The Implementation Fidelity of the Family Finding Intervention through the Lens of Permanency Specialists

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THE IMPLEMENTATION FIDELITY OF THE FAMILY FINDING INTERVENTION
THROUGH THE LENS OF PERMANENCY SPECIALISTS

by

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ABSTRACT

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The Family Finding intervention is a six-stage intervention that aims to improve the well-being of youth lingering in foster care by searching for and engaging adults who can provide them with permanent relational connections (Campbell, 2010). Preliminary research on fidelity to the Family Finding intervention indicated gaps in its implementation (Malm, Vandivere, Allen, Williams, & McKlindon, 2014; Vandivere & Malam, 2015). This study sought to explore how implementation fidelity occurs in real-world settings and the factors that promote implementation fidelity for the intervention.

An explanatory sequential mixed methods inquiry was employed to examine permanency specialists’ perceptions of the implementation of the Family Finding intervention and the factors associated with its implementation fidelity. In the quantitative phase of this study, 38 permanency specialists implementing Family Finding completed a survey about their perceptions of individual and organizational factors related to fidelity. The qualitative phase included in-depth interviews with 22 permanency specialists. The qualitative data added a substantial degree of context to the quantitative results regarding participants’ perceptions of implementation and their perceptions of factors influencing implementation fidelity.
The results of this study suggest that workers fell short of implementing the intervention with fidelity; they combined some steps and skipped others. Participants agreed that the discovery and engagement steps were the most complex and time-consuming parts of the intervention, while evaluation, follow up, and support were not always distinct steps.

Supervision, training, and having positive attitudes toward the intervention were associated with implementation fidelity. In the participants’ opinions, in order to be a good permanency specialist, one must have excellent engagement skills, empathy, and the ability to be persistent. Positive supervision experiences and quality of training were associated with higher implementation fidelity. Overall, the participants had very positive outlook on the intervention and believed that Family Finding is an essential intervention to support foster youth.

There was inconsistency in the support that offered to those who accomplished the intervention. This study recommends putting in place more concrete follow-up services and support in order to retain the change created by the intervention. Without concrete support to youth and adults, connections may fade away.

The current study is the first of its kind to assess implementation fidelity and workers’ experiences implementing the Family Finding intervention. Consequently, the findings of this study offer a variety of avenues for further exploration. Family Finding has yet to become an evidence-based practice or evidence-informed practice. Therefore, the current study is a significant step toward supporting the dissemination of the intervention with confidence so it can become a best practice to promote permanency and improve the well-being of foster youth aging out of care.
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CHAPTER 1: INTRODUCTION

Statement of the Problem

In 2018, 442,995 children and youth were living in out-of-home placement in the United States. Of those children and youth, 61,737 or 15% were aged 16 or older (U.S. Department of Health and Human Services, 2019). Similarly, in New York State, 16,140 children and youth were living in out-of-home care in 2017, of whom approximately 32% were aged 14 or older (New York State Office of Children and Family Services, 2019). Nationally, the research has suggested that youth transitioning out of care are at a higher risk of experiencing homelessness (Fowler, Marcal, Zhang, Day, & Landsverk, 2017), unemployment, unplanned pregnancy (Dworsky & Courtney, 2010), involvement with the criminal justice system, substance abuse, and difficulty obtaining basic services such as medical benefits than their peers in the general population (Courtney et al., 2011).

Research on foster youth transitioning to adulthood has indicated that they lack emotional and relational permanency (Berzin, Singer, & Hokanson, 2014; House, Umberson, & Landis, 1988) and, more specifically, stable relationships with caring adults and family members. Research has also indicated that improved emotional and relational permanency reduces the negative outcomes indicated above and helps adolescents to transition to adulthood and live independently (Merdinger, Hines, Osterling, & Wyatt, 2005; Thompson, Greeson, & Brunsink, 2016; Wood & Mayo-Wilson, 2012). This notion is supported by social capital theory (Coleman, 1988), which conceptualizes the actual or potential resources embedded in relationships between people. The extent to which individuals are engaged in these relationships and the quality thereof is likely to positively affect their well-being and lessen their disadvantage.

The Family Finding intervention is a six-stage model designed to serve older youth lingering in foster care. It was developed by Kevin Campbell and his colleagues in Washington
State and was originally used by agencies to reunite family members separated by war and natural disasters (Child Trends, 2019). As applied in the foster care context, the Family Finding intervention is designed to improve permanency outcomes for youth by finding relatives or other significant adults with whom they can make lifelong connections. The goal of the intervention is to achieve physical permanency by first focusing on relational permanency, which describes what happens when youth gain a sense of belonging through making meaningful connections with the family members or other caring adults that are found (Semanchin-Jones & LaLiberte, 2013).

Preliminary evidence has shown that the intervention can improve permanency outcomes for youth transitioning out of care by creating lifelong connections. However, previous evaluations have also revealed inconsistencies in the desired outcomes (Henry & Manning, 2011; Vandivere, Malm, Allen, Williams, & McKlindon, 2017). To ascertain whether this intervention is worthy of further dissemination it is essential to first understand the fidelity with which organizations have implemented the intervention. Preliminary research on fidelity to the Family Finding intervention has indicated that there are gaps in its implementation (Malm, Vandivere, Allen, Williams, & McKlindon, 2014; Vandivere & Malam, 2015).

This dissertation builds on existing knowledge related to the implementation fidelity of the Family Finding intervention in order to extend its potential to improve the well-being of foster youth and secure their permanency in the transition to adulthood.

**Scope of the Problem**

Foster youth between the ages of 18 and 21 often receive a permanency goal of emancipation where they “age-out” of the foster care system without a legal or physical permanency plan. Thereafter, they must begin living as adults without very much adult support (Lemus, Farruggia, Germo, & Chang, 2017). In 2017 alone, 19,945 foster youth emancipated
from the American foster care system (U.S. Department of Health and Human Services, 2018). In New York State, there were 2,456 youth in care aged 14 and older in 2017. Every year, about 10% emancipate at age 18 or older and enter independent living (New York State Office of Children and Family Services, 2018).

Youth who are in the process of emancipating lack safety nets and the support of families and caring adults. Furthermore, inadequate resources prevent them from becoming independent adults (Avery & Freundlich, 2009; Lockwood, Friedman, & Christian, 2015; Stott, 2013). They often face elevated risks of poverty, and some might become homeless within the first year of discharge. Moreover, they are at a greater risk of unplanned pregnancy and becoming involved in the criminal justice system. It is also common for them to struggle to maintain employment or pursue higher education, which are key indicators for a successful and independent adulthood (Berzin, Singer, & Hokanson, 2014; Courtney et al., 2011; Lemus, Farruggia, Germo, & Chang, 2017; Pecora, 2010).

Youth transitioning from foster care to independence carry histories of maltreatment, abuse, and neglect in the environment of their family of origin, in out-of-home settings, or even both (Mallon, 1998; Tyler & Melander, 2010). The separation of foster children and youth from their families and familiar settings due to maltreatment is associated with an increased risk to their well-being across their entire lifespan (Garner, Hunter, Smith, Smith, & Godley, 2014). Their childhood experience of trauma or abuse, separation from their family of origin, and ambiguous ties to biological family may negatively affect their attachment style and ability to relate to others (Samuels, 2008; Smith, 2011). The lack of consistent nurturing relationships challenges their ability to build a sense of belonging, maintain interpersonal relationships, and demonstrate positive attachment behaviors (Samuels & Pryce, 2008). Young adults who do not maintain nurturing relationships with adults are at a higher risk of replicating maladaptive
connections while forming interpersonal relationships, forming a family, and preparing for parenthood—they may find themselves ill-prepared for participating fully in adult society (Keller, Cusick, & Courtney, 2007; Pecora et al., 2003).

The findings from previous research on foster youth transitioning to adulthood have concluded that it is not only essential to provide them with physical resources and practical skills but that creating support systems and improving connections with birth parents and parental figures are also essential to improving their well-being. Accordingly, this also helps adolescents to transition to adulthood and live independently (Ahrens et al., 2011; Mandelbaum, 2015; Merdinger, Hines, Osterling, & Wyatt, 2005; Thompson, Greeson, & Brunsink, 2016; Wood & Mayo-Wilson, 2012). The young adults in House, Umberson, and Landis’s (1988) study who could depend on support from adults experienced better mental, emotional, physical, and financial health. These findings are supported by social capital theory, which connects young people’s positive outcomes to the level of connectedness they have to and the amount of support they receive from formal and informal connections to their families, mentors, meaningful adults, and community (Semo & Karmel, 2011).

Building relationships with meaningful adults can start while a youth is still in care and preparing to begin the transition to independence. Developing physical, emotional, and relational permanency while in care can improve youth well-being, mental health, and educational attainment while working to decrease the likelihood of substance abuse, homelessness, and arrest during their adult life (Cushing, Samuels, & Kerman, 2014).

The research outcomes regarding the intervention are encouraging but so far rather limited in scope (Garwood & Williams, 2015; Henry & Manning, 2011; Landsman, Boel-Studt, & Malone, 2014; Leon, Saucedo, & Jachymiak, 2016; Shklarski, Madera, Bennett, & Marcial, 2016; Vandivere & Malm, 2015). Positive outcomes reflect effectiveness in terms of
reconnecting and rebuilding foster youths’ relationships with the relatives with whom they had lost contact, typically after lingering in care (Malam, Williams, & Rosinsky, 2016; Vandivere, Malm, Allen, Williams, & McKlindon, 2017).

Research surrounding implementation and process evaluations to assess intervention outputs and linkages between the intervention components and other contextual factors are even more limited (Malam, Williams, & Rosinsky, 2016; Vandivere, Malm, Allen, Williams, & McKlindon, 2017). Even with positive preliminary outcomes, it is impossible to recommend widespread adoption of the intervention without first understanding the implementation process, implementation gaps, and the factors affecting implementation (Sullivan, Blevins, & Kauth, 2008).

**Nature and Effect of the Problem**

Previous research and evaluations have discussed gaps in the implementation of the Family Finding intervention (Malam, Williams, Rosinsky, 2016; Vandivere, Malm, Allen, Williams, & McKlindon, 2017). For example, Vandivere et al. (2017) reported incomplete implementation of the Family Finding six-stage model, a lack of implementation fidelity in the last two stages, and different outcomes between for-profit and non-profit agencies implementing the intervention.

A lack of implementation fidelity might result in an intervention being less effective, less efficient, or it might produce less predictable responses (Wilder, Atwell, & Wine, 2006; Noell, Gresham, & Gansle, 2002). The role of fidelity measurements in maintaining the quality of the implementation as intended is critical to ensuring that an intervention is effective after it is disseminated (Dusenbury, Brannigan, Hansen, & Falco, 2003). Moreover, research indicates that it is impossible to disseminate interventions effectively without first assessing their fidelity—that is, considering whether they were implemented according to their manuals and delivered in the
same manner across agencies (The Improved Clinical Effectiveness through Behavioral Research Group [ICEBeRG], 2006). Given the mixed and sparse evidence regarding fidelity to the Family Finding intervention, there is a clear need for an additional evaluation of fidelity before its widespread dissemination. This will set the stage for future research tying implementation to fidelity and result in more positive outcomes (Damschroder, Aron, Keith, Kirsh, Alexander, & Lowery, 2009).

The gaps in the implementation fidelity and process evaluations of the Family Finding intervention make it more difficult to scientifically measure and evaluate its outcomes. Rigorous process and outcome evaluations are necessary to consider it an evidence-based practice (EBP) or an evidence-informed practice (EIP). Without an EBP or EIP designation, the Family Finding intervention cannot be widely adopted. Further research is necessary to establish these designations and unlock the potential of the Family Finding intervention to help more youth transitioning out of care.

**Relevance to Social Work Knowledge Base**

In the last two decades, the child welfare community has been devoting a significant amount of attention to the role of permanency outcomes for youth transitioning out of foster care. Legislation supporting this takes the form of the Fostering Connections to Success and Adoptions Act (2008, Pub. L. No. 110-351), which recognizes that all youth need to have a relationship with a caring and committed adult in order to successfully transition to adulthood. The legislation also provides funding to develop and research interventions that support youth transitioning out of care.

Public Law 110-351 funding is given to agencies that implement EBP- and EIP-designated interventions. It encourages agencies to develop, implement, and evaluate research-informed innovations, including the integration of implementation science and program
evaluation. Funding often depends on a program’s ability to produce evaluations. For example, the Permanency Innovations Initiative (PII) was a five-year, $100-million initiative of the United States Children’s Bureau designed to help transition youth out of care. PII calls for the implementation of innovative interventions to reduce the amount of time children spend in long-term foster care and improve the well-being of youth who linger in care. PII emphasizes implementing interventions as intended, rigorously evaluating them to build a base of evidence, and then disseminating the findings to build knowledge in the field of child welfare.

With the policy (and funding) shift toward requiring EBP and EIP, the child welfare community has begun more concerted efforts to close the research to practice gap. Part of these efforts entail progressing research on implementation over the past decade and expanding on the body of evidence on implementation science. Research addressing the implementation of child welfare interventions, in particular interventions for foster youth, has been relatively sparse and much is still unknown about “what works” in child welfare (Albers, Mildon, Lyon, & Shlonsky, 2017; Colditz, Brownson, & Proctor, 2012). The goal is to promote using interventions that empirical research has already demonstrated to be effective. To achieve positive, sustainable outcomes, interventions must be research-based and matched to the needs of children and families. Indeed, this means delivering interventions in a deliberate and adaptive manner.

The California Evidence-Based Clearinghouse for Child Welfare (CEBC) invests in identifying, selecting, and implementing evidence-based child welfare practices. The CEBC’s program registry provides information on the evidence-based and non-evidence-based child welfare-related practices of over 325 programs in 42 topic areas (CEBC, 2010). Each program is given a scientific rating on a scale of one (strongest) to 5 (limited), rating of the strength of the research evidence supporting the intervention. Some programs are classified as NR (not able to be rated), meaning that they are not currently supported by strong enough research evidence to
be rated on the Scientific Rating scale. Simultaneously, a program’s level of relevance to child welfare practices is considered high, medium, or low (Walsh, Rolls Reutz, & Williams, 2015). Family Finding is considered a relevant intervention, but it does not yet have a scientific rating, which inhibits the wider adoption of the program. More scientific evidence is needed before it can be designated an EBP, which would allow it to be disseminated more widely and make a greater positive impact on the population of transitioning youth.

**Significance of this Dissertation**

This study is an exploration into the experiences of permanency specialists implementing the Family Finding intervention. It seeks to examine how implementation fidelity occurs in real-world settings and the factors that promote it. The study provides insight into what implementation looks like from the standpoint of those who are most responsible for putting it into practice: permanency specialists and their supervisors. It ascertains the individual and organizational factors related to the implementation fidelity of the intervention. Since Family Finding has yet to be designated an EBP or EIP, the current study is a significant step toward confidently supporting the dissemination of the intervention so it can become a best practice in promoting permanency and improving the well-being of foster youth aging out of care.

Answering the following four research questions aims to address the gaps in implementation:

1. What are the experiences and perceptions of permanency specialists when implementing the Family Finding intervention?
2. What individual and organizational factors affect the implementation fidelity of the Family Finding intervention?
3. What recommendations do permanency specialists make regarding the implementation of the Family Finding intervention?
4. To what degree is the intervention implemented as intended?
The next two chapters focus on reviewing the current scientific knowledge related to implementation and applications of the methodology used to collect and analyze data in this study. It covers the relevant theoretical and research knowledge about youth transitioning from foster care to independence, and the complex process of emancipating from care. It also explores theoretical and empirical knowledge of the Family Finding intervention, the challenges relating to the implementation of child welfare interventions, and the factors that influence implementation fidelity.
CHAPTER 2: LITERATURE REVIEW

Population of Interest

Foster youth aged 15–18 are less likely to be adopted than younger children and wait longer to be adopted. They also often remain in kinship care, non-relative foster family homes, group homes, or residential treatment until they age out of the system. Over time, foster youth accumulate a history of maltreatment at the hands of their primary caregivers and experience trauma and attachment disturbance with significant caregivers before they enter out-of-home settings (Collins, Spencer, & Ward, 2010; Cushing, Samuels, & Kerman, 2014). Nationally, research has suggested that the impacts of growing up in the child welfare system are long-lasting and especially affect those who spend extended periods of time in care, experience multiple transitions, and have reduced chances of achieving legal or physical permanency with biological families or through adoption (Duke, Farruggia, & Germo, 2017; Lockwood, Friedman, & Christian, 2015; Vandivere, Malm, Allen, Williams, & McKlindon, 2017). Foster youth often linger in care until they ‘age out’ or emancipate, which is the legal act of giving youth the same legal rights as adults, thereby ending caregivers’ responsibility to support and control them (Collins, Spencer, & Ward, 2010; Pryce, Napolitano, & Samuels, 2017).

Outcomes for Emancipated Foster Youth

Based on foster youth experiences, due to a lack of support, skills, and resources, emancipation leading to healthy and productive independent living is next to impossible to achieve. Overall, foster youth transitioning to independence are ill prepared, so they struggle to maintain their physical, cognitive, and emotional well-being and many of those who suffer from physical health and mental health problems engage in risk-taking behaviors. Abrupt emancipation combined with unreliable family connections increases their risk of homelessness
and their likelihood of becoming involved in the criminal justice system (Osgood, Foster, & Courtney, 2010; Pecora, White, Jackson, & Wiggins, 2009).

In the last two decades, transition to adulthood has been defined as a developmental stage of early adulthood from ages 18 to 25 (Arnett, 2000, 2007). In this process, youth self-examine and experiment with identity formation. To do so, the majority of youth need support from their caregivers throughout the process of emerging into adulthood (Arnett, 2007; Samuels, 2008, 2009). In the general population, emancipation usually occurs automatically when a minor turns 18 years old. However, in most cases, youth and caregivers maintain their previous physical, emotional, and relational permanency in order to ease emancipation and make it a process rather than an abrupt end.

In the journey toward developing an identity, youth in the general population feel less pressure to meet traditional milestones such as leaving home, finding a job, or getting married. More youth are extending their time living with their parents and continue to rely on them for instrumental, emotional, and financial support (Berzin, Singer, & Hokanson, 2014; Collins, Paris, & Ward, 2008). For example, Pryce, Napolitano, and Samuels (2017) reported that the ability of a young adult to form interpersonal relationships relates to his or her own family ties, mainly because families provide emotional and material support that influences the transition to adulthood. Nowadays, young adults receive financial, physical, medical (health insurance), and social support from their families. Indeed, young adults’ transition to adulthood and independence happens with the support of the adults around them (Avery, 2010; Avery & Freundlich, 2009).

Many youths who are in an out-of-care setting abruptly emancipate when they turn 18 or 21, depending on the state. Overnight, they become legal adults and exit the supervision and care of the state or their immediate family (Courtney, Hook, & Lee, 2012; Lee & Berrick, 2014; Lee,
Courtney, & Tajima, 2014). They become solely responsible for supporting themselves and are no longer eligible to receive state assistance such as housing, food, clothing, and health and mental health services (Bussiere, 2006). Transitioning youth do not have the luxury of relying on their families for help. For example, a qualitative inquiry based on in-depth interviews with 28 former foster youths found that participants reported that their past adverse interactions with adults prevented them from relying on others as they transitioned to adulthood (Pryce, Napolitano, & Samuels, 2017). These individuals learned to be primarily self-sufficient mainly because they had begun perceiving asking others for help as posing a threat to their personal agency and competence, which are domains of critical importance in this stage of development (Pryce, Napolitano, & Samuels, 2017).

In addition to facing similar developmental changes and experiences that are common to all youth at that age, out-of-care youth who are transitioning also carry the effects of their childhood maltreatment over into adulthood. Such trauma may place them at a greater risk of having poor adjustment outcomes in adulthood and may be an experiential factor that can influence their identity development during early adulthood (Singer & Berzin, 2015). Foster care experiences and sociocultural factors, such as race, gender, and economic resources, all work to influence one’s transition to adulthood (Singer & Berzin, 2015). Research focusing on adjustment outcomes during and after the transition from care have shown that those transitioning out of care fare worse than the general population.

Researchers have devoted an increasing amount of attention to understanding the needs of emancipated foster youth, largely because of their comparatively poorer well-being to their peers in the general population. For example, such youths aging out of care are more likely to experience homelessness, unemployment, unplanned pregnancy, involvement with the criminal justice system, substance abuse, and difficulty obtaining basic services such as medical benefits.
They are less likely to have graduated high school, earn enough to support themselves, or pursue higher education or training when compared to their peers who come from whole families (Berzin, Singer, & Hokanson, 2014; Courtney et al., 2011; Pecora, 2010, 2012).

Midwest Evaluation of the Adult Functioning of Former Foster Youth (Courtney et al., 2011) followed 732 individual youth transitioning out of foster care over a nine-year period in three states: Illinois, Iowa, and Wisconsin. The study began when participants transitioned out of care at age 17–18 years old (N = 732), and the researchers followed each individual’s activities until the age of 19 (N = 603), then once again when they reached their early twenties (N = 591), and conducted additional follow-ups through their mid-twenties at six to seven years after their inclusion in the study (N = 602). In addition to recording participants’ outcomes and progress during each wave of the data collection, the study compared the results to a nationally representative sample from the National Longitudinal Study of Adolescent Health. Between 31% and 46% of the participants had experienced homelessness at least once before they reached the age of 26. In addition, only 31.7% of former foster youth had attended at least one year of college but had not earned a degree, and only 4.4% had earned a two-year college degree. This is a significant difference when compared to the general population who were six times more likely to have a postsecondary degree and nine times more likely to have a degree from a four-year college (Chantala & Tabor, 1999).

Youth transitioning out of foster care also struggle more often with mental health problems, post-traumatic stress disorder, risk-taking behaviors, social disadvantages, and physical health problems (Pecora, White, Jackson, & Wiggins, 2009; Taylor et al., 2018). Their adverse childhood experiences can have a significant impact on their well-being and their healthy development (Taylor et al., 2018). The Northwest Foster Care Alumni Study (Pecora et al., 2006) investigated the mental health outcomes of 659 former foster care youth aged 20–33
years and compared them to those of the general population (as measured by the National Comorbidity Study Replication) (Kessler & Merikangas, 2004). Using the Composite International Diagnostic Interview (CIDI) and mental health assessment instrument, researchers found that 54.4% of participants had one or more mental disorders. For example, 21.5% of participants suffered from post-traumatic stress disorder, while only 4.5% of their general population counterparts suffered from the same.

The risk for mental and behavioral health issues among transition-age foster care youth is strongly related to a history of maltreatment, multiple transitions, and loss of relationships (Lopez & Allen, 2007). Shin (2005) analyzed the mental health status and needs of 113 foster youth in non-foster care settings using a sample of interviews, Medicaid-paid claims, and administrative databases. The analysis revealed that, on average, adolescents in foster care are 20% more depressed and anxious than other adolescents in non-foster care settings. Furthermore, while foster youths demonstrated high levels of depression and anxiety symptoms, only 50% of the sample accessed mental health services. The study did not elaborate on the frequency, intensity, or type of mental health treatment the foster youths received.

