ENCOMPASS PILOT YEAR EVALUATION REPORT

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Draft 5

December 22, 2021

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Acknowledgements:
Thank you for Sarah Ahola, Megan Hempstead, Mary McGeown, Amie Shei, Ruben Ferreira, Jaime Caron, Liz Flink, and Kate Stockbridge for contributing to this report.

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PILOT YEAR EVALUATION SUMMARY

The Encompass program, developed by the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC), trains foster and kinship caregivers to recognize trauma in children, attend to foster children's behavioral health needs, and provides additional supports to foster caregivers in order to mitigate the impact of trauma on children and improve child outcomes. We used a one-group pre and post-test longitudinal design to evaluate the effectiveness of the Encompass program on foster child and foster parent outcomes among 17 foster caretakers caring for 25 foster children. Outcomes included foster parent confidence in trauma-informed fostering, opinions about DCF (Department of Child and Family Services), use of external and natural support care, intentions to continue fostering and use of mobile crisis intervention. We used data from DCF to examine placement stability among Encompass children compared to 122 non-Encompass foster children. We also conducted qualitative interviews with caretakers. We observed positive changes in caretakers' confidence in trauma-informed fostering ($p<0.07$) and use of external support care providers ($p<0.001$). We did not observe significant changes in caretakers' opinions about DCF, or intentions to continue fostering. We also did not observe significant differences in placement stability among Encompass children compared to non-Encompass children. Qualitative data suggests that participants found all components of the Encompass program to be helpful and enjoyable, and recommend that future programming be longer, include more didactic training, and that information about the program be more widely disseminated to social workers across the state. On the whole, the evidence suggests that the Encompass program may have a positive impact on caregiver knowledge about trauma and capacity to provide trauma-informed foster care to children. Continued evaluation of the full-scale implementation of the Encompass program during 2022-2024 will be informative about program effectiveness.

Jill Cummings is a trauma coach with MSPCC's Encompass

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Background

The Encompass program of the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) is designed to improve outcomes for children who receive foster or kinship care in Central Massachusetts. The Encompass program trains foster and kinship caregivers to recognize trauma in children, attend to foster children's behavioral health needs, and provides additional supports to foster caregivers in order to mitigate the impact of trauma on children and improve child outcomes. The Encompass program was piloted with 29 families in Central Massachusetts between January and September, 2021, with funding from The Health Foundation of Central Massachusetts (THFCM) and the CF Adams Trust.

The foster care system is critical to the Commonwealth's child welfare system. When abuse and neglect threaten children's safety, children are removed from their birth parents and placed in foster homes. Foster care is intended to be a short-term solution while the Department of Children and Families (DCF) works to reunify children with their birth parents, place them with a trusted relative, or find them an adoptive family. According to the DCF FY21 Quarterly Profile, as of June 30, 2021, there were 8,464 children in out-of-home placements in Massachusetts. Of these, 1,464 were from Central Massachusetts.

Traumatic events, including child abuse and neglect, exposure to interparental violence, community violence and experiencing the death of a loved one, and other adverse events, are too common among US youth. As many as one-half to two-thirds of youth in the general population have experienced at least one trauma in their lifetime (Copeland et al., 2007; Finkelhor et al., 2009, Dorsey et al., 2012). It is estimated that approximately 90% of youth in foster care have experienced at least one trauma, with almost half reporting experience with four or more types of traumatic events (Stein et al., 2001; Fratto, 2016). A study of foster care alumni found that 30% of respondents met lifetime criteria for PTSD compared to 7.6% of a general population with similar demographics (Pecora et al., 2009; Salazar et al., 2013). Youth in foster care with mental health or behavioral problems are the least likely to achieve placement stability or to display improved psychological adjustment in their foster placement (Barber et al., 2001). As a result, there have been calls for trauma-informed foster care as a way to improve placement stability (Beyerlein & Bloch, 2014).

Description of Encompass and Context for Pilot

The inspiration for re-envisioning foster care in Massachusetts began with the 2018 Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) survey in which foster parents reported finding deep satisfaction in providing safe and loving homes for children, but acknowledged a unique set of challenges they were not prepared to handle without support. These challenges included children's behavioral issues related to trauma; lack of access to essential information, training, and services; few opportunities to engage with other foster and kinship parents for support and mentoring; and feeling that they were not valued or respected as a member of a child's treatment

team (Massachusetts Society for the Prevention of Cruelty to children, 2018). Subsequently, in 2020, with funding from THFCM, in collaboration with a select group of state and community leaders, MSPCC engaged in a full year of program planning. Planning entailed reviewing models of providing support to foster care families from other US states; reviewing outcome studies in the scientific literature about foster care support programs; developing a training for Peer Trauma Coaches, Volunteer Coordinators, and volunteers; and investing time to develop strong collaborative relationships with a project leadership team, advisory group, and with volunteer recruitment coordinators. These partnerships are described in the Pilot Establishment section below.



