorisation occurred by job title or role. Caseworkers reported to casework supervisors, therapists to therapist supervisors, and so on, making communication and case management complicated when children in one family were served under more than one contract. Staff units were exclusively assigned to serve one contract type but all units were represented by the same collection of worker roles (ie supervisor, caseworker, therapist and case assistant). In short, conventional foster care services were characterised by fixed funding categories that involved time-consuming bureaucratic process and approval, particularly when the service needs of foster children and families changed.

#### *Promise foster care*

The major innovation of Promise occurred when the state waived existing contract restrictions in order to give workers permission to ignore the predefined service categories set by the state and discretion to determine the ongoing needs of foster children and their families. Promise workers were given authority to both decide and modify the constellation of services to best meet client needs,

assessed using a strengths-based family-centred approach.

The assessment and service planning processes within Promise not only gave emphasis to the needs of foster children and birth families but also considered the needs and competencies of foster families. Provisions were made to allow foster parents (relative and non-relative) to negotiate additional reimbursement for providing extra services, such as supervising visits between foster children and birth parents. Furthermore, experienced foster parents who were regarded as outstanding caregivers by programme staff and other foster parents were asked (and paid) to provide interim peer support when other foster families encountered difficulties. Finally, foster parents were given token rewards (eg cinema and restaurant vouchers) when children in their care achieved permanency goals within specified times.

The establishment of Promise was marked by a restructuring of conventional staff assignments into teams of workers (ie team leader, clinical supervisor, caseworker, therapist, family advocate and team assistant) with diverse talents. Promise staff operated under a team decision-making model. This team concept was underscored when the formula to determine a fair caseload was changed from simple client-to-caseworker ratios to also consider the number and complexity of cases assigned to a team. Team members shared responsibility for all cases served by the team. Weekly team meetings ensured that all members were aware of the current status of each case. Additionally, each team was responsible for managing a budget available to finance client needs (eg emergency, recreational, medical, educational and specialised therapy), as well as occasional foster parent respite and training. Purchases up to \$300 required only approval of the team, while larger expenditures required approval from a senior administrator outside of the team structure. In sum, Promise was designed to enhance services to families through the provision of non-categorical, comprehensive, strength-focused, family-centred and team-oriented innovations that maximised

worker autonomy to provide services tailored to the unique needs of foster children, birth families and foster families.

### **Evaluation context**

Since a major innovation of Promise was to suspend conventional state procedures for foster care service delivery, a brief discussion of the broader policy context might be helpful. In the USA, federal government directly controls foster care services by formulating legislation, stipulating mechanisms for how states receive federal payment for foster care and specifying reporting requirements. Federal statutes are translated at state and county levels to delineate local practice procedures (Wehrmann *et al.*, in press). Because government oversight places considerable emphasis on fiscal and legal accountability, the creation of any new service developments are bounded by existing state and federal restrictions. Any release of these restrictions requires government permission, as was the case with the Promise waiver to disregard existing contract categories when deciding client need and service provision.

Because US federal and state regulations for foster care are aimed at developing a better system of foster care, they are continually being revised. Indeed, there were several major changes to public policy that directly targeted state foster care that might have influenced this evaluation. First, the state-wide push to change casework practice into a more family-focused and strengths-based approach began with an initiative in the mid-1990s (Children and Family Research Centre, 1999). Second, in 1996, the state's department of child protection was granted a federal waiver to subsidise relative caregivers who assumed private guardianship responsibilities for foster children who would otherwise remain in state care (Westat, 1999).

Third, and perhaps most significantly, the passage of the Adoption and Safe Families Act (ASFA), Public Law 105-89, in 1997 introduced both new criteria and stricter time limits for terminating the legal rights of parents to their children living in state-funded foster care. ASFA

also provided financial incentives to states that succeeded in increasing the number of foster children who were adopted. This policy context is important to this evaluation because it demonstrates that the evaluation of Promise took place in a wider progressive policy climate.

### **Evaluation design**

A comparison group design was used to evaluate the effects of the Promise model compared with the conventional model of foster care on three outcomes: placement stability, caseworker stability and permanency. The children served by Promise were compared with children receiving conventional services. The two groups were geographically separate but both operated under the auspices of one agency. This provided some assurance that both groups experienced similar organisational pressure to respond to the various state-wide policy changes affecting foster care in the state. However, the two groups compared were not assumed to be equivalent, as would have been the case had clients been randomly assigned to each one.