**Programs to Support Youth Transitioning Out of Care**

In response to the problems faced by youth after leaving care there has been a philosophical shift in the roles of society and the federal government in their transition. The result has been a growing body of research about youth transitioning out of care and policies focused on preventing and reducing the negative outcomes they experience concurrently and throughout adulthood. The Social Security Act, for example, has been amended several times to help meet the developmental needs of youth transitioning out of care, thereby helping them to live independently and self-sufficiently and offset any difficulties they may experience during the transition and afterward (Courtney & Hook, 2017).
Historically, child welfare agencies were invested in achieving legal or physical permanency with biological parents and kinship families through adoption or guardianship. This policy did not provide a sufficient permanency response to youth in long-term foster care.

Independent living programs were developed to assist young people aging out of the foster care system in 1986 through the Independent Living Initiative (Pub. L. No. 99-272). It provides states with $45 million in mandatory federal funding to develop programs specifically to prepare youths for independent living in addition to ensuring that follow-up services are available to youths for six months after their discharge from foster care. It also allows states to extend independent living program (ILP) services to youths up to age 21 (Child Welfare Information Gateway, 2017; Collins, 2004).

Over the years, child welfare researchers and practitioners have identified gaps in these ILP services including transitioning out of care youth ability to use services to develop their self-sufficiency (Abrams, Curry, Lalayants, & Montero, 2017). For example, while the ILP helps youth transition out of care, it overlooks permanency planning and comprehensive services and does not assess youths’ readiness to transition to adulthood (Lemon, Hines, & Merdinger, 2005; Scannapieco, Schagrin, & Scannapieco, 1995).

The main conclusions drawn by evaluations of the ILP and myriad studies have shown that the ILP fails properly to assist youths with social support, relationship building, and reconnecting with their biological families. They may have the skills and knowledge required for independent living, but they fall behind in measurable outcomes such as educational attainment, employment, and earnings (Courtney et al., 2011). The ILP may alleviate some of the negative aspects of the transition to adulthood, but independent living assistance also comes from a variety of sources not covered by the ILP such as biological family and other caring adults who can provide support to youth during their transition to adulthood and independence (Lee &
Berrick, 2014). Some gaps in the ILP come from its theory of change, which entails a sociological perspective on life transition. This concept fails to consider the theoretical frameworks focusing on social capital, resilience, attachment, and social support that are essential elements in the transition to adulthood (Collins, 2015).

In an effort to improve the ILP and meet the needs of youth transitioning out of care, the Foster Care Independence Act (FCIA) of 1999 (also known as the John H. Chafee Foster Care Independence Program, P.L. 106-169) extended eligibility for Title IV-E assistance and transitional services for foster youth from 18 up to age 21 (Lemon, Hines, & Merdinger, 2005). The FCIA was extended in 2001 when the Promoting Safe and Stable Families Amendments Act (P.L. 107-133) was passed. Delaying emancipation from care offers youth some degree of a safety net and social support leading up to emancipation. It has proven to improve youth self-sufficiency by increasing the likelihood that they will complete school and continue their education or enter employment (Dworsky, Napolitano, & Courtney, 2013; Hook & Courtney, 2011; Lee, Courtney, & Hook, 2012). For example, Courtney and Hook (2017) used data from a longitudinal study of youth (N = 732) to compare educational achievement between those who left care at 18 and those who left at 21 years old. They found that each additional year in care is associated with a 46% increase (from 0.26 to 0.52) in the possibility that individuals will progress to the next level of educational attainment by age 26.

Woodgate et al. (2017) reviewed 68 peer-reviewed articles that focused on interventions designed to support youth who were aging out of care. The interventions were categorized according to housing, employment, education, mentorship, independent living, and health. The majority of the studies (N = 48) related to the independent living category showed mixed results in terms of the effectiveness of the ILP to improve physical, social, and emotional support for
emancipated youth (and thereby offered mixed results on whether it improved outcomes in general).

Another important intervention reviewed by Woodgate et al. (2017) involved mentorship programs (N = 6) as a form of socio-emotional-relational support provided by mentors to youth aging out of care. The results show that mentorship can meet some of the critical needs of youth transitioning from foster care to adulthood. Greeson et al. (2010) added that a long-term mentorship relationship is associated with positive educational outcomes (e.g., high academic self-efficacy and higher rates of high school completion), relationship building skills, and emotion regulation skills (Greeson, 2013; Powers et al., 2012). The previous research has demonstrated that programs assert independence among youth transitioning out of care are available. However, there are gaps in their ability to create and improve on the secure, stable, and supportive relationships that are necessary in the transition to adulthood.

Theoretical Frameworks for Understanding Permanency: Past and Future

Many foster youth experience confusion when the person who was supposed to love them unconditionally fails to do so. Then, when they enter foster care, they are expected to take on a new family and trust that a connection will be made. However, making connections is complicated for them because their attachments to their caregivers/biological parents have already been disrupted, which affects their ability to attach to a foster family and others (Ahrens et al., 2011).

Attachment theory is a useful theoretical framework to use to understand the responses of foster youth based on their history of abuse and neglect, confusing and contradictory parental behaviors, and separation from their families (Gauthier, Fortin, & Jéliu, 2004). Those whose attachment was disrupted in their childhood have a greater need to establish positive, healthy connections with caregivers and supportive adults in order to increase their chances of
successfully transitioning to independent living. This claim is supported by social capital theory (Coleman, 1988), which is a useful theoretical framework to use to understand the significant need for permanency among older foster youth who are lacking such connections because of their histories of disturbed attachment. Based on attachment theory and social capital theory, having secure and trustworthy connections with family and significant adults upon exiting care can predict better outcomes for youths transitioning out of care (Avery, 2010).

**Attachment Theory: The Impact of Supportive Relationships**

Attachment theory was first characterized in 1944 by John Bowlby by using early observations of children who had a history of repeated separations from their caregivers (in particular their mothers) in infancy. Bowlby’s observations revealed that these children developed severe personality characteristics associated with anxiety, avoidance, and a loss of trust in the adult, leading to serious behavioral disturbances (Gauthier, Fortin, & Jéliu, 2004).

According to Bowlby (1958, 1982, 2008), early childhood relationships with caregivers are internalized and shape one’s relationships with others throughout their lifespan. Attachment patterns start in infancy and form between a caregiver and an infant. A caregiver’s response to an infant’s physical, emotional, and cognitive needs influences the infant’s perception of him/herself in reference to others (Kagan, 2014).

The assumption underlying attachment theory is that individuals make sense of their world through human bonding (the process of forming an attachment), which is a process that relies on trust and predictable interactions with adults. Bowlby also explained that children have a need for stable, healthy relationships with significant adults in order to build a strong sense of self and thus develop a capacity to form and maintain relationships. Bowlby’s theory focused on early childhood attachment styles with caregivers and how they influence mental representations of the “self” in relation to “others” (interpersonal relationships). For example, attachment
between children and caregivers is related to the child’s self-worth and ability to form peer relations throughout childhood, adolescence, and early adulthood (Marganska, Gallagher, & Miranda, 2013; McWay, 2004). As such, youths whose caregivers were attuned to their needs are considered securely attached and tend to have positive perceptions of themselves and perceive others as trustworthy. In contrast, those whose caregivers neglected or rejected them are more likely to demonstrate “insecure attachment” behaviors, such as reduced self-worth and doubt about others’ ability to care for them.

Placing children in an out-of-home setting can confirm their sense of being rejected and create a complex relationship between themselves and others. This may have a direct influence on a child’s well-being and may damage their consistent, ongoing relationship with their biological parents. Additionally, it can interfere with the child’s development of healthy attachments to other caregivers and may lead to additional separation and placement disruption while in foster care (Howe, 2005; Karreman & Vingerhoets, 2012; Samuels, 2009; Smith, 2011).

Early observations on repeated separation have shown that a loss of trust in an adult figure can predict severe behavior disturbances in children (Baer & Martinez, 2006; Finzi, Ram, Har-Even, Shnit, & Weizman, 2001). This is especially true for the foster population, since 90% of them were placed in care because of parental abuse or neglect and thus have experienced a great deal of interpersonal rejection and instability before entering the child welfare system (Pecora et al., 2003, 2005). In 2015, 71% of the children in care had been removed from their homes because of neglect or inadequate housing conditions; an additional 17% had been removed because of abuse. For foster children who have experienced the loss of an attachment figure or a disruption in their attachment pattern, emotional distress can be seen even if the attachment figure is replaced with another capable caregiver (Fahlberg, 2012).

Social Capital Theory
The importance of relational networks and social support during the transition to adulthood is grounded in research (Cusing, Samuels, & Kerman, 2014; Oshri, Sutton, Clay-Warner, & Miller, 2015) and can be explained through Coleman’s (1988) theory of social capital. Coleman’s theory includes aspects of attachment theory, promoting the idea that healthy and supportive relationships are necessary to support youth in transition to adulthood. The loss of social and familial ties plays a role in their ability to adjust, and they leave care with social capital deficits (Duke, Farruggia, & Geromo, 2017).

Social capital theory views the attributes and qualities of the family as repositories of social capital; children are born into a family, that family is embedded within a community, and that community is embedded in a larger society, and so forth. Coleman (1988) argued that social capital is defined by its function and includes the ability to create meaningful, mutually beneficial relationships, especially in fostering success for young people as they transition to adulthood. The quality of and extent to which individuals engage with their families, communities, and networks are likely to affect their well-being. Network associations positively affect educational engagement, achievement, participation, and independence (Semo & Karmel, 2011).

**Relational Permanency Improves Outcomes among Youth Aging Out of Care**

Research findings on emancipation from the foster care system have concluded that it is essential to provide youth with physical resources and skills, but it is also necessary to create support systems and improve connections with both birth parents and parental figures. The effect is an improvement in well-being and support for youth transitioning to adulthood and independent living. Developing relationships with caring adults and family members can increase youth well-being and improve their outcomes in adulthood (Ahrens et al., 2011; Mandelbaum, 2015; Merdinger, Hines, Osterling, & Wyatt, 2005; Thompson, Greeson, & Brunsink, 2016; Wood & Mayo-Wilson, 2012). House, Umberson, and Landis (1988) also
conducted research that suggested that young adults who can depend on support from adults in their environment experience better mental, emotional, physical, and financial health.

Stott and Gustavsson (2010) explained that the loss and disruption of consistent relationships (i.e., social networks, education, and friendships) likewise influence youths’ abilities to form trusting relationships while in foster care and after, in addition to negatively affecting their capability for self-sufficiency in the transition to adulthood. Youth without nurturing adult relationships are at a higher risk of replicating maladaptive connections while forming interpersonal relationships, forming a family, and preparing for parenthood (Keller, Cusick, & Courtney, 2007; Thompson, Greeson, & Brunsink, 2016). Evidence has also shown that former foster youth reconnect with their biological families after leaving care, including residing with family members (Avery, 2010). This finding supports Mikulincer and Shaver’s (2007) findings that when facing stressful life events, a primary strategy to reduce stress is to seek support from attachment figures. In the absence of such figures, youths face stressful life events on their own, and this may be part of the reason that some fail to thrive as they transition out of care. Samuels and Pryce (2008) qualitatively studied relationships between foster youth and biological parents, determining that half their sample sought out connections with biological families during and after exiting foster care.

In a qualitative study of 20 transition-age foster care youths, researchers used the Network Map, which is “a tool that uses a diagram of three concentric circles to explore the inner, middle, and outer circle of relationships in a youth’s life” (Singer, Berzin, & Hokanson, 2013, p. 2112). The participants identified many relationships with family, friends, and care providers. Biological mothers, siblings, and other kin were most often found in the inner circle. Four categories were identified regarding the different kinds of support available from relational network members: informational support, instrumental support, emotional support, and appraisal
support. The participants reported receiving emotional support mainly from friends and family. The study underscored the need for youth to have relationships with others during the transition into adulthood, but it described only a very small sample and offered little information on the quality of the relationships studied. There was also a lack of an operational definition of the role of each support system and a framework for how youth used their support network.

Sanchez (2004) interviewed 25 former foster youth to determine their perceptions on permanency. When asked to choose between relational, physical, or legal permanence, former foster youth largely agreed that relational permanence is the most important. One participant noted: “It’s really important to make sure before emancipating a youth that they have one person. If I have somebody that I know I can depend on, that loves me and cares that I wake up tomorrow and am still breathing, I can get through it. I can walk through it” (Sanchez, 2004, p. 11). This powerful quote supports the notion that relational permanency is as important as other forms of permanency and at times can be more powerful and stronger than physical permanency.

There is a correlation between relational permanency and positive outcomes in adulthood (Courtney et al., 2011; Schofield & Beek, 2009). In Cashmore and Paxman’s (2006) Australian study, they examined the relationships between foster youths’ sense of security and their outcomes 3–5 years after emancipation. The researchers found that positive outcomes for former foster youth were associated with their level of security and the quality of their relationships during foster care, along with the continuity of these relationships post-emancipation. Pinkerton and Dolan (2007) have proposed a model that focuses on linkages between family/adult support and youths’ abilities to leverage social networks and build social capital. In a study with 172 foster youth in community-based residential care, the researchers examined youths’ own perceptions of their social networks and their emotional well-being. They found that a positive
relationship exists between empowering relationships and youths’ resilience, ability to overcome personal difficulties, and withstand stress.

Fowler et al. (2017) examined the prevalence of housing instability and homelessness among a nationally representative sample of adolescents who were exiting the child welfare system. Follow-up interviews with youth 18 and 36 months later to assess their housing instability and homelessness revealed that foster families promoting housing stability in the transition to adulthood are more effective than independent living services. In the study, extended foster care did not correlate with homelessness prevention.

Nesmith and Christophersen (2014), compared foster youth who received service as usual (N = 30) and those who participated in the Creating Ongoing Relationships Effectively (CORE) program (N = 58). CORE was designed to address the socioemotional needs of youth transitioning out of care. Youth exposed to the program reported a wider variety of supportive adults in their lives than those in the comparison group (traditional child welfare services). In addition, youth in the CORE program felt empowered and reported higher levels of readiness to begin the transition to adulthood than the comparison group (Nesmith & Christophersen, 2014).

**Policies to Support Relational Permanency**

Major legislation to address permanent connections with family members was enacted with the Adoptions and Safe Families Act of 1997 (ASFA) (P.L. 105-89), which was designed to respond to the concern that children and youth spend too much time in foster care. The law changed the permanency planning hierarchy by excluding independent living as a permanency plan, and it challenged the notion that long-term foster care and permanent foster care should be considered permanency goals. Consequently, it introduced an ambiguous permanency goal, the Another Planned Permanent Living Arrangement (APPLA), which was designed to provide a solution for youths who had been languishing in foster care for years and for whom options such
as reunification, relative placement, adoption, or legal guardianship had been unsuccessful (Golden, 2009). Due to the vagueness of the APPLA, youths with an APPLA goal did not really have a permanency plan in place and planned to stay in foster care until they “aged out” to independent living (Charles & Nelson, 2000; Mallon & Hess, 2014).

The most significant federal reforms for youth in foster care since the ASFA were enacted as part of the Fostering Connections to Success and Increasing Adoptions Act (P.L. 110-351) initiated in 2008. In this act, Congress has identified the challenges that foster youth face when seeking permanent connections after they lose the opportunity to remain with their birth families (Golden, 2009). The purpose of this act is to establish awareness, develop, fund programs to ensure that every youth has a permanency plan in place and that every youth leaves foster care with a permanent connection (Avery, 2010; Charles & Nelson, 2000). The strategies employed to achieve this include: (1) introducing kinship navigator programs designed to provide incentives to relatives who agree to provide physical or legal guardianship for foster teens; (2) intensive family-finding efforts designed to maintain connections with siblings and families by utilizing search technologies to find biological family members, as well as re-establish relationships and explore ways to improve permanency outcomes (legal, physical, and relational permanency); (3) family group decision-making meetings to engage families in developing plans to keep children safe and protect them from abuse and neglect; and finally (4) residential family treatment programs to enable parents and their children to live in a safe environment through comprehensive services (Child Welfare Information Gateway, 2017).

The Fostering Connections to Success and Increasing Adoptions Act was partially a result of a change in the perception of permanency and a recognition of the importance of family connections and the need for relational permanency to help improve outcomes for foster youths. The title of the law and its language each imply a shift away from encouraging youth
transitioning out of care to be independent and towards helping them make the connections that are necessary for them to become successful adults (Osgood, Foster, & Courtney, 2010).

More recently, the Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183) was signed in 2014. Among the law’s important provisions is subtitle B: “Improving Opportunities for Children in Foster Care and Supporting Permanency,” which requires states to “Support Normalcy for Children in Foster Care” (which is the title of section 111 of the Preventing Sex Trafficking and Strengthening Families Act). This includes ensuring that children who are likely to remain in foster care until age 18 have regular, ongoing opportunities to engage in age- or developmentally appropriate activities, and it restricts the use of the APPLA as a permanency plan for youths 16 years and older. The Preventing Sex Trafficking and Strengthening Families Act also aims to grant funds from the Adoption Incentives and Extending Family Connection Grants, which requires states to improve legal and physical permanency rates.

Following the idea to extend eligibility for foster care up to age 21, the Foster Youth Independence Act of 2015 is a law that amends part E (Foster Care and Adoption Assistance) of Title IV of the Social Security Act (Title IV-E) to allow states to provide federal funding assistance and services to youths who have aged out of foster care and have not yet reached 23 years of age (if the youth aged out of care before they were 21). This law expands the John H. Chafee Foster Care Independence Program to include foster youth alumni by providing support and assistance to those who age out of the child welfare system. This can include providing assistance with enrolling in college, finding employment, obtaining health coverage, securing housing, and managing money. This law is a step forward in ensuring that former foster youth have the opportunities and tools they need to succeed in adulthood.

**Interventions to Improve Permanency Outcomes for Youth Aging Out of Care**
It is clear that relational permanency is a crucial element in the transition to adulthood. As a result, the child welfare community defines permanency enhancement interventions as interventions designed to increase the timely achievement of the emotional, physical, and legal elements that are important to older children and youth. These elements include at least one adult; a safe, stable, and secure parenting relationship; love; unconditional commitment; lifelong support; involvement of the youth as a participant, or perhaps as a leader, in the process; and finally, the opportunity to maintain contact with important persons, including siblings (Louisell, 2004).

As a means of exploring relevant permanency enhancement interventions, review of the CEBC database provides information on both the evidence-based and non-evidence-based child welfare-related practices of over 325 programs organized into 42 topic areas. Under the category of permanency enhancement interventions for adolescents, there are seven interventions. However, four of them focus on achieving physical permanency by investing in recruiting adoptive parents for older foster youth.

Another permanency enhancement intervention is Extreme Recruitment (ER), which is a 12–20-week individualized program that recruits family members and prepares youth for permanency. ER invests in reconnecting youth with kin by using traditional recruitment strategies supplemented by case file mining (diligent recruitment) to research and locate all known and unknown relatives by making personal contact with all appropriate family members (child-specific recruitment) (Foster and Adoptive Care Coalition, 2017). ER is part of the Adoption Opportunities Grant that launched in Missouri. Currently, there is limited scientific research regarding the effectiveness of the intervention, but one non-experimental evaluation (N = 78) showed that it has some positive outcomes in connection to relational permanency and youth well-being (Missouri Department of Social Services, 2017).
The 3-5-7 Model is a strengths-based model focused on supporting foster youth in the process of grieving and integrating their relationships with their biological families in order to improve their well-being, safety, and permanency (Henry, 2005). According to Henry (2005), permanency is not a placement but a relationship. Thus, permanency in relationships is achieved by helping youth with the mental processing of separation and loss, abandonment, and neglect experiences, identity formation, attachment, and the building of relationships (Henry, 2005; Henry & Manning, 2011). The 3-5-7 Model assumes that foster youth struggle to form healthy relationships when they have not had the opportunity to reconcile past relationships and process their feelings of grief and loss.

Rolock et al. (2016) conducted an 18-month process and outcome evaluation of the 3-5-7 Model in Wisconsin with two therapists and 18 youth. The researchers reported that fidelity tools and criteria for the assessment of core components were not well documented and concluded that there is a need for additional research to fully determine the effectiveness of the model and recommended additional consultation to ensure model fidelity.

The most recent evaluation examining the 3-5-7 Model using a randomized control trial (RCT) method was the Determined, Responsible, and Empowered Adolescents Mentoring Relationships (DREAMR) Project (Denby, Tudor, Henry, Wolfe, Gomez, & Alford, 2017). The participants in this sample were assigned to control or treatment groups using a 1:1 ratio (n = 121). A fidelity system was created for the purposes of this study and included self-reports from treatment participants, workers, and team observation measures. The results showed that indicators of psychological well-being were found to be associated with high levels of fidelity to the 3-5-7 Model. However, there was no statistically significant difference between the control and treatment groups for the well-being outcomes.
Lifelong Family Connections for Adolescents (LFC) is an intervention that uses seven components to develop lifelong family relationships for adolescents in the foster care system. All of the program’s components are youth-driven, strengths-based, and culturally competent. Working in partnership with youth and the significant adults in their lives, the program creates a youth-specific permanency plan that affords youth the most legally, emotionally, and physically secure family relationships possible after leaving foster care. The seven components are as follows: (1) family consultation team (FCT); (2) community of care review; (3) specialized recruitment; (4) family bound youth training; (5) adult training; (6) speak out team (youth advocacy/peer support group); and (7) post-connection supports. Massachusetts’s LFC was funded by a grant from 2001 to 2008 and revealed a positive outcome in terms of its ability to connect youth with family members (Louisell, 2004).

An additional important initiative to improve permanency outcomes is the California Permanency for Youth Project (CPYP), founded in 2003 as a project of the Public Health Institute. The project means to assist counties in California in establishing programs that create permanency for foster children and youth within the state. The CPYP provides information on programs and strategies for achieving permanency for foster youth, and it intends to help other states to adapt interventions for improving permanency options for youth (Child Welfare Information Gateway, 2017). The CPYP is an example of a funded initiative to improve the physical and relational permanency outcomes for youth transitioning out of care. In the last few years, more agencies have begun focusing on creating physical, emotional, and relational permanency. Some examples of this are the Seneca Family of Agencies or the National Institute for Permanent Family Connectedness (NIPFC), which works to promote permanency as a national priority using Family Finding as a core strategy and method. Their mission is to develop, implement, test, and disseminate promising interventions to support youth transitioning
out of care, agencies, and stakeholders. NIPFC emanated from a merger of the Seneca Family of Agencies and the CPYP and the support of Kevin Campbell, the author of the Family Finding model. The merger intends to offer integrated permanency best practices for foster youth in danger of exiting foster care without a lifelong connection to a caring adult.