Volunteers Gay Toomy and Billye Auclair

The Encompass program comprises three components: (1) Peer Trauma Coaching: Each Encompass family is matched with a Peer Trauma Coach, an experienced foster parent who uses the Resource Parent Curriculum (RPC) to provide one-on-one trauma focused skills training to foster parents to promote their role in supporting a child's well-being and permanency. (2) Skill Enhancement and Peer Support Networking Groups: Each Encompass family is assigned to a bi-weekly virtual group with 9 other families that meets for six sessions and that is facilitated by two Peer Trauma Coaches. The groups are designed to expand trauma-informed parenting techniques, increase informal support, and facilitate networking. (3) Extended Community Supports: Encompass recruits and trains volunteers and community partners to help support foster parents. Volunteers and community partners donate their time and tangible goods, including grocery and meal delivery, care packages for tangible needs, and online or in-person tutoring or enrichment activities with foster youth.

It should be noted that the COVID-19 pandemic had an immediate and drastic impact on the child welfare system. As a consequence of COVID-19 and social isolation, foster and kinship caregivers were asked to care for children with increased trauma and behavioral health needs in the absence of supports that are typically available. In addition, the ongoing uncertainty of the pandemic required the Encompass team to provide Peer Trauma Coaching and Peer Support sessions virtually. Finally, the Extended Community Supports were impacted by statewide guidance and policies around health and safety related to COVID-19.

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PILOT ESTABLISHMENT

Step 1. Partnership

Before MSPCC began to develop the content of the Encompass intervention, they consulted with a Leadership Team comprising state and community experts in child behavioral health and foster care on the essential elements of the program and the ideal structure. Leadership Team members include senior managers of DCF, The FaCES (Foster Child Evaluation Services) clinic at University of Massachusetts (UMASS) Memorial Health, Court Appointed Special Advocates (CASA) Worcester, the Massachusetts Alliance for Families (MAFF) which serves as the statewide foster parent association, and LUK, Inc., a community-based agency serving children and families in North Central Massachusetts. The Leadership Team met quarterly to advise MSPCC on multiple aspects of Encompass program development and the project evaluation.

The planning year (2020) also involved building relationships with a supportive advisory group, which includes state Senator Harriette Chandler (D-Worcester), state Representative Jim O'Day (D-West Boylston), The Office of the Child Advocate, DCF Worcester East and Worcester West Area Offices, the Children's League of Massachusetts, the community-based agency All Our Kids, YWCA of Central Massachusetts, MSPCC Kid's Net staff, four trauma specialists, and two marketing specialists. In addition, MSPCC developed relationships with 12 entities for volunteer recruitment including: DCF Foster Parent recruiters, the Junior League of Worcester, College of the Holy Cross, UMASS Memorial Employee Volunteer program, Clark University, Hanover Insurance, Lasagna Love, Worcester State, Hadwen Park Congregational, Young Parent Hope, Alpha Delta Kappa, Beta Chapter of Worcester, and Catie's Closet.

Step 2. Peer Trauma Coach selection, orientation and supervision

The centerpiece of the Encompass program is the Peer Trauma Coaches. Peer Trauma Coaches are current or former foster parents, some of whom have also adopted children from foster care. Encompass hired four part-time Coaches and one full-time Coach during the pilot period. The job description for the Peer Trauma Coaches was disseminated through the MSPCC job board as well as on public employment vacancy job websites. Although many applicants for the position had experience working with foster children in a professional capacity, relatively few had direct, personal experience providing foster care in their homes. This was viewed as an essential selection criteria. Each candidate was interviewed by a minimum of three people affiliated with the Encompass program before hire—meaning that they were carefully vetted. Once hired, Peer Trauma Coaches each received a standardized training from the Encompass Project Coordinator, Ms. Sarah Ahola, LCSW, on the responsibilities of a Peer Trauma Coach, background on the project, working with DCF, the need of foster parents, and local resourc-

es. They also participated in a 30-hour training (three hours per day for ten days) on the Resource Parent Curriculum (RPC) provided by trainers from LUK, Inc., and UMASS Medical/FaCES.

Step 3. Evaluation team

MSPCC selected to collaborate with a research team from Boston University on the evaluation of the Encompass pilot. The evaluation team leader was Dr. Emily F. Rothman, Professor and Chair of Occupational Therapy. Ms. Julia Campbell, MPH, and Ms. Paulina Soria, BA, were evaluation co-investigators. The evaluation team was responsible for obtaining IRB approval to conduct the pilot evaluation research, developing survey instruments, collecting and analyzing qualitative and quantitative data from foster family participants, and analyzing data provided by DCF to the evaluation team. The evaluation team worked collaboratively with MSPCC and the funder, THFCM, throughout the planning year and pilot project period to design and execute the evaluation. However, the evaluation was independent in that it was conducted by researchers who were not part of the Encompass design or implementation process. Importantly, one of the evaluation team members is fluent in Spanish and was able to conduct data collection qualitative interviews in Spanish with the Spanish-speaking participants.