The Promise, or 'experimental', group was created at the agency's largest programme site, which was located in an industrialised urban area with a population of approximately 300,000 including outlying semi-rural areas. In contrast, the conventional, or comparison, group was formed by randomly sampling foster children from four of the agency's smaller programme sites, all of which were located in cities with populations of up to 100,000 including outlying rural areas. Consequently, the evaluation design did not control for any differences related to location or other programme variations such as availability of foster homes, local court proceedings and levels of community support.

The variables used in the evaluation were derived from the agency's administrative database. This electronic database was explored for variables that were thought to be meaningful to studying programme outcomes. Only quantitative data that had been entered into the database were used, which clearly narrowed the scope of this investigation. The evaluation, conducted by external

evaluators, covered the 15-month period following the major programme changes that led to the setting up of Promise (the 'experimental' site). The hypothesis was that Promise, the remodelled programme, would report better outcomes – placement stability, caseworker stability and permanency – when compared to the conventional model of foster care.

### **Outcome variables**

- *Placement stability* One measure involved counting the number of placement moves experienced by foster children during the 15-month study period. A second measure reported the specific move sequence (type of move). Moves involved a variety of placement changes and were counted only when children stayed in a placement for more than seven days. Brief placement stays of seven days or less were excluded so as to eliminate 'moves' associated with events such as weekend respite, emergency crisis placements or brief stopovers in temporary foster homes. However, children who returned to the same foster home after a move to another placement were counted as having experienced two moves, provided the interim placement lasted longer than seven days.
- *Caseworker stability* measured by counting the number of times foster children were assigned to a different caseworker during the 15-month evaluation period.
- *Permanency* measured in two complementary ways. First, a dichotomous variable (0 = no, 1 = yes) was used to identify foster children who were discharged from foster care to their designated permanency placement (ie return home, adoption, subsidised guardian) within the 15-month evaluation period. Second, five status categories were created in order to capture a more detailed picture of permanency: (1) still in programme (ie children still in their respective foster care programme and working toward permanency); (2) discharged without permanency (ie children discharged to other placement settings (eg jail, mental health facility, other foster care programme); (3) return home (ie

children discharged and reunified with family of origin); (4) adoption (ie children discharged via adoption with birth parent rights terminated); and (5) subsidised guardianship (ie children discharged to the home of a court-appointed legal guardian but without termination of birth parent rights).

### **Characteristics of foster children**

The assignment of children to Promise and conventional groups was based on regular state referral-to-foster-care protocols and not on any research criteria. Four exclusionary criteria were used to define the evaluation sample: (1) children who stayed in foster care for 30 days or less; (2) children placed in foster homes outside the central region of the state; (3) children with medically complex needs; and (4) children whose permanency goal was independent living. Siblings were included in the sample but only when they were placed in separate foster homes. In the event that multiple siblings were placed together in one foster home, one child was randomly selected for inclusion in the study.

The Promise sample comprised 380 foster children from 261 families, while the conventional sample had 436 children from 319 families. The characteristics of foster children in the evaluation are described using the child variables displayed in Table 1. Foster children in both samples were comparable in terms of age and gender, with both samples containing nearly equal numbers of boys (52 per cent) and girls (48 per cent) who were a median of 8.5 years old at the time of the evaluation (range two months to 20 years old). Forty-one per cent of the children had entered the agency's foster care programme as infants or toddlers (nought to three years old) and the median age at entry was 5.5 years old (range newborn to 17 years old).

Foster children served by the two programmes also displayed differences in their profiles. One was length of stay in foster care, which was measured according to when foster children had entered the agency's foster care programme. Three categories were constructed to capture critical time periods related to the

implementation of the Adoption and Safe Families Act (ASFA):

- Pre-ASFA: entry was prior to the onset of the Adoption and Safe Families Act, or before 30 November 1997.
- Post-ASFA-pre-Promise: entry was between the onset of ASFA and the implementation of Promise, or between 1 December 1997 and 30 September 1999 inclusive.
- Post-Promise: entry was after the onset of Promise and up to the end of the evaluation, or between 1 October 1999 and 31 December 2000.

When compared to the conventional group, Promise had three per cent fewer children enter foster care during the pre-ASFA period, 11 per cent fewer during the post-ASFA-pre-Promise period, and 14 per cent more during the post-Promise period. Consequently, the conventional group had more children with longer exposure to ASFA, which theoretically would be expected to yield a higher number of permanencies. Overall, the median length of stay in the Promise and conventional programmes was 1.7 and 2.2 years respectively.