**The Family Finding Intervention**

The Family Finding intervention has most commonly been used to find and engage supportive adults for foster youth who have lingered in care and for whom traditional attempts at finding permanent placements have failed (Campbell, 2005, 2010; Malm & Allen, 2011). Historically, the intervention was inspired by the family tracing techniques used to find and reunite family members who had been separated by war, civil disturbance, or natural disaster (Vandivere & Malam, 2015). Figure 1 describes the Family Finding intervention logic model:
The Family Finding intervention is composed of six stages: (1) discovery; (2) engagement; (3) blended perspectives; (4) decision-making; (5) evaluation; and (6) follow-up (see Table 1). In the first stage, a Family Finding team is tasked with helping youth identify potentially available connections. This is accomplished via collaboration between the youth, the family planning caseworker, and the Administration for Children’s Services caseworker. At this stage, the goal is to identify as many family members and other potential adult connections as possible. The Family Finding team uses a mobility mapping model to jog a youth’s memory and help uncover clues about missing family, and it encourages the youth to talk about the past (Allen, Malm, Williams, & Ellis, 2011). During this stage, workers use the Seneca search services that is a search engine provided by Seneca Family of Agencies. The Seneca search
services provide comprehensive information about relatives including their addresses and phone numbers, history, family acquaintances, most recent demographic information, and Neighbors with listed phone numbers (National Institute for Permanent Family Connectedness at Seneca Family of Agencies, 2014).

During the second and third stages, a Family Finding caseworker seeks to engage the families. In the fourth and fifth stages, the team (including the youth and their family) explores the youth’s connections and develops a potential permanency plan. In the final stage, there is a permanency plan in place, along with a commitment from both the youth and the family to establish and maintain a long-term relationship.

The “theory of change” underlying Family Finding is summarized as the expectation that identifying and engaging family members and significant adults will increase the probability of physical and legal permanency. The intervention has a number of elements, including identifying and nurturing a natural support network for each youth in care; meeting frequently with youths to help them sustain a sense of urgency regarding permanency; providing opportunities to build relationships; and providing post-placement support. This expanded network may help accelerate the process for youths to achieve permanency by enhancing the likelihood of them finding a permanent placement with family, thus improving their overall well-being.
## Six Steps to Finding a Family

<table>
<thead>
<tr>
<th>Step</th>
<th>Goal</th>
<th>Practice</th>
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<tbody>
<tr>
<td><strong>Discovery</strong></td>
<td>Screen and refer youths who show potential for participating in the Family Finding intervention. Explore available family connections.</td>
<td>The Family Finding team prepares the youth for the family search and engagement process and addresses clinical and logistical considerations. Next, together, the team and youth identify family members and other adults who could be, or previously have been, the youth’s key supporters. Success is achieved when family has been identified comprehensively.</td>
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<tr>
<td><strong>Engagement</strong></td>
<td>Engage those who know the youth best and have a historic and/or inherent desire to help the youth by sharing information.</td>
<td>Using an individualized engagement strategy, enlist family members and others important to the youth or family to provide information that will help the youth.</td>
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<tr>
<td><strong>Planning (Blended Perspectives)</strong></td>
<td>The team meets with the youth and family to explore the permanency plan.</td>
<td>Assemble identified family members and others who care about the youth to learn more about the youth’s lifelong need for support and affection.</td>
</tr>
<tr>
<td><strong>Decision-making</strong></td>
<td>The team and the youth make decisions about potential connections.</td>
<td>The team makes informed decisions about the youth’s future, including their safety, physical and emotional well-being, and membership in a permanent family.</td>
</tr>
<tr>
<td><strong>Evaluation</strong></td>
<td>The team, caseworker, and caregivers meet to evaluate the plan.</td>
<td>Evaluate decisions to make sure plans are safe, realistic, sustainable, and strong enough to meet identified needs.</td>
</tr>
<tr>
<td><strong>Follow-up and Support</strong></td>
<td>The team supports the youth and family in planning for and accessing essential formal and informal support.</td>
<td>The team actively helps the youth and caregivers to access services. The team emphasizes natural and community supports that are most normative and enduring.</td>
</tr>
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The Intervention’s Adoption in Practice

For-profit and non-profit organizations alike throughout the United States are using the Family Finding intervention. NIPFC has disseminated Family Finding nationally and internationally so that it is now found in Australia, Canada, and a number of European countries. Kevin Campbell, the author of the Family Finding intervention, provides training programs of various lengths for agencies interested in the intervention. His training provides strategies to integrate the Family Finding intervention into daily practice and further the development of system-wide protocols. Campbell also offers ‘train the trainer’ workshops, where agencies become qualified to teach workers how to use the intervention, and coaching sessions held in conjunction with the training and supervisor/manager sessions to promote effective supervision relationships (NIPFC, 2017).

Review of the Empirical Literature on the Family Finding Intervention

Review of the empirical literature on the Family Finding was done using a strategy comprised of searching for the words Family Finding AND (intervention* OR model* OR foster care* OR youth* OR permanency*) was used to identify relevant articles in the following databases: Google Scholar, Web of Science, ProQuest, EBSCO host, PsychInfo, and PubMed. The results of the review are based on a full-text review of 12 papers focusing on the Family Finding intervention developed by Kevin Campbell (articles that examined family finding services in general but did not use the specific intervention designed by Campbell were excluded from the review). The majority of the current knowledge on Family Finding comes from non-experimental studies and evaluations conducted over the last seven years (see Appendix A).

In Vandivere and Malm’s (2015) meta-analysis, researchers gathered results from 13 programs evaluation conducted between 2012 and 2014. Only eight of the evaluations were based on a randomized control trial, while the rest were non-experimental and without either a
comparison group or a randomized procedure. Thus, it is not surprising that the authors found that the Family Finding intervention is not implemented consistently across agencies, and there are often discrepancies between the activities described in the evaluations, resulting in different outcomes of each. For example, only three of the evaluations showed a positive outcome in terms of legal permanency, while the rest showed only positives outcomes for emotional permanency and the placement stability of youths in care. The researchers concluded that the Family Finding intervention had not been implemented with fidelity because the intervention manual was not consistently implemented, and there was variation in the amount and type of training received.

Malm et al. (2014) evaluated the Family Finding intervention in 532 foster youths using an RCT design involving an intervention group (those who would receive Family Finding) and a control group (those who would only receive traditional child welfare services). Two sets of interviews (at 12 and 24 months) and focus groups and interviews with staff were conducted to evaluate the effects of the Family Finding intervention on permanency outcomes, well-being, and safety. The researchers evaluated whether program components and elements were implemented with fidelity and resulted in youth moving into less restrictive placements.

On average, 34 newly discovered family members were found for each participant in the intervention group in Malm et al.’s (2014) study. In addition, 63% of the children served had at least one family member commit to ongoing contact with the child. Nevertheless, the findings showed no difference between the groups in terms of safety or legal or physical permanency. Additionally, participants receiving the Family Finding intervention increased their connections with siblings (10%, compared to 6% in the control group); increased their monthly contact with a grandparent (47%, compared to 37%); and increased their monthly contact with a relative (47%, compared to 33%). However, after 24 months, many of these improvements appeared to
dissipate. In light of the findings, the authors noted a gap in the implementation of the intervention where Family Finding staff did not follow the model completely, particularly in the last two stages: evaluating permanency plans and providing follow-up support. The researchers concluded that there were challenges to fully implementing the model and suggested that more research is needed to determine whether and how fidelity to the model can be attained and whether consistent implementation with fidelity would result in more positive impacts.

A mixed methods evaluation of the CPYP (Malm, Allen, McKlindon, & Vandivere, 2013) compared reunification outcomes for youth participating in CPYP Family Finding services (N = 123) with a control group using traditional child welfare services (N = 116). The researchers used administrative data (a web-based database to document Family Finding activities), semi-structured interviews, and focus groups with staff to assess the impact of Family Finding services. The results showed that reunification outcomes did not differ significantly between the two groups; 57% of the Family finding group was reunified during the study period as compared to 47% of the treatment group. In this study, the researchers did not measure fidelity to the intervention, thus they recommended additional studies to determine whether and how fidelity can be attained.

Vandivere et al. (2017) conducted an RCT evaluation of 537 youths aged 10–17 years old over a three-year period. The researchers evaluated the effectiveness of Family Finding in comparison to treatment as usual, comparing changes in positive moves (to less restrictive placements) and chances of achieving legal permanency. The researchers also conducted interviews with youth at 12 months (N = 305) and 24 months (N = 281). The findings suggested that the Family Finding intervention did not yield a positive impact on positive moves and did not promote legal permanency outcomes. It is also important to note that the evaluation did not examine emotional or relational permanency, which are as important as legal permanency when
promoting a youth’s well-being. Moreover, the researchers did not monitor fidelity to the Family Finding intervention. Monitoring and fidelity reporting may have been helpful in determining how variations in fidelity affected the outcomes.

Garwood and Williams (2015) conducted an RCT with a sample of 174 children between the ages of 6 and 13 (83 in the experimental group and 91 in the control group). The researchers used administrative data to assess the impact of the Family Finding intervention on children who had recently entered foster care and those who had been in care for a while. They found that those who were new to the foster care system and had received the Family Finding intervention were more likely to be placed with relatives than were children who had lingered in care and did not receive the Family Finding intervention (16% in the experimental group versus 7% in the control group). There were limited significant differences between the experimental and control groups on the likelihood to be discharged to a less restrictive permanency placement (27% in the experimental group versus 20% in the control group). The authors ensured fidelity to the intervention steps by carrying out ongoing consultations with Kevin Campbell, the developer of the intervention.

In another study, Leon et al. (2016) tested the Family Finding intervention in a group of 196 relatively young children (ages 6–13 years old). In this quasi-experimental study, the researchers compared children who had received the Family Finding intervention to those who had received treatment as usual. The results showed that the Family Finding intervention was helpful in finding relatives, but it did not effect a change in permanency outcomes. In this study, the Family Finding intervention group found 75% more relatives than the control group. Nevertheless, there were no differences between the control group and the intervention group in terms of reunification rates and placement stability. In this study, there was no fidelity
assessment or a checklist used to assess implementation fidelity, so the authors recommended additional research to explore the six stages of the Family Finding intervention.

In a quasi-experimental study with 40 youths aged 10–21 years old, Shklarski, et al. (2015) examined the number and strength of their connections using the Youth Connections scale (Jones & LaLiberte, 2013) in a pretest–posttest study. They found that 74% of participants agreed that at least one of the connections created by the intervention could be a lifelong support for them. In terms of connecting with a discharge resource, 60.5% of the participants had done so, and 92% of these youth had connected with a visiting resource; however, 10–20% had not connected with a resource. This study consisted of a very small sample with a wide age range, and there is limited information about the implementation process of the intervention and to what degree it was implemented according to the model.

Dewey et al. (2013) conducted a cross-site evaluation (process and outcome) of 24 federally funded grants used for family connections interventions, of which 12 implemented the Family Finding intervention. The researchers used secondary data from agencies and interviews with practitioners at the agencies for their cross-site evaluation, finding that the desired outcome to complete the Family Finding intervention varied from one site to another. For example, at some sites, the evaluation of success was based on the number of connections and in others, it was based on a positive change in permanency outcomes. Many sites did not monitor fidelity to the Family Finding intervention and some reported difficulty in adhering to the model. The authors concluded that monitoring and reporting fidelity might have been helpful in determining how variations in fidelity affected the outcomes.

Aultman-Bettridge and Selby (2012) evaluated the Family Finding intervention as part of the Family Connection Demonstration Project (FCDP), a three-year grant to evaluate four interventions to connect families. In this evaluation, 267 participants used the Family Finding
intervention. The results showed that the intervention located an average of seven relatives for 77% of participants, and for close to half of all participants, three or more relatives were engaged. This evaluation included a fidelity protocol. The workers completed fidelity checklists upon completion of each stage of the intervention. The results showed that most of the time workers followed the steps of the intervention in the majority of cases. A similar evaluation of the FCDP with 258 participants found that the Family Finding intervention was effective in finding family members. On average, participants had about seven potential connections. The authors reported that fidelity was monitored by supervisors who met with Family Finding specialists one-on-one to review cases (Maike, Benner, & Scarsella, 2012).

Greeno et al. (2017) conducted a mixed methods study to assess the experiences and perceptions of Family Finding workers (N = 12) and the experiences of the youth (N = 9) who participated in Family Finding interventions. The researchers concluded that workers modified the actual steps of the model by combining them. For example, the planning and decision-making steps were often combined.

In a recent process and outcome evaluation, the Nebraska Adoption Project (2017) compared the effectiveness of an integrated approach using Family Finding and the 3-5-7 Model (treatment group, N = 45) on permanency outcomes for foster youth in comparison to the Wendy’s Wonderful Kids Child-Focused Recruitment Model (the treatment as usual group, N = 25). The researchers found that the treatment group had similar outcomes as the control group, albeit with modest differences in a few areas. For example, in the treatment group, 8 out of 45 youth (18%) had an adoption or guardianship arrangement finalized as compared to 5 out of 25 youth (20%) in the treatment as usual group. However, 15 youth (33%) in the treatment group were matched or placed with an adoptive home at the end of the project, but only 1 youth (4%) in the treatment as usual group was matched or placed.
The process evaluation examined treatment fidelity to determine the degree to which Family Finding was implemented. Treatment fidelity was measured using worker surveys, project-end staff interviews, fidelity checklists (created for the evaluation), site visits, case file reviews, and observations of most training sessions, consultations, and meetings. The results showed that workers confirmed that they understood and implemented the intervention according to the model’s protocols. The case file reviews showed that the early stages of Family Finding were completed in almost all of the cases. However, the involvement of youth and family/caring adults in those family finding efforts dropped to two out of three. One of the evaluation’s limitations related to the accuracy of the reported fidelity because it was based on case documentation made available to the evaluation team and not filed directly by the workers.

**Gaps between Widespread Adoption and Limited Research**

A comprehensive review of the literature has revealed limited research on the implementation and fidelity of the intervention. This gap in the research is troubling because, in practice, the Family Finding’s key players are disseminating the intervention widely. Indeed, Campbell routinely trains agencies in the intervention and many agencies are already implementing it. Nevertheless, one might ask how we know if organizations are implementing the intervention with fidelity, if agencies are implementing the intervention according to the manual, or if agencies that follow the intervention stages achieve the same results as those that do not.

In addition, research is lacking on the factors and moderators that influence the implementation of the intervention. For example, organizational culture, supportive environments, administrative and bureaucratic barriers, workers’ experience in implementing the intervention, workers’ seniority, and workers’ educational background can all influence implementation. One might also question the experience of the workers who implement the
intervention and whether there is resistance to it. It is possible that workers view the intervention as an additional burden with a tight timeframe that they have to carry in addition to their already heavy caseload. Another gap in the research on adopting the Family Finding intervention is the timing of the implementation. Indeed, one may consider whether organizations should implement the intervention alone or combine it with additional interventions.

To demonstrate the gap between science and practice, a search on the CEBC website for the topic “Youth Transitioning into Adulthood Programs” revealed that there were 18 programs rated as highly relevant, but only two were rated as supported by research evidence and promising research evidence—the rest were not able to be rated. Similarly, seven programs under the “Permanency Enhancement Interventions for Adolescents” topic were rated as highly relevant but only one was rated as promising research evidence (Walsh, Rolls Reutz, & Williams, 2015).

Barth et al. (2011) reviewed programs designed to support foster youth and evaluated their effectiveness based on their recognition by the Office of Juvenile Justice and Delinquency Prevention’s Blueprint Series, the National Institute of Justice, and the CEBC. This review conveyed that many interventions to support youth transitioning out of care existed but knowledge about their implementation process and effectiveness was still developing. A major conclusion drawn by this review suggested that there is a need to bridge the gap between what we know and expect of interventions and their implementation in practice.

The Family Finding intervention has offered promising evidence regarding its ability to improve permanency outcomes for children, but explanations for the reasons why it has been successful are lacking. The lack of available evidence about child welfare interventions acts as a barrier to dissemination, which in turns limits their effectiveness in helping vulnerable populations. It is therefore crucial to answer all these questions so adoption of the interventions
can continue, but with a degree of fidelity. If we increase our knowledge about the factors that influence implementation fidelity and ways to track it, the chances of affecting outcomes will be greater (Mihalic, 2004).

**Implementation Science**

Implementation science strives to understand the critical factors and conditions that ensure an intervention is carried out and sustained in order to provide better outcomes. The National Implementation Research Network (NIRN) defines implementation science as the “factors that influence the full and effective use of innovations in practice” (Fixsen, Naoom, Blase, & Friedman, 2005). Implementation science examines mediating variables between an intervention and an outcome to determine how and what leads to the desired change (Keller, Fleury, Sidani, & Ainsworth, 2009). It deals with the ‘what,’ ‘how,’ and ‘who’ of implementation: what is to be implemented, how the task is to be carried out, and who will do it (Ogden & Fixsen, 2014).

To improve outcomes and conclude whether they emanate from effective interventions, we must first open the ‘black box’ of the internal work of implementation processes (Sullivan, Blevins, & Kauth, 2008). The black box contains information about what needs to be done (effective interventions) and describes how the work will achieve positive outcomes through the necessary factors related to successful implementation (effective implementation) (Dusenbury, Brannigan, Hansen, & Falco, 2003; Ogden & Fixsen, 2014). After determining what is in this black box, we can look at the outcomes and later follow up by establishing a process of dissemination.

Historically, implementation science developed from an increasing awareness of the science-to-service gap in the healthcare field. Researchers realized that usual care often failed to implement and sustain proven treatments (Proctor, Landsverk, Aarons, Chambers, Glisson, &
Mittman, 2009). In child welfare, the majority of the research focuses on the outcomes produced by interventions with little analysis of the processes of the implementation and whether organizations are implementing interventions according to the models’ guidelines (Albers, Mildon, Lyon, & Shlonsky, 2017; Brownson, Colditz, & Proctor, 2012). However, the field has attempted to build a base of evidence and knowledge regarding effective child welfare practices; funding is now given to projects that will use the funds to implement evidence-based or evidence-informed practices and to those that invest in the process of implementation (DePanfilis, 2014). The goal is to promote interventions that offer a level of effectiveness that has been demonstrated through empirical research. To achieve positive, sustainable outcomes for children and families, interventions must be research-based and matched to the needs of children and families. Indeed, they require implementation in a deliberate and adaptive manner.

Lately, the child welfare community has increased the use of implementation science and has been paying greater attention to the implementation of evidence-informed and evidence-based practice approaches as a way of increasing the number of programs receiving scientific support. This means delivering interventions that are effective, and their efficacy or effectiveness in real-life settings is supported by empirical research and evidence. Later, such evidence-based practices will enhance the capacity of child welfare agencies to develop, implement, and evaluate research-informed innovations to improve their service delivery.

Research on implementation has progressed over the past decade. Agencies are now encouraged to develop, implement, and evaluate research-informed innovations, including the integration of implementation science and program evaluation. Funding often depends on a program’s ability to produce evaluations. For example, the Permanency Innovations Initiative (PII) is a five-year, $100 million initiative of the Children’s Bureau designed to help youth transitioning out of care. PII calls for the implementation of innovative interventions to reduce
the number of children in long-term foster care and improve the well-being of youth lingering in care. PII emphasizes the application of intervention implementations as intended along with rigorous evaluations to build a foundation of evidence and ultimately disseminate the findings to build knowledge in the field of child welfare.

**Implementation Challenges**

Although the use of EIP’s in child welfare has increased, there nevertheless remains a gap between the outcomes of the intervention as seen in research studies and the outcomes of the intervention in practice. This may be because implementation is a complex process with many variables that play crucial roles during different phases of the implementation. Such variables are difficult to identify and control. This is especially true when the intervention is used with children and families in very dynamic and unpredictable practice environments (Ogden & Fixsen, 2014; McAlearney, Walker, Livaudais-Toman, Parides, & Bickell, 2016).

Additionally, implementation is a developmental process that occurs in stages and may not always progress in a linear fashion through such phases, while the stages themselves can often be messy, overlapping, and iterative (Annie E. Casey Foundation, 2017). McAlearney, Walker, Livaudais-Toman, Parides, and Bickell (2016) elaborated on the external and internal threats to implementation. Funding, for example, can be an external threat to implementation; if funding is restricted, the intervention finds itself in danger. Two examples of internal implementation threats are the climate of the organization and its readiness to accept new interventions. Thus, it is important to learn more about the factors and potential moderators that affect the relationship between an intervention’s implementation and its intended outcomes.

**Factors Influencing Implementation**

NIRN (2015) developed a framework to understand the individual and organizational factors related to intervention fidelity. According to Fixsen, Blase, Naoom, and Duda (2013),
there are three implementation drivers that support and enable successful implementation: (1) competency drivers—these are mechanisms to develop, improve, and sustain one’s ability to implement an intervention as intended in order to benefit children, families, and communities; (2) organization drivers—these are mechanisms to create and sustain hospitable organizational and system environments for effective services; and (3) leadership drivers—these focus on providing the right leadership strategies for the types of leadership challenges faced. Figure 2 describes the recommended implementation drivers.

![Diagram of Implementation Drivers](image)

**Figure 2. Implementation drivers. (Fixsen, Blase, Naoom, & Duda, 2013)**

**Competency Drivers**

Selecting workers who have the right qualifications (including academic and field experience) and characteristics are critical components of implementation. Workers must have the capacity, skills, and ability to deliver the intervention effectively. To embrace these skills, staff training is important as a means of imparting knowledge related to the history, theory, philosophy, and values of the intervention. It is also compulsory to introduce the components of the intervention and provide opportunities for workers to practice their new skills to meet criteria.
and receive feedback in a safe and supportive training environment. In addition, coaching
sessions are essential because they help workers learn and practice ways of using the intervention
correctly.

**Organization Drivers**

Decision support data systems are sources of information used to help workers and
supervisors with decision-making. Data collection is an important factor in learning about the
effectiveness of the treatment. Facilitative administration provides workers with support in the
implementation process. To support workers in the implementation process, careful attention is
paid to policies, procedures, structures, culture, and climate. Supervisors make resources
available to workers so they have the time, skills, and support they need to perform at a high
level of effectiveness. Systems interventions are strategies for supervisors and leaders within the
agency to use to work with external systems to ensure the availability of the financial and human
resources required to support the implementation.

**Leadership Drivers**

Leadership in a given organization is a critical factor for effective implementation. There
is a need for adaptive leadership that is supportive and flexible to the process of implementation.
In each implementation stage, the leadership must assist workers and supervisors differently, so
adaptive skills are crucial.

Individual- and organizational-level factors have been shown to predict the
implementation of evidence-based interventions (Locke et al., 2016). A growing body of
research in the implementation of evidence-based mental health interventions has identified a
number of factors at the individual and organizational levels that may affect implementation
fidelity. Bartley, Bright, and DePanfilis (2017) reviewed 15 studies that associated practitioner
and organizational factors to the fidelity of interventions delivered within child welfare-related
populations. The authors found that the significant practitioner factors related to fidelity were age, sex, years of service, experience, and attitudes toward EBP. Non-significant factors included race/ethnicity, degree, previous EBP training, and commitment to agency. Authors reported 19 organizational factors related to fidelity. Position within the agency, worksite characteristics, and benefits affected implementation fidelity. For example, employee benefits and salary were not predictive of fidelity; however, merit increases predicted higher scores on the self-evaluation component of fidelity (Bartley, Bright, & DePanfilis, 2017).

