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Use of Fidelity Scores in Measuring Outcomes for Children Involved in the Child Welfare System

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Since 1998, HSRI has been evaluating the impact of Ohio's Title IV-E Waiver, which currently covers 18 counties. Child welfare is administered at the county level, through Public Children Services Agencies (PCSA). Under the waiver, demonstration counties receive federal funds which can be used for any child and any service, regardless of IV-E eligibility; thus, funds normally allowed to be spent only for foster care can be used for a range of child welfare purposes, with the goal of reducing the number of children entering foster care, decreasing their length of stay in care, and shortening their time under PCSA supervision. During the second phase of the waiver (2004-2009), the demonstration sites chose to focus their efforts on three specific intervention strategies: family team meetings (FTM), structured visitation, and kinship supports. Together they defined the intervention models and, to varying extents, obtained training to assure consistent implementation. Using a comparison group design, the evaluation examined the impact of each strategy by comparing the outcomes of children in the demonstration counties with those of a similar group of children in the comparison counties. Among children served in the demonstration sites, the evaluation also looked at the level of fidelity achieved. This presentation highlights the relationship between fidelity and outcomes.

FAMILY TEAM MEETINGS

FTM is a way to engage family members and other people to support the family for shared case planning and decision-making. Meetings occur at specified intervals over the life of the case; these are facilitated by a trained professional and are attended by a range of people related to the case (family members, friends, advocates, service providers). The goal of FTM is to reduce the need for removing children from their homes and to shorten the length of any needed out-of-home placement, without increasing the risk of further maltreatment.

Four measures of fidelity include:

- Initial FTM within a month of case transfer to ongoing services
- Subsequent FTM at least quarterly
- A range of attendees at the FTM
- FTM facilitated by a trained, independent facilitator

At the child level, performance on each of the fidelity measures varied: 57% had a prompt initial FTM, 63% had timely subsequent FTMs, and 49% had a minimal set of people in attendance (defined as at least one parent or primary caregiver, at least one PCSA staff, and at least one other type of person). Facilitator data was available only at the county level: all counties had an independent facilitator, and half of the counties had facilitators with a medium level of training.

Because children had multiple FTMs and different groups of people attended each meeting, the calculation of child-level fidelity was somewhat complex. The evaluation computed the percentage of a child's meetings which occurred within the specified time frame, and similarly computed the percentage of a child's meetings which had the minimum set of attendees. These two figures were averaged to create an overall fidelity percentage for each child. Children with high fidelity (greater than or equal to 85%) were compared to children with low fidelity (less than or equal to 30%).

Child-level fidelity was found to be positively associated with improved child outcomes; high-fidelity cases had significantly shorter case episodes and shorter placement stays than cases with low and/or medium-level fidelity (see table below).

Fidelity Measure	*Outcome (in days)*	*Low Fidelity*	*Medium Fidelity*	*High Fidelity*
Time between FTMs	Case episode length	433 (1281)	517 (n=2354)	329 (n=3115)
Minimum set of attendees	Case episode length	400 (n=2739)	482 (n=1820)	375 (n=2191)
Overall fidelity	Case episode length	422 (n=1076)	438 (n=4381)	327 (n=1293)
Overall fidelity	Placement length	38 (n=1076)	69 (n=4381)	49 (n=1293)

* High-medium and high-low differences in case episode length were all statistically significant; for placement length, only the high-medium difference was statistically significant.

The Ohio demonstration counties are continuing to use the ProtectOHIO FTM model, and continue to participate in the evaluation of FTM. The model is being more precisely defined and new measurement approaches and research questions are emerging. Fidelity to the model is a high priority of both county and state leadership.

STRUCTURED VISITATION

The majority of children in out-of-home care have a case plan goal of reunification. For these children, child welfare agencies are required to provide opportunities for regularly scheduled visits with their families. This contact is considered essential for maintaining and enhancing parent-child relationships (Haight, Kagle & Black, 2003), as well as for promoting attachment and adjustment (McWay & Mullis, 2004).

In the development of a visitation model for implementation, demonstration counties noted that frequency, visit duration, parent attendance and supervision were all important aspects of parent-child visits; nonetheless they do not necessarily ensure a *productive* visit. In light of this, and after much deliberation counties elected to add a unique visitation element that differentiated their model from the required practice occurring in all counties: that of a structured activity. The structured activity was seen as a mechanism through which parents might be engaged in planning developmentally appropriate activities to complete with their children during the visit. It would also provide an opportunity for supervisors to coach parents in their interactions with their children such that parenting practices might be enhanced. The structured activity was viewed as *the* defining component of the demonstration counties' visitation model.

Five measures of fidelity to the visitation model were identified:

- Visits should last one hour or more
- Visits should be supervised
- Visits should occur within 7 days of the previous visit
- Visits should be attended by at least one parent or caregiver
- Structured activities should be planned and completed

Analyses were conducted on the data collected from 436 children. The average number of visits was 19.45 (SD=21.88; median=10), and the average age of the children at placement was 3.6 (SD=3.55) years of age. Eleven percent of the children (N=50) were Black, the remainder were categorized as White/Other. Finally, the children were almost equally divided by sex (47% female; 53% male).