Other important differences between the two groups were observed. Promise served significantly more African-American children (60 per cent *vs* 40 per cent) and fewer Euro-American children (30 per cent *vs* 48 per cent). However, the two groups were almost equal in the number of children identified as mixed race or another minority (10 per cent *vs* 12 per cent). Promise also had more children in their second or third spell of the agency's foster care programme (13 per cent *vs* 6 per cent), and fewer relative placements (24 per cent *vs* 35 per cent) compared to the conventional group. All of the sample differences reported were statistically significant at the .05 level or better, based on a chi-square test. Other US research has reported that permanency occurs at a slower rate for foster children who are placed with relatives (Goerge, 1990; Davis *et al*, 1997) or are African-American (Wulczyn, 2002).

Additional data describing foster

children's needs and problems were not available for this study. However, the majority of children served by the agency lived with single parents whose income was below the US poverty threshold (Unrau and Hartnett, 2001).

### **Approach to data analysis**

The purpose of the analysis was to determine if the Promise model had a greater and positive effect on three outcome areas – placement stability, caseworker changeover and permanency. The first step in the analysis was to test for differences between Promise and conventional groups on outcome variables using comparative statistics and to see if any distinct programme effect could be identified.

It was mentioned earlier that the evaluation sample included siblings if they were placed in separate foster homes. As a result, all analyses were completed with both the entire sample and a reduced sample where only one child per family was randomly selected. Repeating analyses with the reduced sample size allowed us to determine whether the error associated with using more than one child per family affected the results. They did not. Because statistical analyses with and without siblings showed no appreciable differences, we elected to report findings on the larger sample.

### **Results**

#### *Placement stability*

Overall, the majority of children in both programmes stayed in one foster home for the duration of the 15-month study period. Table 1 compares the Promise and conventional groups in terms of the number of moves experienced by foster children during the 15-month study period. Although the conventional group had five per cent more children stable in one foster home, nearly two-thirds of foster children in both groups did not experience a move. Of greater significance was the difference in the occurrence of multiple moves. Specifically, out of the approximate one-third of children from each group that did move, 38 per cent of Promise 'movers' experienced two or more placement changes, compared

Table 1

**Percentage of children experiencing moves in a 15-month period**

	Total	Promise	Conventional
	n = 816	n = 380	n = 436
Number of moves <sup>a</sup>	%	%	%
None	66.8	64.2	69.0
One move	17.8	22.1	14.0
Two or more	15.4	13.7	17.0

<sup>a</sup> Moves were counted only if children were away from a placement for more than 7 days.

$\chi^2 = 9.65$ ,  $df = 2$ ,  $p < .05$

Table 2

**Percentage of children experiencing different move types in a 15-month period**

	Total	Promise	Conventional
	n = 816	n = 380	n = 436
Type of move	% <sup>a</sup>	% <sup>a</sup>	% <sup>a</sup>
None	66.8	64.2	69.0
One or more			
Foster home to new foster home	27.1	31.1	23.6 <sup>c</sup>
Foster home to other <sup>b</sup>	10.2	7.9	12.2 <sup>c</sup>
Other <sup>b</sup> to same foster home	2.2	2.6	1.8 <sup>c</sup>
Other <sup>b</sup> to new foster home	4.3	3.7	4.8 <sup>c</sup>
Other <sup>b</sup> to other <sup>b</sup>	2.7	2.4	3.0 <sup>c</sup>

<sup>a</sup> Percentages sum to greater than 100 per cent because some children experienced multiple moves.

<sup>b</sup> Other includes Department of Corrections, in-patient mental health facilities, residential placements, other institutional placements and foster care programmes operated by other agencies.

<sup>c</sup> Programme difference based on bivariate analysis between group (Promise vs compare)  $p < .05$

with a figure of 55 per cent for the conventional group.

Table 2 shows that the two programmes were different for two (of five) move sequences experienced by foster children. In the Promise group, children were more likely to move from one foster home to another ( $\chi^2 = 5.67$ ,  $df = 1$ ,  $p < .05$ ), while children in the conventional group were more likely to move from their foster home to other settings including jail, institutional care, hospitals and foster homes in other agencies ( $\chi^2 = 4.03$ ,  $df = 1$ ,  $p < .05$ ). In other words, Promise had 4.3 per cent fewer children move out of foster care than the comparison group and 7.5 per cent more moving from one Promise foster home to another. Promise also had

slightly more children return from 'other' placement settings to the same foster home, which is a move sequence that suggests continuity of care as well as continued foster parent involvement for children who experienced multiple moves.

*Caseworker stability*

Table 3 shows that one-third of Promise foster children experienced a caseworker change, compared with half of the children in the conventional groups. In the fiscal year 2000, Promise and conventional groups reported caseworker turnover rates of 16 per cent and 60 per cent respectively. Thus, the greater number of caseworker reassignments in the conventional group was most likely a consequence of staff resignations.