Organizational variables related to supervision, coaching, and consultation predicted fidelity as well. Supervision and ongoing coaching that included weekly individualized telephone calls with expert coaches and detailed written feedback on observations significantly predicted higher fidelity scores. Knowledge of job skills related to the intervention and skills in teaching intervention components were predictive of workers’ fidelity to the implementation. Quality assurance, ongoing program monitoring, program oversight, information sharing, attendance at group meetings, team support, and components of training predicted fidelity as well. Organizational climate also predicted fidelity including organizational and systems support, collaboration, and partnership (Bartley, Bright, & DePanfilis, 2017).

Aarons and Sawitzky (2006) examined the attitudes of 301 public sector mental health service providers from 49 programs providing mental health services for youths and families toward the adaptation of EBPs. They found that adaptation may vary because of organizational and individual differences. For example, constructive organizational culture and climate were associated with staff acceptance of innovative interventions. In addition, positive leadership may influence providers’ behaviors and attitudes toward the implementation of new interventions.
In a qualitative study with administrative directors of mental health agencies, Proctor et al. (2007) found that increasing agency training budgets to support the implementation of a new intervention was helpful in the process of adaptation. This was also helpful in terms of lowering provider resistance to learning new practice methods.

Supporting previous research (Aarons, Hurlburt, & Horwitz, 2011), one factor ensuring successful implementation was creating the network of staff in and outside of the agency research (Aarons, Hurlburt, & Horwitz, 2011). Sending staff to conferences and embracing web-based training increased awareness of and openness to implementing EBPs. Aarons et al. (2012) used a mixed methods design to capture a comprehensive understanding of the individual and organizational factors affecting adaptation of new interventions, showing that workforce issues, such as job autonomy, work attitudes, and turnover rates among teams, are all connected. For example, if job autonomy is restricted or carefully monitored by supervisors during coaching sessions or by using fidelity scales. As a result, workers can develop negative attitudes and resistance to the implementation process. The organization and type of intervention also affect workers’ adaptability, flexibility, and fidelity to the intervention, which then ultimately affects the outcomes. Aarons et al. (2011) have suggested using a conceptual model of evidence-based practice implementation in public service sectors that focuses on the organizational and individual factors that are most likely to influence implementation.

Organizational Drivers relate to the agency’s absorptive capacity, readiness for change, and receptive context. Absorptive capacity refers to an agency’s preexisting knowledge/skills, ability to use new knowledge, specialization, and mechanisms to support knowledge sharing. Agencies are more likely successfully to adapt new interventions if they have skilled workers, are open to incorporating new knowledge, and have mechanisms in place to spread knowledge throughout the agency. However, if workers have varied levels of education and experiences,
share multiple responsibilities, and have few readily available venues for knowledge sharing, then adapting new interventions may be challenging.

Agency culture—or the normative beliefs and shared expectations of the agency—may affect positive implementation. Agency culture has a psychological impact on workers, and the work environment can affect the quality of the service delivery and the adoption of new interventions. Additionally, clear goal setting and prior success in the implementation of new interventions have been linked to the likelihood that an agency will complete a successful implementation process.

Individual factors appear to be most important during implementation: (1) values and goals, (2) social networks, and (3) the perceived need for change. Values and goals connect to workers who value innovation and encourage the adoption of new interventions. They engage in ongoing education, professional development, and have large professional networks. Social networks help spread knowledge about new practices and keep workers engaged in innovative interventions that can potentially be implemented in their agencies. The attitudes and perceptions of workers toward innovation and the need to change current practices are also important. Workers and middle management are the connectors between the field (clients’ needs) and leadership, and as a result, they can advocate for the exploration of new practices (Aarons, Hurlburt, & Horwitz, 2011).

Rabin et al. (2008) highlighted another important factor associated with implementation: the characteristics of the intervention. This factor is especially relevant to agencies that implement more than one intervention at a time. For example: (1) effectiveness and cost-efficiency relative to alternative interventions; (2) the fit of the intervention to the goal of the agency; (3) the extent to which the outcomes of the intervention are visible; and (4) the complexity of the intervention (Rabin et al., 2008).
**Implementation Fidelity and Its Significance**

Implementation fidelity is an important component of implementation science. It refers to the degree to which an intervention is delivered as intended (Breitenstein et al., 2010; Carroll et al., 2007). There are four primary elements of implementation fidelity: (1) adherence (is the intervention being delivered as it was designed?); (2) exposure, which relates to the frequency with which the intervention is being implemented; (3) quality of service delivery by workers; and (4) participant responsiveness, which is the extent to which participants react to the intervention (Mihalic, 2004).

Widespread implementation of effective interventions has reduced chances of affecting permanency outcomes unless careful attention is given to the quality of the implementation, that is to say, the degree to which an intervention is delivered as intended (Fisher, Chamberlain, & Leve, 2009; Lipsey, 1999). Current research has demonstrated that successful implementation is not guaranteed by an agency’s mere decision to adopt an intervention that is widespread without fidelity, monitoring, widespread interventions may have widely varying outcomes (Fisher, Chamberlain, & Leve, 2009). However, until recently, relatively little emphasis had been given to implementing programs with fidelity. As a result, most agencies and program developers do not recognize the importance of implementation fidelity and feel that implementing at least some of a program’s components is better than implementing none. However, this belief is likely flawed, since we typically do not know which of the components of the intervention are responsible for the improvement in outcomes. Therefore, interventions must be implemented with fidelity to the model guidelines in order to preserve the change that made the original model effective (Arthur & Blitz, 2000)
According to Carroll et al. (2007), research has shown that the fidelity with which an intervention is implemented affects how likely it is to succeed. For example, a study comparing interventions to help people with mental health issues obtain employment found that employment outcomes were weakest for the study groups that poorly implemented the interventions (Dusenbury, Brannigan, Falco, & Hansen, 2003). Forgatch, Patterson, and DeGarmo (2006) also found that when a parenting training intervention was implemented with high fidelity, the parenting practices improved significantly, but the effect was much less significant when implementation fidelity was low. Although fidelity is an important topic, it has been relatively neglected in the research. For example, Mihalic (2004) reported that in a review of over 1,200 child welfare-related published studies exploring outcome evaluations, only 5% provided data on implementation. Prior to assessing the effectiveness of an intervention, researchers should ensure that the intervention is thoroughly understood and implemented with a high degree of quality. This dissertation aims to expand knowledge related to implementation of the Family Finding intervention.

**Conclusion**

The results of this literature review suggest that, similar to their peers in the general population, youth emancipating from foster care need relational permanence to improve their well-being. However, because they are different from their peers, they need more help to establish relational and emotional permanence. The Family Finding intervention has the potential to support youth in finding permanency so they can transition to adulthood with a better chance of achieving success as they gain independence. The literature review revealed a gap in the existing empirical knowledge about implementation fidelity. In particular, fidelity is often a neglected topic in child welfare research. According to the review, there are limited studies on the individual and organizational factors associated with the implementation of interventions and
their fidelity. Therefore, there is a need to look at these areas more closely in order to examine how each one affects the other. This is a natural next step and is the focus of the next chapter, which outlines the method designed to answer the research questions listed at the end of Chapter One.
CHAPTER 3: METHODOLOGY

This chapter is organized as follows: First, I present the conceptual framework for implementation research and the study measurements. Then I present the study quantitative and qualitative design including population and sampling, data collection methods, and strategies for data analyses.

Conceptual Framework

The conceptual framework that guides this study is based on the implementation research (IR) approach (Peters, Adam, Alonge, Agyepong, & Tran, 2013). IR assesses whether the core components of the intervention are faithfully transported into a real-world setting. IR also seeks to understand the processes of implementation and the factors that are associated with the successful integration of interventions (i.e., the what, why, and how interventions work in real-world settings; Peters et al., 2013; Rabin et al., 2008). Fidelity is an essential part of IR, and it refers to the degree to which an intervention is implemented as prescribed in the original protocol (Rabin et al., 2008). Fidelity is commonly measured by (1) the adherence to the program protocol; (2) the dose or amount of the program delivered; (3) the quality of the program delivery; and (4) participant reactions and acceptance.

Peters et al. (2013) have stated that “the basic intent of implementation research is to understand not only what is and is not working, but how and why implementation is going right or wrong, and testing approaches to improve it” (p. 27). IR aims to identify implementation problems that hinder access to interventions and the delivery of services. IR also identifies factors that influence implementation and ways that the interventions should be modified to achieve sustained impacts with the goal of facilitating their full-scale implementation to improve practice.
Rationale for Choosing a Mixed Methods Design

While not designed specifically for implementation research, mixed methods research was a particularly suitable approach to take in the current project as it provides a practical way to understand multiple perspectives of implementations of innovative interventions that are sufficiently complex (Aarons, Fettes, Sommerfeld, & Palinkas, 2012; Landsverk, Brown, Chamberlain, Palinkas, & Horwitz, 2012). Aarons et al. (2011) suggest using a mixed method design in implementation research to gain a comprehensive understanding of the opportunities and challenges associated with fidelity implementation and to understand the steps needed for successful implementation. For example, Palinkas et al. (2011a) reviewed 22 articles that used mixed methods designs in implementation research in the area of mental health services. The authors found that there is a significant need to use a qualitative design to understand the process of implementation by obtaining first-hand workers’ experiences and to measure the validity of the intervention. Another reason to use a mixed methods design is to compensate for limited statistical power in quantitative analyses due to small participant numbers. A mixed methods approach is also useful when developing new or adapting existing interventions, as the time spent gathering comprehensive data and combining data can improve adaptation and implementation (Palinkas, Horwitz, Green, Wisdom, Duan, & Hoagwood, 2015).

Measures

The qualitative and quantitative phases of the study measured workers’ perceptions of the implementation of the intervention and the individual and organizational factors associated with the intervention fidelity and barriers to implementation. Based on the review of the theoretical and empirical literature and the work of Fixsen, Blase, Naoom, and Duda (2013), the following independent variables were considered.

Independent Variables
Competency drivers are the mechanisms used to develop, improve, and sustain one’s ability to implement an intervention as intended, as follows:

**Individual characteristics.** Categorical demographic variables included gender, race/ethnicity, and education. Worker age was measured continuously and calculated by respondents identifying their year of birth, and their age in years was recorded on that basis. To gather more information about the individual characteristics associated with implementation in the qualitative phase, participants were asked if they were about to hire a new permanency specialist, what qualities/traits would they look for in an ideal candidate?

**Education and employment experience.** The participants’ highest level of education was assessed categorically. Questions regarding their previous training, time spent in their current position, time spent in agency service, the number of cases in their caseload (workload), the average time spent implementing the interventions, and their current position were asked to verify that they were Family Finding specialists (i.e., FamilySearch workers).

**Attitudes toward implementation of the intervention.** Fifteen open-ended questions in the qualitative phase addressed factors associated with implementation, workers’ attitudes toward implementation, difficulties encountered during implementation, and the complexity of the intervention. One particular question asked participants to share a story about a youth or child that had benefited from the Family Finding intervention. The use of a personal narrative was beneficial to capture workers’ experiences of the implementation from beginning to end.

In the quantitative phase, I used a 5-point Likert scale ranging from disagree (1) to strongly agree (5) and short-answers questions to capture workers’ perceptions of permanency (*how do you define permanency?*) and attitudes toward and experiences with implementation (*Family Finding can be effectively blended with other family-centered strategies and interventions*). The rationale for choosing both Likert scale and short answers-questions to assess
workers’ attitudes was to invite the participants freely to express themselves while implementing the intervention.

Organization drivers are the mechanisms used to create and sustain hospitable organizational and system environments for effective services, as follows:

**Organizational characteristics.** Perceived attitudes toward agency support, such as supervision, coaching, team meetings, and training, were measured. The participants were asked about their training and how they utilized supervision time. Organization drivers that support implementation (e.g., resources, a supervisor’s open-door policy) were measured both qualitatively (through open-ended questions) and quantitatively (using the Likert scale).

The agency culture, climate, policies, procedures, and social networks within and outside of the agency (collaboration and knowledge sharing) and agency quality assurance strategies, documentation, and fidelity checklists were measured both quantitatively and qualitatively. The participants were asked to rate the degree to which their agency was supportive of their work and expressed any challenges they faced. The participants were asked to rate and share their experiences working with other Family Finding external agencies, and they were asked about the policies and procedures that are rewarded and supported in order to effectively implement the intervention.

**Dependent Variables**

Perceived fidelity of the Family Finding intervention was obtained through mixed methods measurements of participants’ adherence to the intervention protocol. The participants were asked to assess implementation fidelity in three domains:

1. From beginning to end: Implementation fidelity of the intervention from the beginning to the end of all six stages. If participants often completed the six stages of the intervention.
(2) Per stage: If participants completed all tasks in each of the six stages of the intervention.

For example, engagement of youth in the discovery phase, mobility mapping with youth, and engagement of significant others/families in the blended perspectives meeting.

(3) Mixed with other interventions/models: Implementation fidelity of the intervention when implementing additional interventions at the same time.

The majority of the items were given ordinal ratings. The Family Finding fidelity checklist, which is a Likert scale checklist, formed a major part of the survey, and asked participants to rank statements from “0” (strongly disagree) to “4” (strongly agree). The fidelity checklist of the Family Finding intervention was developed and studied by Child Trends (Malam, Williams & Rosinsky, 2016) as part of a formative evaluation of the intervention at the Children’s Home Society of North Carolina. In this evaluation, researchers suggested to conduct additional studies to test fidelity measures and understand how service delivery translates into outcomes.

**Study Design**

In this dissertation study, I used an explanatory sequential mixed methods design (see Figure 3; Creswell, Plano Clark, Gutmann, & Hanson, 2003; Palinkas, Aarons, Horwitz, Chamberlain, Hurlburt, & Landsverk, 2011b). The process of an explanatory sequential mixed methods design involves first gathering quantitative data to explore a phenomenon and then collecting qualitative data to explain better the information found in the quantitative phase (Creswell & Plano Clark, 2011). More specifically, an explanatory sequential mixed methods design involves three basic stages.

Stage 1 involves collecting quantitative data first. In the quantitative data collection phase of the study, I collected survey data from 38 permanency specialists to assess the perceived degree of implementation fidelity, their perceptions of the implementation of Family Finding,
and the individual and organizational factors influencing implementation. After a preliminary analysis of the quantitative data, I started Stage 2.

Stage 2 involves collecting qualitative data. I collected qualitative data from 22 semi-structured interviews with permanency specialists to explore their perceptions of implementation, recommendations for how to improve the implementation, and individual and organizational factors influencing implementation.

Stage 3 is the mixed methods analysis phase. During this phase, I first reviewed and analyzed the quantitative data. Then, I used the results to guide the qualitative data collection and analysis.

![Explanatory sequential design](image)

*Figure 3. Explanatory sequential design (Adapted from Creswell, Plano Clark, Gutmann, & Hanson, 2003).*

Table 2 provides an overview of the research aims, questions, and methods organized according to the three distinct phases of the design used to guide this study.
Table 2
Overview of the Study’s Research Questions and Methods

<table>
<thead>
<tr>
<th>Research aims</th>
<th>Research questions</th>
<th>Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quantitative Method</strong> (collection and analysis)</td>
<td>Research questions 2 and 4</td>
<td>Survey on the implementation of the Family Finding intervention (n = 38).</td>
</tr>
<tr>
<td><strong>Aim 1:</strong> To examine the perceived degree of implementation fidelity.</td>
<td>- What individual and organizational factors affect the implementation fidelity of the Family Finding intervention?</td>
<td></td>
</tr>
<tr>
<td><strong>Aim 3:</strong> To examine permanency specialists’ perceptions of organizational and individual factors related to implementation fidelity.</td>
<td>- To what degree is the intervention implemented as intended?</td>
<td></td>
</tr>
<tr>
<td><strong>Qualitative Method</strong> (collection and analysis)</td>
<td>Research questions 1, 2, and 3</td>
<td>Data source: Interviews with permanency specialists (n = 18) and supervisors (n = 4).</td>
</tr>
<tr>
<td><strong>Aim 2:</strong> To examine permanency specialists’ perceptions of the implementation of the intervention.</td>
<td>- What are the experiences and perceptions of permanency specialists when implementing the Family Finding intervention?</td>
<td></td>
</tr>
<tr>
<td><strong>Aim 3:</strong> To examine permanency specialists’ perceptions of organizational and individual factors related to implementation fidelity.</td>
<td>- What individual and organizational factors affect the implementation fidelity of the Family Finding intervention?</td>
<td></td>
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<tr>
<td></td>
<td>- What recommendations do permanency specialists make regarding the implementation of the Family Finding intervention?</td>
<td></td>
</tr>
<tr>
<td><strong>Mixed Methods Data Analysis</strong></td>
<td>Research questions 1, 2, 3, and 4</td>
<td>Use the results of both qualitative and quantitative analyses.</td>
</tr>
<tr>
<td><strong>Aim 4:</strong> To integrate qualitative and quantitative research findings in order to more fully understand the factors related to fidelity.</td>
<td>- What are the experiences and perceptions of permanency specialists when implementing the Family Finding intervention?</td>
<td></td>
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<tr>
<td></td>
<td>- What individual and organizational factors affect the implementation fidelity of the Family Finding intervention?</td>
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<td>- What recommendations do permanency specialists make regarding the implementation of the Family Finding intervention?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- To what degree is the intervention implemented as intended?</td>
<td></td>
</tr>
</tbody>
</table>
Study Procedure

The study was carried out over a six-month period from February to August 2018. The study took place in agencies in New York, Nebraska, Ohio, North Carolina, and California. All the agencies that participated in the study had been implementing the Family Finding intervention on a regular basis for at least one year prior to the start of the study.

All study procedures were first approved by the City University of New York Institutional Review Board (#2017-0923). I took all the necessary measures to ensure that the rights and well-being of the individuals involved in the study were protected. The consent form signed by the participants in this study outlined matters of confidentiality and the risks and benefits of participation.

Quantitative Data Collection

I used snowball sampling to recruit permanency specialists. A total of 38 respondents completed the survey out of a possible 42 for an initial response rate of 86%. The survey sample consists of permanency specialists (n = 32) and supervisors (n = 6) from select agencies across the country. The inclusion criteria to participate in the study were restricted to those professionals who implement Family Finding interventions. In addition, permanency specialists must have implemented the intervention in one or more cases over the study period. Workers who had not been trained in the model were not qualified to participate in the study and were excluded. Table 3 contains descriptive information on the permanency specialists who completed the survey. The average age of the participants was 38.6 years (SD = 10.6), with an age range of 25–69 years. A majority of the participants identified as White (n = 29), and the remainder identified as Black/African American (n = 6) and/or Hispanic/Latinx (n = 3). Additionally, about half of the respondents had earned a bachelor’s degree (Bachelor of Social Work or other) and about 42% earned a master’s degree (Master of Social Work or other). About 43% had worked in
their agency for between one and two years. The average length of time spent working at the agency was 25 months (SD = 28.4). Lastly, the average number of families in the current caseloads for the full sample was 6.6 (SD = 4.9).

Table 3
Quantitative Participant Characteristics Means, and Standard Deviation

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Number</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
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<tr>
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<td></td>
</tr>
<tr>
<td>Number of Cases</td>
<td>6.6</td>
<td>4.9</td>
<td></td>
</tr>
</tbody>
</table>
Quantitative Procedure

The survey on the implementation fidelity of the Family Finding intervention was based on fidelity checklists and measurements constructed to capture adherence to the protocols and the competent delivery of the Family Finding intervention (National Institute for Permanent Family Connectedness at Seneca Family of Agencies, 2014). The questions, statements, and Likert scales included in the survey (see Appendix B) were based on the literature review, previous research, and fidelity checklist of the intervention created by the Seneca Family of Agencies and Child Trends (Malam, Williams & Rosinsky, 2016). First, the survey gathered demographic data and relevant information about the worker, their number of cases, previous training, seniority in the agency, and experience working in the child welfare field. Second, the survey examined the implementation fidelity of each of the six stages of the intervention. Third, the survey examined individual and organizational factors related to the implementation of the intervention. There were a total of 76 questions asked in the survey.

The construct validity of the items in the survey had been established in previous studies (Malam, Williams, & Rosinsky, 2016). To increase the face and content validity of the survey, I asked the developer of the intervention and researchers who had conducted studies on Family Finding to provide their feedback. In addition, the participants provided feedback on their experience of taking the survey after its completion.

All quantitative data gathered were coded and stored using SPSS software for quantitative data analysis and was protected with two passwords: one for gaining access to the computer and another for gaining access to the files. Some of the survey questions contained text that could not be coded in SPSS and were stored and analyzed using Atlas.ti qualitative analysis software.
Quantitative Analysis

The quantitative stage of the study sought to fulfil its first and second aims: to examine the perceived degree of implementation fidelity and to explore further the individual and organizational factors associated with the implementation of the intervention. While all four research questions were addressed in the survey, an emphasis was placed on the questions relating to the individual and organizational factors that impact the implementation fidelity of the Family Finding intervention and the degree to which the intervention is implemented as intended.

Survey data were encoded into SPSS. Data was first examined through descriptive statistics to assess the means and standard deviations of the demographics and other variables. Percentages and frequencies were calculated for all categorical variables. Data screening and cleaning was done during the process of extracting data into SPSS. Prior to undergoing all statistical analyses, the following steps were taken to prepare the data.

First, the mean was substituted for any missing data on continuous variables in order to optimize the sample size. It should be noted that mean substitution is considered appropriate for continuous data (Allison, 2009). Then, in order to assess the overall perceived fidelity, a dependent variable (marked as ROFV – Reported Overall Fidelity Variable) was created as a composite of 15 separate items related to implementation fidelity (see Appendix D). The 15 items were added together and then divided by the total number of items present in the scale (i.e., 15). Using this coding format allowed the average of the composite scale to be interpreted as a function of the original measurement metric of the scale, i.e., on a scale of 1 to 5, with higher scores indicating higher levels of fidelity.

Cronbach’s alpha reliability was computed for the ROFV dependent variable. The alpha statistic was developed by Lee Cronbach to provide a measure of the internal consistency of a
scale as a function of its reliability. The measure of the alpha ranges from between a value of 0 and 1, with higher scores generally indicating greater reliability. Scores of .70 or higher suggest that a scale has an acceptable level of reliability. The ROFV scale had an alpha of 0.764.

Then, bivariate Pearson correlations were computed for ROFV and the questions addressing individual and organizational factors. A Pearson correlation technique is an appropriate way to investigate whether a statistical relationship exists at the bivariate level between a given dependent variable and a given independent variable. A bivariate Pearson correlation was also computed for Q18 (“I usually follow the six steps of the model”), which was a self-reported question about implementation fidelity, and the same individual and organizational factors.

**Qualitative Data Collection**

I used non-probability convenience sampling to recruit permanency specialists (n = 18) and supervisors (n = 4). Participants who filled out the survey were also invited to take part in a semi-structured one-on-one phone interview. The inclusion and exclusion criteria were similar to those used in the quantitative phase of the research.