In order to construct a fidelity scale, for each component of fidelity noted above, a count was made of the number of times the required event had occurred for each child. This number was then divided by the total number of visits per child. This produced a percentage fidelity score for each fidelity component. An average level of fidelity was then obtained by taking the mean score across all components of fidelity.

In all, 8,482 visits were recorded. In terms of practice, ninety-six percent of the visits lasted more than one hour, 78% were attended by at least one caregiver, 96% were supervised, 76% occurred within seven days of the previous visit and 53% of the visits involved planned and completed activities.

At the child level, little variation occurred in terms of supervision (.95; SD=.17) or length of visit (.94; SD=.34); generally visits were supervised and they tended to last more than an hour. However, far more variation occurred in the degree to which visits were attended by relevant adults, occurred within the designated time frame or entailed planned and completed activities.

The predictive utility of each fidelity component was assessed. This lead to the unexpected finding that the inclusion of a structured activity was not predictive of length of case episode or length of placement; however, a high fidelity to each of the other four components was predictive of shorter case episodes and length of placement when compared with low fidelity. Additionally, a combined *four* component fidelity scale appeared to be more useful than the *five* component scale in the prediction of length of case episode and length of child placement in care. Focused chi-square analyses, using the four component scale, suggested that the odds of reunification versus placement with kin was almost 2 times as likely (1.76) for those children whose overall fidelity was shown to be high versus those for whom fidelity was low.

The structured activity was originally seen as a central fidelity component providing an opportunity for constructive parent-child interaction and a vehicle through which supervisors could offer parenting tips in order to support and develop parenting skills. A valuable contribution to a scale of fidelity for the visitation model might also have included a measure of the degree to which parenting support was offered nonetheless difficulties in the measurement of this construct precluded its use.

Counties have elected not to focus on this strategy for the upcoming waiver, preferring to concentrate their energies on FTM and Kinship.

KINSHIP SUPPORTS

During the ProtectOHIO Waiver, six counties focused on enhancing kinship placement supports via a practice model including increased staffing, recruitment of kin caregivers, and provision of hard goods and services. Kinship placements are defined, for this purpose, as any length of time that a child spends living with a kinship caregiver (for this effort we focused on those placements known to the PCSA). Kinship caregivers are relatives or other adult caretakers who are known by the child, and who are not licensed foster parents for said child.

Because many of the kinship support efforts outlined for the ProtectOHIO kinship strategy were also being utilized in other project counties, evaluators chose to index all participating counties on key kinship support elements, providing a measure of fidelity to the kinship model as well as an assessment of closeness to the model for non-strategy counties. These county-level index rankings were utilized as an additional variable in outcomes analysis for a sample of children in kinship care during the project period. Methodological challenges and outcomes findings from this effort provide lessons for the field on kinship support measurement and the application of fidelity measures to outcomes analysis.

The Kinship Index was developed as an exploratory study to better understand the practice efforts of all the demonstration and comparison counties with regard to use and support of kinship placements. The index is comprised of seven common kinship practice elements, six of which were scored. Weighted scores of those elements were aggregated into an overall score for each county. Counties were then divided into high, medium, and low index groups; divisions broke the county scores in approximate thirds by range (the high group's scores making up the top third of overall scores, for example).

2010 Kinship Index Results			
	Low	**Middle**	**High**
Number of Counties	17	10	8
Range of Scores	12.7 – 30.4	34.7 – 50.5	52.5 – 69.5

Applying Index Findings to Case-Level Findings: No significant differences were found for either outcome explored.

Substantiated or Indicated Incidents of Abuse/ Neglect		
	Low	**High**
During Kinship Placement Episode	3.4% (4 of 118)	3.9% (8 of 205)
Following Kinship Placement Episode	6.0% (7 of 117)	5.0% (10 of 199)

End of Kinship Placement		
	Low	**High**
'Good' Kin Placement End*	81% (58 of 72)	66% (77 of 116)
'Bad' Kin Placement End	19% (14 of 72)	34% (39 of 116)

The kinship strategy is carrying forward into the next ProtectOHIO Waiver with all 18 demonstration counties planning to implement a revised strategy. The demonstration counties are currently working together to revise their approach. The evaluation team intends to refine our overall evaluation plan and is working to improve our data collection and analysis approaches for this strategy in order to better capture the counties' efforts as well as children's outcomes.

LESSONS LEARNED/ QUESTIONS:

- What effect did data limitations have on our findings? What is the impact of measuring what's measurable?
- Do the strategy efforts make a difference? Does 'closeness' to the model or higher intensity of support make a difference?
- Did we capture the essence of the strategies via our efforts?
- Was there room to 'move the needle'?
- What other contextual or analytic factors could have impacted our findings?
- Given our limitations, was use of an index like this the right way to measure the impact of these efforts? What alternatives could be explored?

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For more information, including downloadable copies of the Comprehensive Final Evaluation Report, Executive Summary, and evaluation briefs for ProtectOHIO, go to: www.hsri.org/project/evaluation-of-ohio-title-iv-e-waiver