*Permanency*

Foster children's pathways through US foster care programmes are guided by the designation of a permanency goal that is sanctioned by the courts and documented as part of the official service plan. Table 4 shows that less than one-quarter of children in Promise and conventional groups reached a permanent placement at the end of the evaluation period. The programmes did not differ statistically with respect to this likelihood ( $\chi^2 = .62$ ,  $df = 1$ ,  $p = ns$ ). On the measure of permanency status, Promise had four per cent fewer children return home and three per cent fewer children discharged without having achieved permanency as compared to the conventional group but the difference was not statistically significant ( $\chi^2 = 7.88$ ,  $df = 4$ ,  $p = ns$ ). Although the number of foster children falling into this latter group was small, they are worth examining because they represent children who were not satisfactorily served in foster care and moved on to more restrictive placements.

*Multivariate analyses of outcomes*

To test whether these results held up when child demographic variables were considered, a logistic regression exercise which measures the independent influence of factors was performed for each outcome. This requires some simplification of the evidence as the value of the

Table 3

**Percentage of children with one, two or more caseworkers in a 15-month period**

	Total	Promise	Conventional
	n = 816	n = 380	n = 436
Number of caseworkers	%	%	%
One	55.0	67.1	44.5
Two	25.9	24.7	26.8
Three or more	19.1	8.2	28.7

$\chi^2=63.89$ ,  $df=2$ ,  $p<.05$

Table 4

**Percentage of children achieving permanency in a 15-month period**

	Total	Promise	Conventional
	n = 816	n = 380	n = 436
Permanency achievement status	(%)	(%)	(%)
No	77.5	78.7	76.4
Still in programme	69.4	72.1	67.0
Discharged from programme <sup>a</sup>	8.1	6.6	9.4
Yes	22.6	21.3	23.6
Return home	7.5	5.3	9.4
Adoption	13.1	13.9	12.4
Subsidised guardianship	2.0	2.1	1.8

<sup>a</sup> Discharge placements included Department of Corrections, in-patient mental health facilities, residential placements and foster care programmes operated by other agencies

Permanency reached (no vs yes)

Permanency type (remain in programme, discharged, return home, adoption, subsidised guardianship)  $\chi^2 = 9.65$ ,  $df=2$ ,  $p<.05$  (two tailed)

factor has to be a straight yes or no. Three regression exercises were undertaken to assess each outcome variable in the context of five child demographic variables and the programme variable (Promise vs conventional) to see more clearly what was causing what.

The logistic regression results, presented in Table 5, show that being a Promise client aided in predicting whether or not foster children experienced a change in their caseworker but did not assist with predictions about the likelihood of children moving or achieving permanency. In other words, a programme effect was observed only for the caseworker stability outcome, in which case the odds of experiencing a caseworker change was 59

per cent less likely for Promise children as compared to children in the conventional group. The regression results also showed that many child characteristics emerged as stronger predictors of outcomes than did the programme variable (Promise vs conventional).

Overall, Table 5 suggests that the three outcomes were not well explained by the variables included in the analyses. Furthermore, an assessment of the classification rates show that the regression models were far better at explaining which children did *not* experience the events of moving, caseworker change or permanency than those that did. The classification rates for children who did experience an outcome were low for caseworker change (55 per cent) and poor for placement move (27 per cent) and achieving permanency (21 per cent). In sum, the multivariate results suggest that other factors not measured in this evaluation might better explain the outcomes described.

## Conclusions

Although small, the programme effects observed in this evaluation were consistent with other foster care research evaluating complex programmes. The findings of this evaluation suggest that compared to the conventional approach of foster care service delivery, the Promise model was more successful at maintaining caseworker stability and, to a smaller degree, placement stability but showed no effect for achieving permanency. Compared to other evaluations of foster care innovations, Promise performed reasonably well. Both Westat *et al* (1998) and Lewandowski and Pierce (2002) reported limited success for programme innovations on outcomes for foster children. In addition, while Promise did not show better than the conventional services on all outcomes measured, it also did not perform worse results as was the case in both the New York (Westat *et al*, 1998) and the Missouri (Lewandowski and Pierce, 2002) projects. The small effect sizes produced in these evaluations may well be a consequence of using just a small number of outcome measures to assess complex programmes.