Table 4 contains descriptive information on the permanency specialists and supervisors who completed the semi-structured interview. A total of 22 respondents completed the semi-structured interview out of a possible 35, for an initial response rate of 62.8%. The average age of the workers was 34.9 (SD = 8.55), with an age range of 25–59. A majority of the participants identified as White (n = 15), and the rest identified as Black/African American (n = 5) and Hispanic/Latino (n = 2). Additionally, three-quarters of the respondents had earned a bachelor’s degree. The average length of time spent in their current position was 19.5 months (SD = 10.4). The average length of time spent at the agency was 25 months (SD = 15.6). Lastly, the average number of families in their current caseloads for the full sample was 9.3 (SD = 1.9).
Table 4

Qualitative Participant Characteristics Means, and Standard Deviation

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Number</th>
<th>Mean</th>
<th>(SD)</th>
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</tr>
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<tr>
<td>Time in Current Position</td>
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<td>10.4</td>
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<tr>
<td>Time at Agency</td>
<td></td>
<td>25 months</td>
<td>15.6</td>
</tr>
<tr>
<td>Number of Cases</td>
<td></td>
<td>9.3</td>
<td>1.9</td>
</tr>
</tbody>
</table>

Qualitative Procedures

Semi-structured individual interviews were conducted with a sample of permanency specialists between February and June 2018. For the individual interviews, I reached out to the managers of child welfare agencies that implement the Family Finding intervention and asked them to share a recruitment flyer that was designed for this study with their team. Workers who were interested in participating contacted me by email to schedule a phone interview. Interviews
were conducted with workers from five different agencies: two in New York, two in Nebraska, and one in Ohio.

The interviews with permanency specialists were scheduled based on their availability and were conducted over the phone. In accordance with IRB guidance, each participant verbally and voluntary agreed to give their consent at the start of each interview and the participants were asked whether they had any additional questions. On average, the interviews lasted 30–40 minutes and did not exceed the one hour specified in the recruitment materials.

The semi-structured interviews were guided by an interview protocol that was developed based on previous studies, particularly a study conducted by Malm et al. (2014) (see Appendix C). The interview protocol included 34 open-ended questions with optional probes to further explore implementation and ask for respondents’ feedback on individual and organizational factors related to fidelity.

The interviews were audiotaped using an application called ‘TapeACall’ and were later transcribed verbatim using an online transcription service. I listened to each interview to ensure the accuracy of the transcription, to take notes, and to correct any inconsistencies between the audio recordings and transcriptions. In order to maintain confidentiality, each participant was assigned an identification number, and any identifiable details were removed from the transcription. All information gathered was stored using Atlas.ti software for qualitative data analysis and protected by two passwords: one to access the computer and another to access the files. Additionally, a research assistant coded part of the data simultaneously. Having a secondary reviewer ensures the reliability of the qualitative analysis. Weekly phone meetings took place between the research assistance and I to discuss progress, review differences in the coding application, and resolve discrepancies.
Qualitative Analysis

The qualitative stage of the study sought to address its second and third aims, which were to examine permanency specialists’ perceptions of the implementation of the intervention and the organizational and individual factors related to implementation fidelity. In order to achieve this goal, three research questions were asked: (1) What are the experiences and perceptions of permanency specialists implementing the Family Finding intervention? (2) What individual and organizational factors affect the implementation fidelity of the Family Finding intervention? and (3) What recommendations do permanency specialists make regarding the implementation of the Family Finding intervention?

Qualitative data analysis was carried out using Atlas.ti’s qualitative data analysis (QDA) software. This QDA software captures vast amounts of text-based qualitative data and facilitates its organization, identification, and sorting (Friese, 2014; Hwang, 2008). One of the main reasons for using Atlas.ti software is its teamwork setting, which allows simultaneous work to be carried out by more than one coder. In this study, the qualitative data analysis was done by two coders: me (main coder) and a research assistant (second coder). Additionally, using Atlas.ti QDA software I was able to create networks of codes (coding scheme) to visually observe the projected trends in the data.

I used thematic analysis to analyze the data. Thematic analysis is a common form of qualitative analysis that suggests an overarching flexible framework to identify, analyze, and report the patterns (themes) that emerge as being important to the description of the phenomenon (Braun & Clarke, 2006; Fereday & Muir-Cochrane, 2006). Thematic analysis is a sequential rather than a linear procedure, and the stages of the analysis can happen concurrently (Swain, 2018). The stages of analysis are as follows.
Gaining familiarity with the data and gathering initial codes. The analysis included reading and re-reading the transcribed interviews to become more familiar with the data. During that process, both the research assistant and I took notes (e.g., memos) and marked the relevant quotations in each interview. The goal of this part of the analysis was to better understand the complete context of each individual interview and the context across interviews to create initial codes. A codebook, which gathered all the textual descriptions of the text, was created based on the research questions, variables, aims of the study, interview guide, and the transcribed interviews. Twenty-one initial codes were generated.

Searching for and reviewing themes. Next, we sorted the different codes into potential themes, which are important segments of data that represent a pattern across participants. Through this process, we reduced the number of codes and used coding according to groups to organize the data better. To reduce the amount of data, I used a thematic map to visualize the relationships between the themes and observe their connections to the research questions.

Defining and naming themes to produce a report. Both the research assistant and I coded all the data simultaneously based on the same initial codes. We met weekly to discuss the coding process, brainstorm, and ask questions. Both during the analysis and at the end, we were able to form themes related to each of the research questions. The themes contained codes that appeared in the data many times and codes that were similar enough in their content to be merged together. A total of 13 themes emerged from the data.

Mixed Methods Procedure

Following the qualitative and quantitative analyses, I integrated the data to examine the results of both phases to address further the research questions. This was the final part of an explanatory sequential design to provide a more in-depth analysis to connect the data and enrich
its interpretation (Creswell & Plano Clark, 2011), because some of the questions that were asked in the quantitative phase were influenced by the qualitative phase.

The mixed methods stage of the study sought to examine the fourth aim, which was to integrate the qualitative and quantitative research findings in order to understand more fully the factors related to fidelity. I observed data from both the qualitative and quantitative inquiries to examine the relationships between individual and organizational factors and implementation fidelity. The purpose was not to merge the two data sources but rather to use the results of the qualitative portion to further explain or interpret the quantitative results. I used notes and charts to compare between data and to find complementary information to deepen the analysis. In order to facilitate this phase of the study, I used Atlas.ti to incorporate the qualitative and mixed methods data. I merged the mixed methods data together to answer all four research questions.

**Conclusion**

In summary, this chapter provided a detailed description of the methodology used in this dissertation. A mixed methods inquiry was employed to examine permanency specialists’ perceptions of the implementation of and the factors associated with the implementation fidelity of the Family Finding intervention. The data collection included a quantitative survey and an in-depth qualitative interview.

The following chapter answers the study’s four research questions by presenting the results from both the quantitative and qualitative inquiries. Integration of the methods yields an extensive and deep analysis of the statistical findings and constructs of the participants’ experiences. Furthermore, it provides an opportunity to examine the similarities and differences between the findings of the two methods. These will be presented in light of the literature and the conceptual frameworks presented in the literature review.
CHAPTER 4: RESULTS

In this chapter, I answer each of the four research questions by integrating data from the quantitative and qualitative inquiries. The analysis of the quantitative phase provides information about the individual and organizational factors associated with implementation fidelity. The qualitative data adds a substantial degree of context to the quantitative results regarding participants’ perceptions of implementation and their perceptions of factors influencing implementation fidelity.

Research Question 1 Findings

What are the experiences and perceptions of permanency specialists when implementing the Family Finding intervention? Data drawn from the interviews revealed that, in practice, permanency specialists in this study employed only four out of the six steps of the Family Finding intervention: discovery, engagement, planning (blended perspectives), and follow-up support. Participants combined the fourth step—decision making—with the blended perspectives meeting. Workers did not mention the fifth step—evaluation—as an active stage but rather as a part of the follow-up step.

Step 1: Discovery

“There’s no such thing as, we can’t find somebody; it’s because we’re not looking hard enough, not because there is no one” (Participant 103). The referral process was part of the discovery phase. The majority of permanency specialists were given referrals for Family Finding services via caseworkers or their own agencies. After receiving a case, permanency specialists began their initial search for family members and other significant adults to discover as many connections as possible.

Search strategies. The permanency specialists employed several search strategies,
including case mining, court reports, online searching with Facebook, Instagram, Seneca search services, and conversations with youth and caseworkers. Participants commonly used a Seneca search to find support for youth. Participant 101 explained that the Seneca search provided information that expanded the search to many other relatives who had not been involved with the youth for years but could potentially offer support:

Seneca searches happen monthly, so when I get a new case, any time I have a name and address for somebody, I run a Seneca search and you know, will get first-, second-, third-degree relatives of those individuals.

The Mobility Mapping activity used a similar approach to locate significant adults with whom the youth had been in touch. There was some inconsistency among the participants regarding their perceptions of its benefit in the discovery process and its emotional toll on the youth. Participant 110 expressed that there was an emotional toll related to mapping connections and going through past relationships, foster home placements, and the time youth had spent with their biological family:

I don’t do it [Mobility Map] with every child. I did not have a good experience the one time I tried to use it because it really was painful for the child and they really shut down. It’s hard to relive all of the places you’ve been and have to see it down on paper. I’ve been to many places, nobody wanted me. It’s painful for them.

As a result, the use of Mobility Mapping with youth was chosen on a case-by-case basis and was subject to the judgment of the worker.

**Youth inclusion in the discovery step.** The participants also agreed that, prior to any discovery activity, workers must create a positive relationship with the youth, engage the youth
in conversation about the process, and reassure the youth that they can decide with whom they want to engage. As Participant 107 stated:

The beginning of the process is building a relationship with the youth so that as long as you do that, you have an engaged youth. At least in residential. Because my youth do not go on home visits, so I spend a lot of time with them.

Most permanency specialists chose to include youth in their discovery efforts as a way of empowering them and learning about their connections. Those who chose not to include youth in the process attributed their decision to the age of the child and their readiness to explore their past relationships. Participant 102 spoke about age as a means of deciding the extent of youth engagement in the discovery process:

The younger they are, they don’t entirely understand the activities or the questions that you’re asking or why certain people are around; and the older they are, they have more of an opinion about who they want around, so you can find all the family in the world.

Step 2: Engagement

After finding connections through the discovery step of the Family Finding intervention, permanency specialists contacted individuals through mailed letters, phone calls, social media, and caseworkers. The participants agreed that the engagement takes place throughout the case and does not stop until the case is closed. Participant 106 explained the process:

We’ll get the pool of people, and that’s how we start contacting and writing letters and making phone calls, knocking on doors. It [engagement] is ongoing, it could be a year, and somebody would be like, “Hey I just opened the letter that you sent me a year ago.”

Workers engagement efforts. The engagement phase also required the participants to be
persistent in engaging adults with the ability to become lifelong connections for the youth, although not necessarily in terms of making a physical or legal permanent connection. For example, Participant 112 spoke about the engagement process as creating any possible contact between the youth and the adult: “I will think about ways to get the yes from the families. It could be yes for a [phone] number or a yes for a visit or a yes inviting them home for dinner, things like that.”

The engagement phase requires workers to have strong communication and advocacy skills and an ability to build relationships with relatives and significant adults. The participants discussed the intensity of engaging adults by calling them and gaining their trust. As Participant 110 explained:

So, we’re obligated to call all of them, even if they say no a whole bunch of times. And after saying no and us being so persistent, some of them say yes and that’s what determines it. So, it’s not like we’re opting anyone out, unless legally we have to.

Youth inclusion in the engagement step. The decision whether to include youth in the engagement process varied from one participant to another. The permanency specialists were sensitive to the emotional toll on youths in terms of their expectations and feelings of disappointment during the engagement process. Participant 117 explained the conflict they experienced when engaging the youth in the process:

Well, I engage the youth right away, but I don’t tell them about everything that I’m doing right away. Because I feel like I don’t want them to have any expectations, ’cause they’ve been let down so often, and I don’t wanna be another person who lets them down. But some people tell them right away and it works out. But that’s something personally that I don’t do. And I think it also depends
Barriers. The participants also agreed that the engagement phase is time-consuming and often challenging. It is sometimes difficult to identify and locate potential connections; workers do not always have updated contact information for a potential connection. Moreover, it takes time for individuals to respond to and engage with the permanency specialists. Participant 102 claimed that the “Whole engagement and connection phase might be months, so that’s where the need comes before we ever come to the decision.”

The participants detailed some systemic barriers that have affected their engagement process. In some cases, a permanency specialist may find a potential connection for the youth, but a caseworker may prohibit contact due to safety or legal reasons. These barriers would slow down the process and keep the permanency specialist caught in between a caseworker, youth, and family/natural support. Participant 112 explained:

But even with safety they can still give us information. So, we still don’t opt them out, we just don’t let them have any contact with the kid. I can still have contact with you ’cause I’m an adult. But you can’t have any contact or information about the kid. You can give me information and that’s helpful to them. But the child can’t contact them.

Steps 3 and 4: Blended Perspectives Meeting and Decision Making

The participants’ experiences with the blended perspectives meeting vary; some had positive experiences with it and others found it to be disorganized. The participants reported that they held a meeting for each of their Family Finding youth, but oftentimes the team could not decide on youth permanency options. For example, Participant 115 explained that the structure of the meeting (its protocol) was confusing at times, and the goals of the meeting were not
always clear:

The headings for the meetings. Sometimes they can be confusing or redundant, so you might be asking the same question but in two different ways, and that can throw people off and confuse them… having some talking points to encourage conversations between all of the supports in the room.

**Combining blended perspectives meeting and decision-making.** At times, connecting the two steps together means overcoming the challenge of getting everyone to meet again. It is also easier to make decisions when all the relevant parties are sitting together. As Participant 118 explained “… if you get to that point and are able to get a blended perspective, getting people back for the decision-making meeting is pretty difficult.”

Bringing potential significant adults to meet with permanency specialists, caseworkers, and at times the youth, was a challenge. The significant adults would not show up to the meeting and only the professionals would meet to discuss potential permanency planning for the youth. The transition from the engagement phase to the blended perspectives phase was hard to execute at times: “I would say one of the most frustrating [things] would have to be maybe participation and understanding in the Family Finding meetings by all parties, both formal and informal. Just lack of participation.”(Participant 101).

According to the Family Finding model, decision-making is a separate stage from the blended perspectives meeting. Nevertheless, the participants reported that the decision-making step often took place during family meetings with youth, their families, and other significant adults who can provide support to the youth. Decision-making could be difficult because not everyone agrees. It should be realistic and focused on ways to build connections with youth and establish their legal and emotional permanency. Participant 116 explained her experience implementing the two stages together and stated that the worker needs to progress with the case
by making decisions:

I’d say between doing blended perspectives and decision making. A lot of times we do it together because we’ve been having so many conversations, some people come to family team meetings just to get to know what’s going on and then we’ll have our blended perspectives, which is a combination blended perspectives and decision-making meeting ’cause a lot of times we don’t wanna stay involved with the adults.

The participants perceived decision making to be a complex step. Neither participants nor families/natural support were always ready to make decisions. They were unsure about what types of decisions they should make, and they did not always get along or were hesitant to reconnect with the youth. As Participant 105 described, part of the decision-making process is to educate the adults in the room about the youth’s need to have connections:

What I find is that people are... they think the need is to know where are they going to live. No, that’s not the need, that’s the plan, what’s the need? And when you don’t drive it by the need then we get lost and driven then by the plan. So, you’re right, that’s what I think too, is that people jump over that part. I would sit with families for an hour even sometimes trying to get them to figure out “oh my God, they just need love, oh my, they just need that unconditional love.” So, I don’t skip that step at all.

**Implementing similar interventions.** The permanency specialists who implemented the Family Finding intervention alongside other models (such as Wendy’s Wonderful Kids, the 3-5-7 Model, or the Wraparound model) expressed confusion regarding how Family Finding differs. Participant 111, who also implemented the Wraparound model, perceived the implementation of the blended perspectives meeting to be similar to Wraparound:
But the model that our agency uses for family team meetings is the Wraparound model. It’s pretty similar though, as far as the topics. We’ve really tried to get people to just, if they’re having a family team meeting, let’s just combine them because the topics that you wanna talk about are really similar.

**Step 5: Evaluation**

The participants reported that evaluation of the permanency plans was not an active step in their work. They found evaluation to be similar to the decision-making step, as it had a shared goal of listening to the family/natural supports and ensuring youth are emotionally, relationally, and physically safe. Participant 117 explained the need to engage the youth and the family/natural support in the process of evaluating the plan:

> Having open and transparent dialogue with those involved has been key for me. Asking questions like “How likely is [it that] this [is] going to happen?” It is important to set the stage for realistic conversations so that plans are mutual and all involved are aware of what little steps need to be taken to move toward relational and legal permanency.

The participants invested more in the blended perspectives meeting and later the follow-up step. In some cases, the participants used their team and supervisor to assess whether a plan met the youth’s emotional, physical, mental health, and social needs. Participant 109 explained that an important part of the evaluation is to assess the readiness of youth and adults for permanency in the long term: “I try to ‘see’ the long term. Are supports in place for the youth and is commitment there from the adult resources?”

**Step 6: Follow Up**

The participants perceived the final step of the intervention as a transition period during which permanency specialists provided support to ensure permanency. The permanency
specialists checked in with youth and family/natural support to ensure that connections remained stable and offered periodic support, referrals to mental health providers, case management, and skills building. Participant 104 explained how the follow-up stage was a transition period to reduce reliance on support from workers:

[One] of the biggest challenges is getting the family to have the autonomy to do it themselves. To pick it up without us and keep the relationship. So, not having to remind them to call or to write a letter. It’s really for them to really get [going] on their own and make it part of their family dynamic, their relationship with our client.

Some participants also spoke about engaging youth and families/natural support in various activities as a means of enhancing permanency. Participant 114 discussed the need to support them even when it was time to close the case: “I'm always a phone call away... doing child permanency preparation activities for youth and family and training for the permanent family.”

The participants stated that follow-up procedures were not followed according to a protocol, and so they varied from one case to another. The same could be said of the process of closing a Family Finding case, as there was no clear protocol setting out the criteria to close a case. To navigate this decision, the participants often consulted with their supervisors and teams.

Combining stages formed a general theme observed across the data. The participants agreed that it was not useful to think about the model as linear (stages), but rather as iterative, meaning that workers return to some of the earlier stages throughout the intervention. Many of the activities, such as discovery and engagement, take place throughout the stages.
Research Question 2 Findings

What individual and organizational factors affect the implementation fidelity of the Family Finding intervention? With respect to this question, there was convergence in the quantitative and qualitative results with regard to competency and the organizational drivers of supervisor characteristics, support, and positive attitudes toward the intervention.

Competency Drivers

Pearson correlation statistics were used to analyze common individual and organizational factors (independent variables) and overall recorded fidelity scores across participants. Table 5 describes the results of the analysis and the correlations that were found to be statistically significant ($p < .05$ and $p < .01$). The participants who reported that they believed in the Family Finding model showed a positive statistically significant correlation ($r = .450$) to the overall implementation fidelity score (ROFV). There was also a statistically significant correlation between implementation fidelity and participants’ employment experience and perceptions. The participants who felt that Family Finding fit their clinical approach ($r = .372$) and those who were satisfied with their skills as a Family Finding worker ($r = -.348$) were found to have a statistically significant correlation to the overall implementation fidelity score.

As part of the questions addressing participants’ perceptions of the intervention, the participants were asked to rate whether they thought that Family Finding was too simplistic. A majority of participants ($M = 1.84$, $SD = .718$) agreed that Family Finding is not simplistic. A negative statistically significant correlation ($r = -.348$) was found between the overall implementation fidelity and the participants’ perception of the intervention as not simplistic. The participants who had high overall implementation scores also perceived the Family Finding intervention to be complicated to some degree.

There were no statistically significant correlations to participants’ individual
characteristics, such as gender, age, and race, and there were no statistically significant
correlations to education and employment experience, such as their highest level of education,
time spent in their current position, and their seniority in the agency.

**Organizational Drivers**

A statistically significant correlation was found between overall implementation fidelity
and the participants’ positive attitudes toward supervision. This was true for all three statements
that addressed supervision: 1) Receiving supervision helps me to be a better Family Finding
worker \( r = .339 \); 2) I feel that the amount of supervision I receive is adequate \( r = .387 \); and 3)
My supervisor is able to answer my questions about Family Finding \( r = .372 \). There was also a
statistically significant correlation \( r = .420 \) between implementation fidelity and previous
training in the model. The participants who reported that the formal training they had received on
the Family Finding model was helpful showed positive correlations to the overall
implementation fidelity.
Table 5  
*Pearson Correlation Results, ROFV*

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<td>Q71</td>
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Note: \( n = 38 \).

In addition to the overall fidelity scores recorded across the participants, I also analyzed the perceived fidelity (workers’ perceptions) in relation to Q18: “I usually follow the six steps of the model and the individual and organizational drivers” (see Table 6). Similar to the previous
results of this study, the participants who reported that they were satisfied with their skills as Family Finding workers positively correlated with the ability to follow the six steps of the model ($r = .464$). There was a negative correlation ($r = -.353$) between workers’ attitudes toward the degree of complexity of the intervention and their reported implementation fidelity. The participants who followed the six steps also perceived the Family Finding intervention to be complicated to some degree.

A similar correlation was also found between the participants’ ability to follow the six steps of the model and their experience with supervision ($r = .463$). The participants who reported that they had adequate amounts of supervision were more likely to follow the six steps of the model.

Another correlation was found between the participants’ ability to follow the six steps of the model and knowing that the Family Finding intervention is funded by a grant ($r = .395$). The more they were aware of the program’s funding, the more likely they were to report that they followed the six steps of the model.

The participants also showed a positive correlation between their ability to follow the model and their satisfaction with the formal training they had received on the Family Finding intervention ($r = .500$). This also shows a positive correlation between the participants’ ability to follow the six stages and their positive perceptions of the amount of training they had received to apply the intervention correctly ($r = .446$).
Table 6
Pearson Correlation Results, Q18

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Note: n = 38.

Competency Drivers

The qualitative phase of the study asked permanency specialists about the individual and organizational factors that affected the implementation fidelity of the Family Finding intervention. The participants described the competency and organizational drivers that are necessary when implementing the intervention. More specifically, permanency specialists were asked about the individual factors that tend to be important in accomplishing the Family Finding
intervention. The questions assessing the implementation of and fidelity to the protocol included the following: 1) Are there any behaviors that affect workers’ ability to implement the interventions with fidelity? and 2) What individual factors are important during implementation?

Most participants provided responses that related to intrinsic qualities. Six main individual characteristics emerged from the data:

1. Empathy (non-judgmental)
2. Engagement
3. Resilience
4. Persistence
5. Organization
6. Positive attitude toward the intervention

Empathy. The participants agreed that Family Finding work could only be done if workers show empathy towards youth and their family/natural support. Empathy is defined as “the act of perceiving, understanding, experiencing, and responding to the emotional state and ideas of another person” (Barker, 2003, p. 141). Empathy helped the participants establish initial relationships with youth and later build trust with their families/natural support. Empathy emerged in the data as a trait that was needed throughout the implementation of the intervention.

When asked about the ideal qualities of a permanency specialist, Participant 102 answered:

I’m looking for someone that is able to learn how, 99% of the time, to be non-judgmental of the youth, the family, and the other workers, our peers, because that’s just an easy out for all of us, and realize we’re all human and that there’s no family, there’s no parent that intentionally does not want to be good and loving to their child. Trauma, situational, environments, many, many things place them in a situation to make decisions that are not always helpful to them and to their
families… it’s important to build relationships with the families with whom we’re working. So yeah, empathy is a big part of that.

The excerpt above highlights the need for permanency specialists to be considerate of the history of youth and their family/natural support. The factor of building relationships came up many times in interviews, which led to the second factor: engagement.

**Engagement.** Tied to empathy, the participants reported that the engagement process forms the core of the Family Finding intervention. Engagement is defined as the process through which a client agrees to actively participate in the therapeutic relationship or treatment. Engagement usually leads to positive treatment outcomes (Friedlander et al., 2006). Throughout the intervention, workers should have engaged youth and others, including family/natural support, caseworkers, teachers, social workers, and foster families. Participant 120 described the engagement process as taking on a sales role in which workers instill the idea of making connections with families, although such connections sometimes sound unrealistic:

They have to have extremely great engagement skills because what we’re doing, it is almost like we’re salesmen. We’re selling this idea of family to a child, to a child who gave up on looking for family and has years and years of trauma and loss. As well as convincing a family to build this relationship through... after the years of guilt that they have for not having a relationship.

The participants agreed that engaging with youth and their supportive adults can be challenging. In order to find and sustain support for youth, the majority of the permanency specialists agreed that they have to be resilient in the face of systemic barriers, rejection from families, and resistance from youth.

A majority of the participants agreed that the ability to engage youth and adults is the most important skill that a worker should have. As Participant 118 explained:
When staff do not do engagement well the outcomes are not what you hope for. Engagement is “the glue” that holds the process together, and if Family Finders do not have strong skills in engaging others, then you can most likely determine that the case will not achieve the goals set forth for relational and legal permanency.

This quote fits with the quantitative data that shows that the engagement step is the most challenging and intense part of the intervention.

**Resilience.** Resilience refers to a person’s ability to cope with difficulties, external demands, and pressure without experiencing negative effects (Grant & Kinman, 2014). The participants described resilience as a way of coping with the challenges and barriers inherent in the process of working with youth and families involved in the child welfare system. Permanency specialists experienced systemic barriers, in particular, such as when youth could not connect with certain adults for legal reasons or due to their caseworkers’ decisions. The participants mentioned their own disappointment, but they also elaborated on what they felt was their obligation to explain such situations to the youth and contain their disappointment. Participant 114 explained: “You’re gonna have a lot of disappointment, you could come up with this great plan and you could work out this great plan with family members... there’s just a lot of disappointment because of built-in systemic barriers.” This quote highlights the challenging nature of finding permanency for lonely youth. Permanency specialists must believe that they can find support for the youth and not give up.

**Persistence.** Persistence is defined as a person’s ability to persevere in carrying out a task despite facing obstacles or despite operating in a non-supportive, non-reinforcing environment (Nation & Woods, 1980). Most workers described their approach to dealing with systemic and engagement barriers as not giving up and by being creative and thinking outside of the box. They
agreed that to be successful as a permanency specialist workers must exercise persistence when engaging families and caseworkers so as to best advocate on behalf of the youth. As Participant 105 explained:

Somebody that... will be able to take that, can take phone calls from families that they’re trying to look for, get cursed out and then be able to say, “I understand why you're cursing me out.” Rather than take it... be offended by it.

This quote tied in to both resilience and persistence. Permanency specialists should be able to work with families who may resist the idea of interacting with the youth. The work can be achieved when permanency specialists are willing to support youth in various creative ways. As Participant 114 explained, this can include: “… driving the youth to their residential programs, picking the family members up, going that extra mile that we need to go to build that relationship, even if it involves hours of travel time in many cases.”

Another supervisor (Participant 109) added that workers must be able to think outside of the box and be creative: “Staff members who are not willing to think outside of the box. I have found that many of my ‘creative staff’ think differently and do not see barriers as a true wall they cannot cross; they see barriers as a challenge to find another solution to obtaining what they need to move the case forward.”

**Organization.** The penultimate factor—organization—is a more concrete attribute that helps workers successfully to implement the intervention. The participants explained that to perform well as a permanency specialist, one should be organized, document phone calls, send out letters, and contact youth and others. Implementation requires copious amounts of documentation in the form of case notes for each interaction and progress notes. As Participant 107 expressed:

Our caseloads aren’t as high as a caseworker’s, but we are also going through the
families more quickly, so being able to keep in mind exactly which family has which people, I mean there’s just a lot of information that we’re gathering. We’re talking with a lot of people and so you need that organization to be able to report back.

Participants also mentioned that implementation over time increased their ability to become more organized, identify potential barriers ahead of time, and seek support from supervisors and team members.

**Attitude toward implementation of the intervention.** Many of the workers spoke positively about the Family Finding intervention and its contribution to helping youth in foster care. Workers found the intervention realistic, mainly because it considered relational permanency first as opposed to other interventions targeted toward physical and legal permanency. As Participant 108 explained: “… you can’t have physical permanency without the emotional permanency, sense of belonging.” The Family Finding intervention was identified as an important stepping-stone to achieving physical permanency. As Participant 104 explained:

I saw what it did with our children. So even though maybe we didn’t reach the goal of 20 adoptions [Wendy’s Wonderful Kids], I feel like it made a difference in the kids’ lives. And to me that’s what’s important, and I saw them have more connections than they came in with. So, I feel like Family Finding, although it’s not so based on results, you get results just by doing the model.

The workers asserted that the intervention increased youth well-being and created lasting connections. They identified it as a critical element of their practice when they implemented it alongside other physical/legal permanency interventions. As Participant 108 explained:

Let’s make sure this [connection] lasts. Because I don’t wanna put you in a home that I know the person is not ready, and then just leave you there. Because that’s
gonna be disruptive. And I’ve seen it happen a billion times. We rush parents into adoption, and then they don’t know what to do when the agency is no longer involved.

Many of the workers interviewed reiterated this need to incorporate Family Finding into permanency work, since building these relationships will support other interventions that aim to achieve physical and legal permanency.

Another question related to workers’ attitudes asked the participants to define permanency. Here, the results were mixed and there was no cohesive response to define permanency. Several workers (n = 16) perceived permanency as physical and legal, meaning finding a home for the youth or ensuring that the youth was no longer in foster care (Participant 112). Other workers (n = 11) understood permanency as an emotional and relational connection, referring to providing safe and stable connections, or having people to call family and a place to call home (Participant 122). Still, others (n = 10) answered the question by addressing both the legal/physical and emotional/relational elements of permanency. As Participant 102 explained: “We strive for connections that lead to physical and legal permanence (via reunification, kith, kin, legal custody, guardianship, adoption); where that is not possible, we strive for emotional permanency with the support of a lifelong network.” Participant 102 perceived permanency as a spectrum—if physical or legal permanency cannot be achieved, emotional permanency can be considered an option.

Organizational Factors

The results from the interviews with permanency specialists suggested that when a supervisor was available, supportive, and helped to overcome barriers, workers felt as though they could implement Family Finding with fidelity. The permanency specialists reported certain organizational factors that influence the implementation and fidelity of the Family Finding
intervention. The following three organizational characteristics frequently emerged from the data: 1) supervision; 2) teamwork, and; 3) training.

**Supervision.** The interviews with permanency specialists identified themes related to supervisor availability, support, and knowledge as they related to reinforcing skills and helping workers to brainstorm strategies to cope with challenges and think outside of the box. Participant 120 described her experience with supervision as follows:

Trying to be creative and figuring out, talking about different options that we have and being a soundboard... letting me kind of figure it out myself and then coming back to her and she just gives me input. As opposed to her telling me “Do it this way,” or “This is how it has to be done.”

The quote above reflects upon the degree of freedom that workers need when implementing the intervention. Because there are multiple ways to discover and engage youth, families, and natural support, the participants appreciated having supervisors who trust them and do not necessarily closely monitor their activities. Some participants spoke about the support they needed from their supervisors to overcome systemic barriers. As Participant 119 explained: “Coming up against a barrier, sometimes my supervisor will [help me]... because she has a bigger title than me, so sometimes she’ll get a response where I usually can’t.”

The participants who were also supervisors found having an ‘open door’ policy effective, as it gave workers the autonomy to solve problems on their own and consult with them as needed. As Participant 101 explained:

I try to let them do their own thing and figure it out, but I also try to let them know that I’m always here, even if I’m not physically here in the office, they can always call me, text me. So yeah, I think maybe a little more support.

The quantitative data yielded similar results, as 92% of the participants agreed or strongly
agreed with the statement: “Receiving supervision helps me be a better Family Finding worker” (M = 4.21, SD = .712). Moreover, 76.3% of participants also agreed that they received sufficient supervision and that their supervisor was able to answer questions about Family Finding (M = 3.92, SD = 1.08).

**Teamwork.** Similar to their need for a supportive supervisor, most participants agreed that they had consulted their team members to find solutions to challenging cases. Their team meetings, which took place either every other week or once a month, were used as opportunities to consult on, share knowledge, and make decisions about cases. As stated by Participant 112, the team was an important asset to offer support, solve problems, and brainstorm ideas to overcome barriers:

So, there’s only four of us and we all stick together, so whenever we come up with... and we talk to each other about what we’re doing, so if we need someone to vent to, they’ll listen, or if we do have a question, or we’re just, like I said, soundboarding, like okay, this is what I’m thinking, are you guys on the same page? If I do have questions, the four of us, I believe, work very well together.

The participants also agreed that having the support of both their supervisor and team was essential when implementing the Family Finding intervention. Because of the complexity of the work, which invokes a range of strong feelings from the youth, families, and workers, workers noted that they needed to have a strong support system.

**Training.** The individual interviews also suggested that training prior to implementation of the intervention was helpful. The workers expressed the need for training in the core components. All participants had attended Family Finding training prior to receiving their first case. The participants also expressed the need to train caseworkers and other child welfare practitioners working with permanency specialists in order to ensure that they are aware of and
receptive to the work. Confusion about their role and limited understanding of the goals of the intervention may create obstacles that affect implementation. As Participant 121 stated:

I think that since not everyone is trained in it or aware of it, it causes conflicts sometimes between workers and family finders and supervisors because it almost seems like we’re coming in to take over the case, and that’s not what it is.

**Research Question 3 Findings**

What recommendations do permanency specialists make regarding the implementation of the Family Finding intervention? The findings in relation to this question are presented below.

**Implementation of Family Finding Alongside Other Interventions**

The participants recommended implementing Family Finding alongside other models in order to support youth more holistically. For example, some agreed that during the implementation of Family Finding, there is a need to better prepare both youth and adults for permanency by using the 3-5-7 Model. As Participant 110 stated: “Ongoing preparation [is needed] to support the relational and legal commitments, such as using the 3-5-7 Darla Henry Model to work directly one-on-one with family members to prepare them to raise children with trauma.”

The participants who implemented other models/interventions to support their youth clients used Family Finding in conjunction with them. Some looked at the Family Finding intervention and the other models as strategies to support the youth in achieving emotional, relational, physical, and legal permanency. As one worker stated:

I don’t live by a model. I live by strategies that work. No matter where it came from. So that’s why I was very excited to do the child-focused recruitment 3-5-7 and Family Finding model because it’s just more tools in our tool box.
Collaboration

The participants highlighted the importance of collaborating with people outside of the agency to increase their chances to finding suitable connections for youth. They all agreed that to have success in this intervention, permanency specialists must collaborate with the other workers who are part of the youth’s life. The participants recommended educating child welfare practitioners about Family Finding to increase awareness. As Participant 105 explained:

I think there needs to be a focus on the component of educating others about Family Finding and permanency. I think people hear Family Finding and think only family, only biological. They don’t quite understand the piece of it where you’re finding other informal supports, like coaches, teachers, mentors, neighbors; so again, like I said, more focus on maybe some educational, some talking points, because I think everybody gets a little nervous depending on the family history when you say Family Finding and then they get a little apprehensive and wanting to bring in family and really allow the worker to pursue family.

Redefine Permanency

Related to collaboration, the participants described the importance of reiterating to new permanency specialists and others involved in Family Finding work that the intervention is not always about physical permanency, but rather it includes emotional and relational permanency. The participants recommended creating a dialogue about permanency and assessing outcomes, which are not driven by placing the youth but instead through valuable connections. As Participant 116 expressed:

Because it’s so easy to get distracted and get focused on that placement piece that we want to make sure that these kiddos go to family instead of you know, and my
supervisor needed to remind me one time because I was sad and she asked me about the success story and I was like I don’t have it but you know I have, like I reconnected a family with a child. And she was like “it’s not about placement.” It doesn’t mean that it’s not success if they don’t place this child with family. Like you may disconnect, and this child is going to see the grandma. Don’t forget. It’s about those connections. So sometimes we need to be reminded, but luckily, we have a really good supervisor.

**Workload**

The participants recommended carrying a relatively small caseload of 10–15 cases to fully implement the intervention. They agreed that while it may vary from one case to another, the intervention is time-consuming and requires considerable emotional strength. It is also time-consuming due to the outreach efforts and paperwork involved. As Participant 107 stated:

> With Family Finding, things need to move. You can’t say, I’ll get back to you, thank you so much for talking to me. I’m going to try and reach out to the other family and I’ll get back to you in a week. There’s always three cases that are moving and get momentum going, and I’m talking to people and I’m engaging people and then the rest of my cases are waiting a month to talk to me, because things move so fast and you have to follow up so quickly, because if you get somebody on the phone and then you can’t let a month go by.

The quantitative data pertaining to the workload of the Family Finding intervention show different results, as 68.4% of participants thought that the Family Finding intervention did not require too much paperwork (M = 2.05, SD = .985).

**Research Question 4 Findings**

Research question 4 asked to what degree is the intervention implemented as intended.
Only 23.7% of participants reported that they always followed all six stages, while 39.5% reported following the six steps in the majority of their cases, depending on the case. In addition, only 47.4% of participants reported that they completed fidelity checklists when implementing Family Finding. Further results regarding research question 4 are presented below for each step of the intervention.

**Step 1: Discovery**

There were a total of 10 discovery related questions, of which seven were categorical questions (1 not at all; 5 always) that explored workers’ self-reported adherence to step 1 of the intervention (see Table 7). The participants reported that in most of their Family Finding cases they completed all the required tasks during the discovery phase (M = 4.35).
Table 7

*Self-reported adherence to step 1 of the intervention*

<table>
<thead>
<tr>
<th>Statement</th>
<th>Mean (1 not at all; 5 always)</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the discovery phase, I identify adults, including family members and other key supporters, for the youth.</td>
<td>4.74</td>
<td>534</td>
</tr>
<tr>
<td>I use Internet search strategies.</td>
<td>4.71</td>
<td>515</td>
</tr>
<tr>
<td>I use the Seneca search services.</td>
<td>3.89</td>
<td>.35</td>
</tr>
<tr>
<td>Youth actively participate in finding connections.</td>
<td>3.92</td>
<td>850</td>
</tr>
<tr>
<td>I mail out relative notification letters.</td>
<td>4</td>
<td>.24</td>
</tr>
<tr>
<td>I interview youth to gather information on past and current supports.</td>
<td>4.62</td>
<td>594</td>
</tr>
<tr>
<td>I interview parents, relatives, and others, including adult siblings and other known relationships of support, to gather contact information.</td>
<td>4.57</td>
<td>689</td>
</tr>
</tbody>
</table>

The participants reported mixed results with regard to the number of potential meaningful adults they discovered. According to the Family Finding intervention protocol, workers should be able to identify at least 40 family members and important people in the youth’s life to accomplish the discovery phase. However, none of the participants reported discovering 40 or more connections. Table 8 describes the variation between participants.
The transition to the second step of the intervention requires workers to engage the adults they discover. There are external reasons why workers do not always engage all adults. For example, lack of support from caseworkers to engage specific adults. In Table 9, we can see that participants reported that the majority of the time they engaged all the connections they had identified in the discovery phase.

### Table 8
*Number of connections identified during step 1*

<table>
<thead>
<tr>
<th>How many connections (on average) do you identify?</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = 0 to 10</td>
<td>14</td>
<td>36.8%</td>
</tr>
<tr>
<td>2 = 11 to 20</td>
<td>8</td>
<td>21.1%</td>
</tr>
<tr>
<td>3 = 21 to 30</td>
<td>2</td>
<td>5.3%</td>
</tr>
<tr>
<td>4 = 31 to 40</td>
<td>14</td>
<td>36.8%</td>
</tr>
<tr>
<td>N</td>
<td>38</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
Table 9
Workers’ attempt to engage all individuals identified in the discovery stage

<table>
<thead>
<tr>
<th>Do you attempt to engage all individuals that you identify in the discovery stage?</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1= not at all</td>
<td>1</td>
<td>2.6%</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>5.3%</td>
</tr>
<tr>
<td>3</td>
<td>6</td>
<td>15.8%</td>
</tr>
<tr>
<td>4</td>
<td>20</td>
<td>52.6%</td>
</tr>
<tr>
<td>5 = Always</td>
<td>9</td>
<td>23.7%</td>
</tr>
<tr>
<td>N</td>
<td>37</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

The participants were asked about the tools they used with youth in order to measure their level of connectedness to adults. The outcomes of the measurements help workers in the engagement phase. Building a genogram (76.3%), Mobility mapping (73.7%), and Connectedness mapping (57.9%) were the main measurement tools used to help youth identify connections and the strength of their connections.

**Step 2: Engagement**

Seven questions addressed the implementation of the second step. Two categorical questions (1 not at all; 5 always) explored workers’ self-reported adherence to step 2 of the intervention (see Table 10). Similar to step 1, the participants reported that in most cases they had accomplished the tasks required during the engagement phase (M = 4.21).
Table 10

Engagement tasks

<table>
<thead>
<tr>
<th>Question</th>
<th>Mean (1 not at all; 5 always)</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you reach out to those who have a personal relationship with the child and family to gather information about natural supports?</td>
<td>4.46</td>
<td>605</td>
</tr>
<tr>
<td>Do you attempt to engage all individuals that you identify in the discovery stage?</td>
<td>3.97</td>
<td>799</td>
</tr>
</tbody>
</table>

Different from the discovery step, the intervention protocol does not require the engagement of a specific number of adults. The goal is to engage multiple family members and supportive adults through participation in a planning meeting (the next step). In Table 11, we can see that the majority of the participants discovered between 4 and 12 adults.

Table 11

Number of adults who were engaged during step 2

<table>
<thead>
<tr>
<th>How many adults do you engage during the engagement phase?</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = 1 to 3</td>
<td>6</td>
<td>15.8%</td>
</tr>
<tr>
<td>2 = 4 to 7</td>
<td>14</td>
<td>36.8%</td>
</tr>
<tr>
<td>3 = 8 to 12</td>
<td>8</td>
<td>21.1%</td>
</tr>
<tr>
<td>4 = 13 or more</td>
<td>7</td>
<td>18.4%</td>
</tr>
</tbody>
</table>

N 35

The participants were asked which step of the intervention is the most intense in terms of their involvement in the case. Eighty-six percent reported that the engagement step was the most
intense stage to implement. This data also fit with the qualitative data, where participants agreed that the engagement step was the key to success. In their opinion, finding the adults/family was usually the easy part, but getting them to actually follow through with becoming involved in the youth’s life was time-consuming and required strong engagement skills.

**Step 3: Blended Perspectives Meeting**

Six questions assessed the implementation of the third step. Workers in this step should plan for the successful future of the child with the participation of the family members they engaged in the second step. Nearly half (52.6%) of the participants reported that 1–3 people participated in the meeting (see Table 12).

*Table 12*

*Number of adults participated in meetings*

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 3</td>
<td>20</td>
</tr>
<tr>
<td>4 to 6</td>
<td>14</td>
</tr>
<tr>
<td>6 to 10</td>
<td>2</td>
</tr>
<tr>
<td><em>N</em></td>
<td>36</td>
</tr>
</tbody>
</table>

The majority of participants (73.7%) reported that they invite newly discovered and engaged family members/important people to the initial family team meeting. The participants were asked who else is usually invited to the blended perspectives meeting in addition to the discovered and engaged adults. They reported that they usually invite caseworkers, teachers, current and former foster parents, and the guardian ad litem.
The participants were asked whether they agreed or disagreed with the following statement: I hold an initial family team meeting for the majority of youth in my caseload. Here, the percentage was lower; in only 60.5% of the cases was a family team meeting held.

With regard to what the participants discussed during the meetings, Q41 asked participants about the main topics they addressed (see Table 13). About 50% of participants reported that they brainstormed on emotional support. Only about one in four respondents (23.7%) reported that they processed with adults placement options for the youth.

Table 13
*Topics addressed during family team meeting*

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the initial family team meeting we brainstorm on:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal guardianship;</td>
<td>1</td>
<td>2.6%</td>
</tr>
<tr>
<td>Placement;</td>
<td>9</td>
<td>23.7%</td>
</tr>
<tr>
<td>Emotional support plans;</td>
<td>19</td>
<td>50.0%</td>
</tr>
<tr>
<td>Other.</td>
<td>5</td>
<td>13.2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>89.5%</td>
</tr>
<tr>
<td>N</td>
<td>34</td>
<td></td>
</tr>
</tbody>
</table>

**Step 4: Decision Making**

Four questions addressed implementation of the decision-making step, which requires workers to make decisions during family meetings that support the youth’s legal and emotional permanency. The participants were asked about their challenges as well as the extent of the information they provide to adults about the youth’s emotional and legal permanency options. A total of 57.9% agreed that they share decisions about emotional permanency with the adults but
only 34.2% reported that they discuss youths’ legal permanency options with them. With regard to workers’ perceptions of the implementation of the fourth stage, opinions were mixed. Some participants stated that the decision-making stage can be challenging at times, yet there was no consensus (M = 3.23, SD = 1.031). Table 14 shows the findings.

Table 14
Workers’ perceptions on decision making step

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>I experience challenges making decisions about a youth’s emotional and legal permanency.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 = Not at all</td>
<td>1</td>
<td>2.6%</td>
</tr>
<tr>
<td>2</td>
<td>8</td>
<td>21.1%</td>
</tr>
<tr>
<td>3</td>
<td>12</td>
<td>31.6%</td>
</tr>
<tr>
<td>4</td>
<td>10</td>
<td>26.3%</td>
</tr>
<tr>
<td>5 = Always</td>
<td>4</td>
<td>10.5%</td>
</tr>
<tr>
<td><strong>N</strong></td>
<td><strong>35</strong></td>
<td><strong>92.1%</strong></td>
</tr>
</tbody>
</table>

Step 5: Evaluation

In the fifth step, workers evaluated the permanency plans they had developed. The participants answered four questions, one of which was an open-ended question about ways to evaluate their plans: How do you evaluate the plan created for the legal and emotional permanency of a youth? Data was then transformed into the following categorical variables: 1) evaluate with the team (supervisor, case manager); 2) evaluate with the youth; and 3) evaluate with the participants who took part in the blended perspectives meeting. About 50% evaluated
the plan internally with their team. Thirty-two percent evaluated the plan with the youth, and only 15% evaluated the plan with the participants who took part in the blended perspectives meeting.