As discussed earlier, any interpretation

Table 5

**Multivariate analysis for outcome variables**

	<i>Move experience</i>	<i>Caseworker change</i>	<i>Permanency</i>
	<i>(I = Yes)</i>	<i>(I = Yes)</i>	<i>(I = Yes)</i>
	Exp (B)	Exp (B)	Exp (B)
<i>Programme variable</i>			
Promise (vs conventional)	.90	.41 **	.83
<i>Child demographic variables</i>			
Period of entry to programme			
Pre-ASFA <sup>a</sup>			
Post-ASFA/Pre-Promise <sup>b</sup>	2.33 **	.67 **	.29 **
Post-Promise <sup>c</sup>	2.29 **	1.32	.05 **
Child's ethnic origin			
Caucasian			
African-American	.94	.68 *	.75
Biracial & other minority	1.42	.69	.69
Child's age			
0 to 3 years			
4 to 6 years	1.14	1.11	1.33
7 to 9 years	1.58	1.10	.79
10 to 12 years	2.58 **	.95	.69
13 to 15 years	3.34 **	.67	.41 *
16 years and older	2.69 **	.53 *	.22 **
Multiple spells (vs one)	1.72 *	1.44	.95
Relative foster home (vs not)	.41 **	.78	1.82 *
Model chi square	$p < .001$	$p < .001$	$p < .001$
Goodness-of-fit chi square	$p < .475$	$p < .154$	$p < .193$
Percent of cases predicted correctly			
Overall	68.9	64.0	78.6
No	89.7	71.5	95.3
Yes	26.9	54.8	21.2

<sup>a</sup>Pre-ASFA (prior to Nov 1997), <sup>b</sup>Post-ASFA-pre-Promise (Dec 1997 to Sep 1999), <sup>c</sup>Post-Promise (Oct 1999 to Dec 2000)

\* $p < .05$ , \*\* $p < .01$ , based on Wald Statistic

of the effects of Promise is complicated by the cumulative impact of the many state-wide initiatives to reform foster care and programme site differences. Indeed, the state-wide momentum to improve foster care had been gathering pace for a decade or more before the creation of Promise. Consequently, any positive gains associated with the Promise model may have been suppressed by the presence and momentum of these other initiatives that were underway. Furthermore, the 15-month period of our evaluation limited the measure of success to only immediate change. This short follow-up period was

not able to capture longer-term outcome changes that would be expected following major programmatic or policy changes (Wulczyn, 2002).

While a comparison group design adds rigour to evaluation when an experimental design is not feasible, it is not without problems. Operating two models of foster care within one agency posed administrative challenges, even though the programme sites were separated geographically. For example, Promise and conventional programmes used different sets of procedures for case documentation and programme account-

ing. Additionally, administrators needed to attend to Promise staff morale by offering encouragement that learning new ways of practice was worth their efforts, and to conventional staff by offering reassurance of the value of their work, despite the fact that Promise innovations were not available to them.

The findings from Promise evaluation also have implications for policy, practice and research. The project demonstrated that foster care staff can manage service resources without rigid bureaucratic oversight and questioned the need and value of state-defined categories of service for achieving desired client outcomes. Furthermore, the team-oriented model permitting workers to have greater discretion in deciding client needs and services reported substantially better retention rates of casework staff.

The limitations of the evaluation design limit any definitive conclusions that the programme innovations were solely responsible for the effects observed. However, the Promise model's emphasis on incorporating foster parents in the effort to improve outcomes for children and families is worth mentioning. The Promise model recognised foster parents beyond their caretaker roles by paying them to provide additional services and utilising them to assist when other carers experienced crises. This added gesture of respect given to foster families may account for the fact that Promise children experienced fewer multiple moves and, when they did, moved less to restrictive placement settings. It may also help explain caseworker continuity, as foster parents may be viewed as an additional support or resource by casework staff. A practice question for future research is whether the Promise model is more effective at drawing on the talents of foster parents for the benefit of children during their stays in care.

An implication of this evaluation for research relates to how outcomes for foster care programmes are measured. Outcomes used to measure programme performance of human services are steeped in a value base and are not as detached as they are sometimes claimed to be (Moxley and Manela, 2001). Where possible, this

evaluation measured outcomes in multiple ways. In addition to counting moves, for example, we monitored the types of moves experienced by foster children within their respective programmes. As well as tracking whether or not permanency was achieved, we were concerned with the different ways in which permanency could and could not be achieved. Indeed, the ability of foster care to prevent children from leaving foster care for more restrictive care settings is equally important for children as efforts to get children to permanent families in a safe and timely manner. The way in which outcomes are measured is an important issue for researching foster care, particularly since the effect sizes or degree of change in reported outcomes are at best modest when different models of foster care are compared.

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