Part of the evaluation step requires workers to complete a timeline to execute the plan. About 63% of workers reported that they develop a timeline for the youth and adults to develop emotional and legal permanency plans (M = 3.63, SD = 0.973; see Table 15).

Table 15
Workers’ completion of a timeline to execute permanency plan

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Not at all</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>5 = Always</td>
<td>4</td>
</tr>
</tbody>
</table>

\[ N = 35 \] 92.1%
Step 6: Follow Up

The last step of the intervention required workers to provide follow-up supports to ensure the youths and adults adhered the permanency plans. The participants answered three questions related to follow up. Workers reported that follow up took place one month or more than one month in most of their cases (M = 2.88, SD = 1.122). There were three main ongoing forms of support offered to the youths and adults: 1) education (35%); 2) referrals (20%); and 3) follow up by workers checking in (42%).

Implementation of the intervention combined with other interventions/models. All participants implemented at least one additional intervention/model alongside Family Finding. Overall, the participants expressed having positive experiences regarding the implementation of a few models simultaneously. A total of 68.5% agreed that it is a good idea to utilize additional models when implementing Family Finding (see Table 16). However, when participants were asked to rate their level of agreement with the following statement (see Table 17): ‘It is sometimes confusing to use more than one intervention,’ the participants disagreed. Only 50% stated that it was not confusing to implement more than one intervention at a time (M = 2.70, SD = 1.051).
Table 16
*Implementation of the intervention combined with other interventions*

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>I believe it is a good idea to use additional models with Family Finding.</td>
<td></td>
</tr>
<tr>
<td>1 = Very strongly disagree</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>4</td>
<td>18</td>
</tr>
<tr>
<td>5 = Very strongly agree</td>
<td>8</td>
</tr>
</tbody>
</table>

N
38
100.0%

Table 17
*It is sometimes confusing to use more than one intervention*

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Very strongly disagree</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>5 = Very strongly agree</td>
<td>2</td>
</tr>
</tbody>
</table>

N
37
97.4%
Another question addressed workers’ perceptions of the implementation of additional interventions simultaneously, and the participants rated their level of agreement with the following statement: ‘I see a lot of similarities between the interventions I implement.’ The participants reported mixed results and there was no cohesive agreement/disagreement with the statement (M = 3.56, SD = .899). Table 18 describes these results.

Table 18
I see a lot of similarities between the interventions I implement

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>5 = Very strongly agree</td>
<td>6</td>
</tr>
</tbody>
</table>

\[N \quad 37 \quad 97.3\%\]

**Summary of Findings**

In summary, there was a general alignment between the qualitative and quantitative results, particularly as they related to factors associated with implementation fidelity. The results showed that workers did not implement the intervention according to the six steps. Instead, they combined some steps and skipped others. They agreed that the discovery and engagement steps
were the most complex and time-consuming parts of the intervention, while evaluation, follow up, and support were not always distinct steps.

Supervision, training, and having positive attitudes toward the intervention were associated with implementation fidelity. In the participants’ opinions, in order to be a good permanency specialist, one must have excellent engagement skills, empathy, and the ability to be persistent. Overall, the participants had very positive outlook on the intervention and believed that Family Finding is an essential intervention to support foster youth.
CHAPTER 5: DISCUSSION

This chapter will summarize the significance of the study’s findings. This will be followed by a discussion of the study’s limitations. The chapter will conclude with recommendations for future research and a summary of the study’s implications for practice and policy.

Analysis of the Findings

The implementation of Family Finding is best contemplated from the standpoint of those who are primarily responsible for putting it into practice: Permanency specialists and supervisors. The findings of this explanatory sequential mixed methods study are significant as they can inform those workers who implement the intervention, such as program developers, policy practitioners, and researchers. The following findings emerged from the data.

Model and Practice of the Family Finding Intervention

Permanency specialists in this study reported differences in the implementation of the Family Finding intervention presented in Kevin Campbell’s six-step model (Campbell, 2005, 2010). The participants often invested relatively more time in implementing the first two steps: Discovery and Engagement. The participants agreed that the discovery and engagement steps require a lot of the worker’s attention and availability to connecting youth and adults.

A majority of the participants highlighted that the discovery and engagement steps are time-consuming because they have to build relationships with the youth and adults. Building relationships with and engaging youth are crucial to progressing to the next steps of the intervention. This finding aligns with the theory driving the Family Finding intervention, which focuses on finding and building relational permanency. Workers must form trustworthy relationships with youth in order to help them create meaningful relationships with adults.

Some participants found that the first four steps of the Family Finding six-step model
(discovery, engagement, blended perspectives meeting, and decision making) were well structured. The last two steps—evaluation and follow up and support—were not as clear to the participants as the first four steps. For example, only 30% of participants reported that they always accomplish the evaluation and follow up and support steps. There were gaps in the participants’ responses to questions related to the implementation of these steps. For example, workers did not always evaluate the permanency plan and did not always know what measurements to take in order to evaluate properly the plan or with whom they should evaluate it. There were no cohesive responses to which tasks and actions workers had to take during the follow up and support step. For example, follow up and support was provided in multiple ways and at different times. As a result, some participants reported that they did not accomplish the last two steps of the intervention.

Participants reported that they had combined steps together. For example, the blended perspectives meeting (step 3) was often combined with decision-making (step 4). It made more sense for participants to evaluate the plan during the meeting while caseworkers, families, and other significant adults were sitting in the same place as the youth. These findings align with those of Greeno et al. (2017) who studied the implementation of the Family Finding intervention and found that workers combined steps 3 and 4 for similar reasons.

In general, the participants perceived the Family Finding intervention as simple, straightforward, and easy to implement. Their attitudes toward the intervention were very positive, as they appreciated the fact that it focuses on relational permanency as a stepping stone toward higher levels of permanency; 90% of participants reported that they like using the Family Finding with youth. This is in contrast to some other interventions they have used that focus on physical and legal permanency and pay little attention to relational permanency. Yet for some, implementation of the intervention alongside other youth connections-driven interventions (i.e.,
the Wendy’s Wonderful Kids or the 3-5-7 Model) was a barrier to implementation fidelity. The interventions’ tasks and guidelines would overlap, which affected the actual delivery of the Family Finding intervention as intended.

**Focus on Relationship Building**

The workers identified gaps in the implementation of the first three steps: engagement, blended perspectives meetings, and decision-making. The participants expressed a need for more tools and time to build relationships with youth, improve connections, and honor working through past losses and grieving failed relationships. To overcome these barriers, workers often took more time to build relationships during the discovery step by incorporating other models, such as the 3-5-7 Model (Henry, 2005), into their work with youth and adults.

The participants also expressed concerns that the follow up and support step was not as constructed as the other steps and lacked a focus on relationship building and the maintenance of relationships. As a result, they did not know how successful, strong, and reliable the connections were. Semanchin-Jones and LaLiberte (2013) suggest using the Youth Connections Scale as part of the evaluation step of the intervention to assess levels of relational permanence and the strength of connections. The Youth Connections Scale has been used in a non-experimental study and it was found to be effective in mapping the connections, level of connectedness of youth to meaningful adults, and to tailor follow up and support services better (Shklarski, Madera, Bennett, & Marcial, 2015).

The findings from the current inquiry suggest that the Family Finding intervention is not necessarily a linear process; rather, it is a circular one. The discovery step can sometimes take place during the implementation of the six steps. For example, workers would move to the engagement step and then learn about a new family member who might be a potential connection to the youth. Similarly, the engagement step constantly recurs throughout the intervention, at first
with the youth and later with the adults. Getting meaningful adults and families to communicate openly and to follow through with becoming involved in a youth’s life is an ongoing process and necessary to accomplishing the six steps of the intervention. Previous findings (Greeno et al., 2017) also suggest that the evaluation step takes place on an ongoing basis during supervision while the case is open.

**Engaging Youth through Implementation**

Some permanency specialists were concerned about the degree to which youth engage in each step of the intervention. About 26% of workers engaged the youth from the beginning, and 46% engaged them during the discovery step but not during the engagement step or the blended perspectives meeting. As noted in the interviews, their rationale for not engaging the youth was to protect them from disappointment. Not all the families and meaningful adults who were discovered necessarily agreed to engage with the worker and later with the youth. Workers did not want the youth to get their hopes up knowing that they may later feel rejected if a family member/meaningful adult refused to engage with them. However, some participants stressed the importance of including the youth in each step of the intervention. In their opinion, since the purpose of the intervention is to find lifelong connections for the youth, this could only happen through constant transparent interactions with the youth.

Permanency specialists identified the need to create a screening tool that explores and assesses youth’s permanency needs and their readiness to maintain safe lifetime connections. In their opinion, youth did not always understand the goal of the intervention. Some youth were not emotionally prepared to create relationships and some developed resistance to the process, fearing that they would have to agree to permanent outcomes that they did not desire (for example, physical or legal permanency with an adult they are not ready to connect with). Workers in the study overcame this barrier by having transparent and honest communication
with the youth, their family, meaningful adults, and other professionals involved in the youth’s life.

**Teamwork**

Similar to previous findings focusing on Family Finding and on intervention implementation fidelity (Fixsen, Blase, Naoom, & Duda, 2013; Vandivere, Malm, Allen, Williams, & McKlindon, 2017), participants perceived teamwork—especially collaboration and alignment with caseworkers and guardians ad litem—as an important factor for successful implementation. For example, hearing accurate information about the youth and their current connections could potentially save time to permanency specialist. On the other side, waiting for approval from caseworkers or convincing them that a potential connection is safe for the youth takes time that could be spent on building relationships between youth and adults. It was difficult to implement the intervention when not all parties were on board from the beginning. It was commonly reported that when workers were on the same page about the protection and well-being of the youth, the implementation went faster and more smoothly. The teamwork necessary required a lot of effort and strong advocacy skills on the part of the permanency specialists. A major difficulty encountered was to change the caseworkers’ negative opinions of the family members or meaningful adults that were discovered and engaged. The participants felt committed to expressing the youth’s needs and wishes and to challenge the caseworkers’ agenda as necessary.

Some participants reported less resistance to the work of the permanency specialists by caseworkers. This may have been because the agency was actively, internally, and externally educating caseworkers and employees about the Family Finding intervention and its importance for youth in foster care. It also related to the timing of the agency’s implementation of the intervention and prior relationships between workers.
**Supervision and Leadership Support**

It was evident that supervision was an important factor in facilitating or impeding the successful implementation of Family Finding. Participants described feeling more confident implementing the intervention if they were supported by their supervisors and senior leadership. For many of them, implementation fidelity was assessed during supervision meetings. Supervisors would ask for updates on a case, question ways to progress to the next step, and determine the tasks that had already been accomplished. According to Aarons and Palinkas (2007), insufficient resources have been seen as the main barrier to implementation fidelity, with peer support, quality of supervision, and team meetings acting as facilitators of or limits to implementation. They agreed that responsive and available supervisors increased workers’ ability to accomplish successfully the six steps. Positive experiences with supervisors encouraged workers to think creatively in challenging situations and helped reduce conflict with others when supervisors advocated on behalf of their supervisees. Breitenstein et al. (2010) studied the factors affecting service delivery, finding that supervision quality had a direct impact on workers’ ability to adhere to the intervention protocol and improve outcomes.

Participants’ knowledge regarding the allocation of resources, funding, and grants was also related to successful implementation. Workers expressed a need to know about the allocation of resources, the duration of grants, and future plans once the grant period ends. This underscores the need for ongoing contact between leadership, supervisors, and workers to create opportunities to converse about the adaptation of new interventions. It is recommended that during staff meetings workers will be informed on new grants and be able to ask questions. In addition, positive leadership may influence workers and supervisors behaviors and attitudes toward the implementation of new interventions (Aarons & Sawitzky, 2006).

The participants recommended preparing workers in advance and fostering a cultural
shift within the agency prior to the dissemination of the intervention. In their opinion, workers, supervisors, and leaders should be ready to implement a relatively new intervention that is different from traditional practices. This corresponds with prior studies about the stages of implementation suggested to assess an agency’s absorptive capacity, readiness for change, and receptive context, which refers to an agency’s preexisting knowledge/skills, ability to use new knowledge, specialization, and mechanisms to support knowledge sharing (Aarons, Hurlburt, & Horwitz, 2011; Mildon & Shlonsky, 2011; Powell, Proctor, & Glass, 2014).

**Training Factors**

In this study, all participants reported that they were trained in the Family Finding intervention model. Nevertheless, the training was inconsistent among participants (i.e., they were either trained directly by Kevin Campbell, trained by another agency, or trained by a trainer within the agency). Fifty-five percent of participants stated that the quality of the training was insufficient and directly influenced the quality of their work. For example, workers who were relatively new and were trained internally within the agency felt that they were lacking a general understanding of the goals and rationale of the intervention. Pre-service and in-service training and ongoing coaching were found to be essential elements to improving fidelity implementation (Breitenstein et al., 2010). Worker suggested to create a standardize training across agencies or transform it into a certificate program. Standardized training or a certification at the end of training would ensure that permanency specialists have a base comprehensive and consistent knowledge of the Family Finding intervention. This is especially important because of the wide variation in the workers’ prior experience in the field of practice and their different educational backgrounds.

Aside from the initial training and ongoing supervision, participants recommend adding service training, coaching sessions, or consultations with program developers or trainers. After
the initial training, workers only had access to their supervisors. Previous research shows that coaching sessions are essential to successful implementation of interventions because they help workers learn and practice ways of using the intervention correctly (Fixsen, Blase, Naoom, & Duda, 2013).

**Fidelity Checklists**

A fidelity checklist to assess adherence to the Family Finding protocol is available (National Institute for Permanent Family Connectedness at Seneca Family of Agencies, 2014). However, in this study only 47.4% of participants reported using one. All the participants reported that they documented their work through notes (i.e., contact with youth, adults, or caseworkers) and recorded the progress of their face-to-face interactions with youth. Supervision time was usually devoted to assessing the progress being made in each case and evaluating the time needed to accomplish the intervention and its desired goals, but not to assessing the degree to which an intervention had been delivered as intended.

Participants’ perceptions of implementation fidelity was skewed. They perceived implementation fidelity as the desired outcomes of the intervention and not necessarily as having accomplished each step according to the intervention manual. Study participants believed that if they were progressing in terms of accomplishing the steps and successfully finding connections then the intervention had worked.

All participants implemented at least one additional intervention/model alongside Family Finding. In most cases, the participants reported positive experiences regarding the implementation of a few models simultaneously. However, implementation of other models affected the fidelity of the Family Finding intervention mainly because they combined the interventions together. They mentioned that when a new intervention was introduced to them, they would use some of the Family Finding techniques as tools to support the implementation of
the new intervention.

**Limitations**

The current study has limitations related to its design, methods, and sampling. The sample size for the survey responses was not as large as originally planned. While I was able to bridge this gap using a qualitative inquiry, having a small quantitative sample affected my ability to deepen the analysis of the data to compare the results between participants and the assess the transferability of the study to others who implement the Family Finding intervention as well. In addition, the non-random sampling method limited the possibility of making inferences for a broader population.

The dissertation study design was limited to permanency specialists and supervisors who were currently implementing the Family Finding intervention (i.e., those who have an active caseload). As a result, it did not cover agencies’ leaders or managers who could add different perspective on implementation.

Because this study proposed to examine workers’ perceptions about implementation in not-for-profit child welfare agencies, there were several uncontrolled factors related to the participants’ self-disclosure about the individual and organizational factors associated with implementation. The participants may have felt hesitant to disclose any negative experiences they had had in relation to their team, supervisors, and the agency.

Significant measures were taken to ensure participant confidentiality and to create a safe environment during the interviews. However, using a phone interview method may have created discomfort for participants who had to share their experiences and challenges over the phone. This may have influenced the results of the study.

Another limitation of this study and qualitative research in general was the researcher’s assumptions. Usually, the analysis rests with the thoughts and choices of the researcher who has
their own biases, assumptions, interests, and perceptions. In order to reduce the effects of bias in the data analysis and ensure the confirmability of the study, I included a second coder in the data analysis phase. Using this technique, I was able to confer with a colleague about emerging codes and significant findings. Since I had had previous interactions with some of the agencies as part of an evaluation team, some of the participants may have had difficulty adjusting to my role as an interviewer and this may have influenced their responses (a phenomenon known as participant reactivity). To mitigate this, I made a conscious attempt to foster honest and open dialogue.

Another limitation of the quantitative phase related to the data collection. I did not ask participants to provide any demographic data about the youth they have served (i.e., their age or level of care). Previous research shows that youth demographics, especially age, are significant factors that can affect implementation (Greeno et al., 2017). Knowing more about the population served by the workers could have deepened the analysis.

While the study aimed to understand implementation fidelity through workers’ perceptions, it was beneficial to gather information about implementation fidelity through secondary data, fidelity checklists, case records, notes, progress reports, and future research. Consequently, the findings should be approached with caution because this study examines specific dimensions that are part of a larger phenomenon.

Implications for Practice and Policy

The workers in this study overall had very positive attitudes toward the Family Finding intervention. They often utilized it in their practice or used components of it while implementing other interventions. They acknowledged the important role that the intervention had on relational and emotional permanency, which was essential in their work with youth. While they all implemented the intervention, the results of this study suggest that it was not delivered as intended. Certain steps of the intervention were not implemented at all or were not implemented
To overcome this gap, the findings from this study reiterate the importance of supervision, coaching, and training as mechanisms through which to improve implementation fidelity. Supportive supervisors are able to help permanency specialists overcome any obstacles and difficulties they encounter during the six steps of the intervention. My recommendation is that supervisors have an open-door policy so that workers feel comfortable asking questions, consulting them, and processing any difficulties they face.

Additional training, standardize training, and updates on any changes in the intervention can improve workers’ skills and create the space they need to ask questions and consult on challenging cases. Working with a team both internally and externally is key to implementing the intervention correctly. Peer support was found to be an important driver in implementation. It is recommended that caseworkers, Child welfare agencies, and policy practitioners are informed about the intervention and its benefits for foster youth well-being. The more caseworkers are aware of the intervention and its goals the less resistance they may encounter during their work with permanency specialists.

The practical implications of this study indicate that there are certain intrinsic traits when implementing the Family Finding, particularly for new staff. It is recommended that permanency specialists exercise their engagement skills and their ability to be persistent. Both engagement and persistence were important components of successfully implementing the intervention. Engagement was perceived as the most important part of the intervention and was required not only in one specific step but throughout the intervention. With regard to persistence, since there were so many moving parts that needed to be tied together, workers could not give up and had to be determined in their pursuit to find connections.

This study also suggests that the child welfare community should encourage an ongoing
discussion about the definition of permanency to include relational and emotional permanency as equally important outcomes as legal and physical permanency. This change is supported by the Fostering Connections to Success and Increasing Adoptions Act, which encourages a shift in the perception of permanency and recognition of the importance of family connections and the need for relational permanency to help improve outcomes for foster youth (Osgood, Foster, & Courtney, 2010). Existing research has already established the connection between youth well-being and stable emotional and relational connections (Louisell, 2004; Nesmith & Christophersen, 2014).

In this study, there was a connection between workers’ positive attitudes toward emotional and relational permanency and the implementation fidelity of the intervention. Those who recognized permanency as a continuum—building relationships and emotional connections in order to increase the chances of physical permanency—reported successful implementation outcomes.

This study recommends putting in place more concrete follow-up services and support. There was inconsistency in the support that was offered to those who accomplished the intervention. This is also a critical element in retaining the change created by the intervention. Without concrete support to youth and adults, connections may fade away.

In 60% of the cases, quality assurance of the implementation fidelity was lacking. Routine fidelity checklists were only required by some of the agencies that participated in the study. It is recommended that quality assurance measurements such as monthly fidelity checklists and documentation when a step is accomplished be incorporated in order to advance our understanding of the intervention components that work and those that do not. Collecting fidelity checklists to ensure that the intervention is being implemented correctly is one way to increase its dissemination to other agencies, and ensure the intervention becomes an evidence-
based practice in child welfare.

The findings of this study also suggest that there were some agency-level policies in place and leadership engagement elements that hindered the workers’ ability to implement the intervention with fidelity, such as using multiple interventions simultaneously, workers’ awareness of funding sources, and pressure to deliver specific outcomes. These types of factors were not explored in the study, and more research is needed to understand how these variables relate to implementation fidelity of Family Finding.

**Implications for Future Research**

The current study is the first of its kind to assess implementation fidelity and workers’ experiences implementing the intervention. Consequently, the findings of this study offer a variety of avenues for further exploration. Since this study’s sample size was limited, it is recommended to replicate the study with a bigger sample to assess fidelity over time. It is also necessary to evaluate the implementation fidelity of this intervention when it is implemented alongside other interventions. While the current study touched upon this point, many other factors that need exploration in order to understand the most effective ways to increase the well-being of foster youth.

Supervision in this study was assessed through the point of view of workers. Previous research suggests that supervisors need support and coaching to develop their skills and improve implementation fidelity (Aarons et al., 2012). The child welfare community would benefit from a thorough exploration of the factors associated with the quality of the supervision influencing fidelity. In this study, the qualitative part was based on individual interviews to assess permanency specialists’ perceptions and their recommendations regarding the implementation of the Family Finding intervention. Generating a qualitative inquiry based on focus groups is therefore recommended; gathering permanency specialists together to share their experiences.
may provide valuable insight that can affect future implementation. The Family Finding intervention is also being implemented in Canada, Australia, and Europe, so an international study could be designed to compare the implementation across countries that have different child welfare systems than the United States’.

**Conclusion**

This inquiry was an exploration into the experiences of permanency specialists implementing the Family Finding intervention. It sought to explore how implementation fidelity occurs in real-world settings and the factors that promote implementation fidelity. Family Finding has yet to become an EBP or EIP. Therefore, the current study is a significant step toward supporting the dissemination of the intervention with confidence so it can become a best practice to promote permanency and improve the well-being of foster youth aging out of care.

While the participants in this study overall acknowledged positive regard about the Family Finding intervention, they fell short of implementing the intervention with fidelity, for a variety of reasons. The study clarified some of the reasons so that they can now be addressed by program developers and agencies to ensure that changes are made so the intervention will be implemented as intended.

Knowledge gleaned from this study indicated that many individuals and organizational factors affect implementation, particularly supervision, support from team members, and worker self-confidence. Positive supervision experiences and supportive supervisors were associated with higher implementation fidelity.

Furthermore, the complex reality of the social work profession and child welfare makes it harder to implement interventions with high fidelity, yet it is our commitment to make improvements and encourage workers to implement interventions as intended. This way, we can ensure that vulnerable youth and their adult connections receive proper services.
# APPENDIX A

## Review of the Empirical Literature of Family Finding Intervention

<table>
<thead>
<tr>
<th>Study Authors</th>
<th>Study goals</th>
<th>Research Design</th>
<th>Study sample</th>
<th>Results</th>
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<tbody>
<tr>
<td>Malam, Williams &amp; Rosinsky (2016)</td>
<td>Impact and comprehensive implementation evaluation of Family Finding in nine North Carolina counties To assess the referral process (of children to FF) and the degree to which the FF was implemented with fidelity.</td>
<td>1. Secondary analysis of administrative data 2. Interviews and focus groups with workers</td>
<td>478 children were served during the time of evaluation. 274 cases were used for analysis.</td>
<td>Participants who received the intervention were no more likely than participants received traditional services to experience positive placement outcomes.</td>
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<tr>
<td>Vandivere and Malm (2015)</td>
<td>To review outcomes from 13 evaluations of the Family Finding model between 2012 to 2014.</td>
<td>Secondary data analysis of the evaluations. Each evaluation used various methods. 8 were based on a Randomized Control trial, 5 were non-experimental</td>
<td>Thirteen sites implemented the Family Finding.</td>
<td>1. The intervention was not implemented consistently across agencies. 2. Overall the impact of Family Finding on child outcomes has been mixed and inconsistent.</td>
</tr>
<tr>
<td>Malm, Vandivere, Allen, Williams, and McKlindon (2014)</td>
<td>To evaluate Family Finding services in nine North Carolina counties</td>
<td>1. Rigorous impact evaluation 2. An accompanying process study: administrative data, interviews and focus groups.</td>
<td>532 foster youths using a Randomized Control Trial design: an intervention group (those who would receive Family Finding) and a control group (those who</td>
<td>Participants who received Family Finding services were no more likely than were control group participants to experience a “step-down” in their placement.</td>
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<td>Study</td>
<td>Objective</td>
<td>Methodology</td>
<td>Findings</td>
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<td>Malm, Allen, McKlindon, &amp; Vandivere, (2013)</td>
<td>To investigate the impact of Family Finding services on the likelihood of achieving reunification.</td>
<td>Evaluation Based on administrative data (web-based database to document Family Finding activities), semi-structured interview and focus group with staff. Comparing outcomes of reunification for youth participating in Family Finding services with 123 in the control group, and 116 children in the treatment group.</td>
<td>Findings show that the likelihood of reunification did not differ significantly between the treatment and control group.</td>
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<tr>
<td>Vandivere, Malm, Allen, Williams, and McKlindon (2017)</td>
<td>To assess whether the FF model improved child welfare outcomes for youth at risk of emancipating foster care without permanency.</td>
<td>1. A randomized controlled trial evaluation. 2. Secondary data. 3. Interviews. 10–17 years old foster children (N=568) who had no identified permanent placement resource, and had no plan for reunification.</td>
<td>Participants who were assigned to the intervention services were no more likely than control group participants to experience a step up in placement.</td>
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<tr>
<td>Garwood and Williams (2015)</td>
<td>Evaluate the impact of family finding services on placement and permanency.</td>
<td>A randomized control design based on administrative data. A treatment group (received traditional services, minimal relative search and engagement. And a sample of 174 children between the ages of 6 and 13 (83 in the experimental group and 91 in the control group).</td>
<td>Participants who were new to the foster care system and received Family Finding intervention were more likely to be placed with relatives than were children who had lingered in care and did not receive Family Finding.</td>
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<tr>
<td>Study Authors</td>
<td>Study Design and Purpose</td>
<td>Sample and Intervention Details</td>
<td>Findings and Implications</td>
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<tr>
<td>Leon, Saucedo, and Jachymiak</td>
<td>Evaluating the Family Finding intervention and some of the key outcomes such as number of relatives identified, placement stability, legal permanency, time in care, and well-being.</td>
<td>A quasi-experimental study, to compare children who received Family Finding intervention to those received treatment as usual.</td>
<td>Family Finding intervention was helpful in finding relatives but did not make a change in permanency outcomes. Family Finding intervention found 75% more relatives in comparison with the control group. Nevertheless, there were no differences between the control group and intervention on reunification rates and placement stability.</td>
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<tr>
<td>Shklarski, Madera, Bennett, and Marcial</td>
<td>A quasi-experimental study to examine the number and strength of connections created by Family Finding Intervention.</td>
<td>A pretest-posttest study using the Youth Connections Scale to assess outcomes</td>
<td>74% of participants agreed that at least one of the connections created by the intervention can be a lifelong support for them. There was no statistically significant influences on legal permanency.</td>
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<tr>
<td>Dewey, Tipon, DeWolfe, Sullins, and Park</td>
<td>A cross-site (process and outcome) evaluation of 24 agencies to determine the degree to which intervention</td>
<td>1. Secondary Data from agencies. 2. In-person and telephone interviews</td>
<td>Twelve agencies implemented Family Finding with a total of 9,001 children served. The desired outcome to complete Family Finding intervention varied from one site to another. Many sites did not monitor</td>
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<tr>
<td>Study</td>
<td>Methodology</td>
<td>Data Collection</td>
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<tr>
<td>Aultman-Bettridge and Selby (2012)</td>
<td>A quasi-experimental approach to examine case activity, services, and placement permanency factors.</td>
<td>Secondary data (a program database was created)</td>
<td>267 participants who used Family Finding Intervention at the time of study. The intervention located an average of seven relatives for 77% of participants and for close to half of all participants, three or more relatives were engaged.</td>
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<tr>
<td>Greeno, Rushovich, Williams, Brusca, and Murray (2017)</td>
<td>1. To document the implementation of the Family Finding model by assessing workers’ experiences and perceptions with the model. 2. Assess the experiences of the youth who received the intervention</td>
<td>Qualitative inquiry (two focus groups with family finders and with youth receiving the intervention)</td>
<td>Family Finders (N = 12) who are trained as Family Finders in the Kevin Campbell model. Youth (N=9) who received the intervention. 1. Family Finders modified the actual steps of the model (steps were combined). 2. The intervention is effective with older youth.</td>
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<tr>
<td>Nebraska Adoption Project, 2017</td>
<td>Evaluation of the effectiveness of a combined approach Family Finding and the 3-5-7 Model (treatment group) to a control group that used the Wendy’s Wonderful Kids Child-Focused Recruitment Model.</td>
<td>1. Case file review to assess fidelity 2. Site visits</td>
<td>45 children participated in the treatment group and 25 in the control group. 1. The treatment group had similar outcomes as the control group with modest differences in a few areas. 2. The early stages of Family Finding were completed in close to all the cases. However, involvement of youth and family/caring adults in those family finding efforts fell</td>
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to two out of three.
APPENDIX B

Web-based online survey on Implementation of Family Finding Intervention:

Web-based online survey on Implementation of Family Finding Intervention

You are invited to participate in a web-based online survey on Implementation of Family Finding intervention. This research project being conducted by Liat Shklarski, a Ph.D. candidate at the Graduate Center City University of New York.

It should take approximately 30 minutes to complete.

Participation:
Your participation in this survey is voluntary. You may refuse to take part in the research or exit the survey at any time without penalty. You are free to decline to answer any particular question you do not wish to answer for any reason.

Benefit:
You will receive no direct benefits for participating in this survey.

Potential Risks or Discomforts:
The possible risks or discomforts of the study are minimal. You may feel a little uncomfortable answering questions about work related questions. If at any time you wish to stop the survey, you may, or you can skip questions you prefer not to answer. Should you experience any discomfort because of this survey, you may contact Liat Shklarski ishklarski@gradcenter.cuny.edu.

Confidentiality:
Your survey answers will be saved and stored on the principle investigator’s (PI) computer secured with two passwords. Only the primary researcher will have access to information shared in the survey. No one from your agency will be able to identify you or your answers, and no one will know whether or not you participated in the study. Additionally, no names or identifying information would be included in any publications or presentations based on these data, and your responses to these questions will remain confidential. We will make our best efforts to maintain confidentiality of any information that is collected during this research study, and that can identify you. We will disclose this information only with your permission or as required by law.
Contact:
If you have questions at any time about the study or the procedures, you may Liat Shklarski, lshklarski@gradcenter.cuny.edu, 9175226602. If you feel you have not been treated according to the descriptions in this form, or that your rights as a participant in research have not been honored during the course of this project, or you have any questions, concerns, or complaints that you wish to address to someone other than the investigator, you may contact the CUNY Research Compliance Administrator at 646-664-8918 or email HRPP@cuny.edu

ELECTRONIC CONSENT: Please select your choice below. You may print a copy of this consent form for your records.

* Required

1. Email address *

2. Clicking on the “Agree” button indicates that You have read the above information. You voluntarily agree to participate. You are 18 years of age or older *
   Mark only one oval.
   - Agree
   - Disagree

3. Background information is being collected for overall research purposes. No individual demographic information will be shared with agencies. What is your gender?
   Mark only one oval.
   - Female
   - Male
   - Transgender
4. What is your year of birth?  
   (please enter year, for example: 1952)

5. What is your race/ethnic status? (select all that apply)  
   Check all that apply.
   - White (Non-Hispanic)
   - Black/African American
   - Native American/Alaska Native
   - Asian/Pacific Islander
   - Hispanic/Latino
   - Other

6. What is your highest level of education?  
   Mark only one oval.
   - High School
   - BSW
   - MSW
   - Other BA/BS
   - Other MA/MS
   - PhD

7. If not BSW/MSW What discipline was your degree in?
8. Which category best describes your current position?
   *Mark only one oval.*
   - Family Finding specialists
   - Family search worker
   - Supervisor
   - Agency Management/Leadership (program director, director)
   - Other

9. How long have you been in your current position?
   

10. How long have you been working with this agency?
    

11. How long have you been implementing Family Finding?
    

12. Do you currently have a caseload?
    *Mark only one oval.*
    - Yes
    - No

13. How many youth do you currently serve (i.e. number of youth on caseload)?
14. On average, how long do you “carry” a case?
   *Mark only one oval.*
   - 3-6 month
   - 7-12 month
   - over a year

15. How do you define permanency

16. Family Finding can be effectively blended with other family centered strategies and interventions
   *Mark only one oval.*
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<tr>
<td>Not at all</td>
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<td>Very greatly agree</td>
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17. I usually follow the six steps of the model
   *Mark only one oval.*
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<td>Not at all</td>
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18. I believe in the Family Finding model 
   *Mark only one oval.*

   1 2 3 4 5

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<tr>
<th>Disagree</th>
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<th>Strongly agree</th>
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19. During Discovery phase, I identify adults, including family members and other key supporters, for the youth  
   *Mark only one oval.*

   1 2 3 4 5

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<th>Always</th>
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20. How many connections (on an average) do you identify?  
   *Mark only one oval.*

   - 0-10
   - 11-20
   - 21-30
   - 31-40
   - Over 40

21. I use Internet search strategies  
   *Mark only one oval.*

   1 2 3 4 5

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22. I use the seneca search services
   Mark only one oval.

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<td>Not at all</td>
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<td>With all of my youth</td>
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23. Youth is actively participating in finding connections
   Mark only one oval.

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24. If using other techniques to discover family members/other adults please specify

   

   

   

   

   

25. Mail out Relative Notification Letters
   Mark only one oval.

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<td>Always</td>
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26. **Interview youth to gather information on past and current supports**
   
   *Mark only one oval.*

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27. **Interview Parents, relatives and others including adult siblings, and other known relationships of support to gather contact information**

   *Mark only one oval.*

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28. **On an average how long does it take to accomplish the Discovery step?**

   *Mark only one oval.*

   - ☐ month or less
   - ☐ two month
   - ☐ three month or more

29. **How many adults do you engage during the engagement phase?**

   *Mark only one oval.*

   - ☐ 1-3
   - ☐ 4-7
   - ☐ 8-12
   - ☐ 13 or more
30. Reach out to those who have a personal relationship with the child and family to gather information about natural supports

*Mark only one oval.*

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31. Discuss the purpose of the safety network and permanency planning process with each natural support contacted

*Mark only one oval.*

- [ ] Yes
- [ ] No
- [ ] Some time

32. Complete discovery/engagement tools measuring connectedness

*Check all that apply.*

- [ ] Mobility Map
- [ ] Genogram
- [ ] Safety Circles
- [ ] Connectedness Map
- [ ] Ecomap
- [ ] Three Houses

33. Do you attempt to engage all individuals that you identify in the discovery stage?

*Mark only one oval.*

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34. How do you contact adults you like to engage?

*Mark only one oval.*

- [ ] Phone
- [ ] Email
- [ ] Letter
- [ ] Social Media
- [ ] Other: __________________________

35. On an average how long does it take to accomplish the Engagement step?

*Mark only one oval.*

- [ ] month or less
- [ ] two month
- [ ] three month or more

36. Planning: Invite newly discovered and engaged family members/important people to the Initial Family Team meeting

*Mark only one oval.*

- [ ] Yes
- [ ] No
- [ ] Sometime

37. I engage youth in planning, inquire about their safety concerns and ideas for support.

*Mark only one oval.*

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38. I use the tools like the “Miracle Question” prompt, Safety House, or Three Houses
   *Mark only one oval.*

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39. Initial Family meeting held with majority of youth on my case load
   *Mark only one oval.*

   - [ ] Agree
   - [ ] Disagree

40. During initial family team meeting we brainstorm on:
   *Mark only one oval.*

   - [ ] legal guardianship
   - [ ] placement
   - [ ] emotional support plans
   - [ ] Other

41. On average, how many committed natural supports are planning to participate in the permanency planning process
   *Mark only one oval.*

   - [ ] 1-3
   - [ ] 4-6
   - [ ] 6-10
   - [ ] 10 or more

42. Outside of family members, who else is usually invited to these meetings?
43. Decision-making: I usually discuss youth legal permanency plans
Mark only one oval.

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44. I usually discuss the emotional and relational support plan with each adult
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45. I usually think that the right people were at the family team meeting
Mark only one oval.

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46. I experience challenges making decisions about a youth’s emotional and legal permanency
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47. Evaluation: How do you evaluate the plan created for the legal and emotional permanency of a youth
48. I usually develop a timeline for completion of the plan
   *Mark only one oval.*

   1  2  3  4  5

   Not at all 〇 〇 〇 〇 〇  Always

49. Follow Up Support: On an average, follow up takes:
   *Mark only one oval.*

   〇 Few days
   〇 Weeks
   〇 Month
   〇 Over a month

50. **What ongoing support do you offer to youth and adults?**

   —
   —
   —
   —
   —

51. **What stage of the intervention is the most intense in terms of your involvement on a case**
   *Check all that apply.*

   〇 Discovery
   〇 Engagement
   〇 Planning
   〇 Decision making
   〇 Evaluation
   〇 Follow up Support
52. **What types of documentation do you complete during your work?**
   *Check all that apply.*
   
   - [ ] Documenting contacts made
   - [ ] Progress towards and completion of activities
   - [ ] Interaction with youth
   - [ ] Interaction with family
   - [ ] Fidelity assessments

53. **I like to use new types of interventions to help my clients.**
   *Mark only one oval.*

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54. **I am willing to try new types of interventions even if I have to follow a treatment manual.**
   *Mark only one oval.*

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55. **I would try a new intervention even if it was very different from what I am used to doing**
   *Mark only one oval.*

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56. I am always able to establish a friendly, sympathetic relation with the youth and adults.
   *Mark only one oval.*

   1  2  3  4  5

   Not at all  Not at all  Not at all  Not at all  Very greatly agree

57. Family Finding fits with my clinical approach
   *Mark only one oval.*

   1  2  3  4  5

   Not at all  Not at all  Not at all  Not at all  Very greatly agree

58. Family Finding is too simplistic
   *Mark only one oval.*

   1  2  3  4  5

   Not at all  Not at all  Not at all  Not at all  Very greatly agree

59. Family Finding is not useful for individual clients with multiple problems.
   *Mark only one oval.*

   1  2  3  4  5

   Not at all  Not at all  Not at all  Not at all  Very greatly agree
60. **My work does not need to be monitored.**  
*Mark only one oval.*

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- Not at all
- Very greatly agree

61. **I am satisfied with my skills as a Family Finding worker.**  
*Mark only one oval.*

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- Not at all
- Very greatly agree

62. **Family Finding requires too much paperwork.**  
*Mark only one oval.*

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- Not at all
- Very greatly agree

63. **Getting supervision help me to be a better Family Finding worker**  
*Mark only one oval.*

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- Not at all
- Very greatly agree
64. I feel that the amount of supervision I receive is adequate  
   *Mark only one oval.*

   1  2  3  4  5

   Not at all  [ ]  [ ]  [ ]  [ ]  [ ]  Very greatly agree

65. My supervisor is able to answer my questions about Family Finding  
   *Mark only one oval.*

   1  2  3  4  5

   Not at all  [ ]  [ ]  [ ]  [ ]  [ ]  Very greatly agree

66. I am aware that the Family Finding intervention is funded by a grant  
   *Mark only one oval.*

   1  2  3  4  5

   Not at all  [ ]  [ ]  [ ]  [ ]  [ ]  Very greatly agree

67. I feel pressure by supervisor to find permanent connections to youth  
   *Mark only one oval.*

   1  2  3  4  5

   Not at all  [ ]  [ ]  [ ]  [ ]  [ ]  Very greatly agree
68. The formal training I received on the Family Finding model was helpful
   *Mark only one oval.*

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   Not at all | | | | | Very greatly agree

69. I have enough training to use the intervention correctly
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   Not at all | | | | | Very greatly agree

70. Are you trained with any other models or interventions?
   *Mark only one oval.*

   □ Yes
   □ NO

71. What other models do you use?

72. I believe it is a good idea to use additional models with Family Finding.
   *Mark only one oval.*

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   Not at all | | | | | Very greatly agree
73. It is sometime confusing to use more than one intervention.  
*Mark only one oval.*

1  2  3  4  5  
Not at all | | | | | Very greatly agree

74. I see a lot of similarities between these interventions  
*Mark only one oval.*

1  2  3  4  5  
Not at all | | | | | Very greatly agree

75. In your opinion, have there been barriers to the success of the Family Finding

__________________________
__________________________
__________________________
__________________________
__________________________

76. Are there particular elements or components of the model that you believe are critical for it to succeed?

__________________________
__________________________
__________________________
__________________________
__________________________

__________________________
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__________________________
APPENDIX C

Interview guide Permanency Specialists

Introduction and Ongoing Consent
[Turn Recorder On – Confirm on audio recorder approval for recording]

Thank you for taking the time to participate in this interview. I invite all permanency specialists to participate in interviews about the implementation of the Family Finding intervention and the individual and organizational factors related to implementation of the intervention. The purpose of the interview is to explore the experiences and perceptions of permanency specialists with implementation and factors that influence fidelity. As you would expect, there are no right or wrong answers, and I approach you because I want to learn more about how do workers implement the Family Finding Intervention.

Just as a reminder, your participation in this interview is voluntary. You may end your participation at any time, or withdraw from the study at any time without any consequences. Also, everything you say during the interview is confidential, unless you share information that is reportable under the New York law, such as about child abuse.

Do you have any questions about the study?
Do you agree to participate?

Interview Questions

Thank you. Let’s get started. First, I’d like to ask you some questions about your background.

1. How long have you been a Permanency Specialists?
   Probes:
   • What interested you in applying for this position?
   • Were you hired specifically for this position or were you already an agency employee?
   • Can you describe your child welfare experience prior to your current position?
   • What is your field of education?

Now, I’d like to ask you some questions about the referral process and your caseload.

2. At what point in a case is it assigned to you?
3. Can you describe how a case becomes a part of (is referred to) your caseload?

Implementation:

1. What is your experience implementing the interventions?
2. Do you follow the six steps of the Kevin Campbell Family Finding Model? (a) Are there any barriers that preventing implementation by the model?
3. What recommendations or changes do you have regarding the application of the interventions to traditional child welfare casework?
4. What are some of the differences between the FF intervention and other interventions supporting youth relational permanency?
5. Are there any characteristics of the youth you serve that make it particularly difficult to implement the interventions with them?
   If yes, probe: What are they? What strategies have you (or someone else at the agency) used to try to overcome these barriers?
6. On average, how long do you “carry” a case? Does the case length differ from what you originally expected or planned? If so, why do you think this has occurred?
7. Can you explain what your responsibilities when implementing each intervention?
8. What is it like to combine the interventions?
9. Once a youth is assigned to your caseload, what do you do first?
10. How many connections on an average are you able to identify? (discovery)
11. What types of search tools do you use? (probe: have you experienced any challenges?)
12. How do you engage potential connections? (engagement)
13. What is the goal of the first contact? (planning)
14. How do you and the planning team come to decisions regarding the youth’s permanency? (decision making)
15. Have you experienced any challenges making decisions about a youth’s permanency?
16. How do you evaluate the plan created for the legal and emotional permanency of a youth? (evaluation)
17. How well do you feel the team provides ongoing support to the youth and connection? (follow-up and support)

Factors:
1. What organizational factors are the most important in supporting workers’ ability to implement the interventions?
2. What organizational factors limit workers’ ability to implement the interventions?
3. What is your experiences with the coaching sessions and supervision?
   Probes:
   • How do supervisors use coaching to support workers?
   • Do you think supervisors are proactive in supporting workers’ implementation of the interventions (e.g. developed a plan to facilitate implementation, removes obstacles, establish expectations related to implementation)? If so, how?
   • Do you think supervisors’ knowledge supports workers implementing the interventions?
4. Can you share a time when implementation was challenging? If so, how?
   • What helped you cope?
5. Which strategies were effective in resolving problems and which ones were not effective?
6. What role do you think training have in workers ability to implement the interventions?
7. Are there any behaviors that affect workers’ ability to implement the interventions with fidelity? Probe:
   • Does the number of cases a worker have affect their ability to implement the interventions? If so, how?
8. To be an effective FamilySearch worker, what individual characteristics do you think are important in a worker?
9. If you experience challenges implementing aspects of the interventions what would you do? What would you expect supervisor to do?
10. Does the level of intensity in terms of your involvement in a case change over time?
11. How do you know when your involvement in a case should end?
   Probes: What are the conditions for “closing” a case?
12. What types of documentation do you complete during your work? (e.g. documenting progress towards and completion of activities)?
13. In what format do you document your work (manual forms, automated database)? How often do you enter information? Do you document your case activities into the case record? (If yes) How so?
14. Do you have any other thoughts on factors that affect how well a worker is able to implement the interventions with fidelity?
APPENDIX D

The individual components of the Reported Overall Fidelity Variable (ROFV):

Q20. During Discovery phase, I identify adults, including family members and other key supporters, for the youth
Q22. I use Internet search strategies
Q23. I use the Seneca search services
Q24. Youth is actively participating in finding connections
Q26. Mail out Relative Notification Letters
Q27. Interview youth to gather information on past and current supports
Q28. Interview Parents, relatives and others including adult siblings, and other known relationships of support to gather contact information
Q31. Reach out to those who have a personal relationship with the child and family to gather information about natural supports
Q34. Do you attempt to engage all individuals that you identify in the discovery stage?
Q38. I engage youth in planning, inquire about their safety concerns and ideas for support.
Q44. Decision-making: I usually discuss youth legal permanency plans
Q45. I usually discuss the emotional and relational support plan with each adult
Q46. I usually think that the right people were at the family team meeting
Q47. I experience challenges making decisions about a youth's emotional and legal permanency
Q49. I usually develop a timeline for completion of the plan
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