Step 4. Encompass Participant Identification

The Encompass project began recruiting families in March 2021. The original goal was to recruit 40 families. Initially, DCF case workers recruited families by talking about the Encompass program with the families they worked with. However, feeling ill-equipped to respond to questions from families, DCF began to forward contact information for families to the Encompass Project Coordinator who would then call the family to invite them to participate in the program. Because recruitment was slower than anticipated using this method, in May 2021, MSPCC reset the target recruitment goal to 30 families. In total, Encompass received the contact information for approximately 110 individuals and ultimately 29 families elected to participate in the program (~26% yield).

Encompass also began recruiting volunteers to support the foster families. Encompass originally aimed to recruit two volunteers for each foster family, but actual recruitment of volunteers also went more slowly than anticipated. Using Facebook and Instagram was not a productive way to find volunteers, though the hope had been that social media would be useful. Recruiting volunteers through faith-based organizations was not highly useful. Once volunteers were recruited, they participated in a two-hour training delivered by Sarah Ahola and the two Volunteer Coordinators. It described DCF and DCF processes, background about the foster parent experience, and explained why children come into care, among other topics. In total, the pilot programming involved 14 volunteers for 29 families. Some foster families were not interested in being matched with a volunteer. There were also four families that were Spanish-speaking and would have benefited from a match with a Spanish-speaking volunteer. The Encompass pilot involved only one Spanish-speaking volunteer despite efforts to recruit more. Encompass experimented with matching an English-speaker with a Spanish-speaking family in one instance, but this had limited success so it is not considered a best practice.

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Step 5. Social norms change campaign

The project includes a comprehensive advocacy-oriented public engagement campaign to inform various stakeholders of the pilot, build interest and momentum for the program, and start to change the statewide dialogue about foster parents and the foster care system. In collaboration with MSPCC's Marketing and Communications Committee, project staff planned to facilitate a series of focus groups with various stakeholder groups, including foster parents, to gain a better understanding of the public's knowledge of and attitudes towards foster care, and also to find out how members of the public could see themselves getting involved. In 2020, MSPCC conducted a survey of 244 Massachusetts residents about their perceptions of foster care, foster parents, foster parents' impact, reasons why people would choose to foster, and other factors in order to inform the content of the planned social norms campaign. The results of the survey indicated that – contrary to what was anticipated by MSPCC – most respondents had positive perceptions of foster caregivers. Results from the survey informed the recruitment strategies for volunteers as well as content for print and social media campaigns for Encompass.

PROCESS EVALUATION

MSPCC collected information throughout the pilot year on how many coaching sessions families received and how often they participated in Skill Enhancement group sessions. On average, participants selected to participate in 9 sessions with their Peer Trauma Coach (range: 2 to 18 sessions). A total of 158 peer trauma coaching sessions were delivered during the pilot period. In terms of the skill enhancement groups, families attended between 0 to 5 of the 5 sessions offered. On average, families attended 2 out of the 5 sessions. Reasons for low participation in the groups included not having the time and experiencing technological difficulties.

OUTCOME EVALUATION

Design and Participants

The evaluation team used a three-pronged approach to evaluate the Encompass pilot program. First, the team collected quantitative survey data both before and after the pilot period from Encompass families. Second, the team collected qualitative interview data from families at the conclusion of the pilot period. Third, the team used data shared by the Department of Children and Families (DCF) to examine placement stability outcomes for youth in Encompass foster family homes and in comparison families that had not participated in the Encompass program.

Participants in the survey and interviews were Encompass family members. There were 29 families that signed up to participate in Encompass, but 11 of these disengaged before participating in any peer trauma coaching or skill enhancement sessions. Of the 18 Encompass families that did participate in the programming, one opted not to complete an evaluation survey or interview, leaving an analytic sample of N=17. Of the 17 participating families, 3 spoke Spanish only and completed the online survey and interview in Spanish.

Participants in the DCF secondary data analysis were 25 children who were placed with an Encompass family and a comparison group of 122 children who were placed with foster families that did not participate in Encompass. All Encompass families were served by Worcester East or Worcester West DCF Area Offices. All comparison group children were in the Robert Van Wart DCF Office catchment area for their placement, meaning that the Robert Van Wart DCF office was managing the placement. All children included in the secondary data analysis were between 0-15 years old as of May 1, 2021, in a departmental foster care placement (meaning, all types of departmental foster care placements other than out of state, emergency, or hotline). DCF provided de-identified data, and all procedures were reviewed and approved by the Boston University Institutional Review Board (IRB).

Enrollment and data collection procedures

All Encompass families received an email from the Project Coordinator (Ms. Sarah Ahola) upon beginning the program informing them that they would be contacted by a Boston University research team member who would invite them to participate in the survey and interview evaluation. Families were told that they could choose not to have their contact information shared with Boston University; however no family opted out of the Boston University contact. Evaluation research team members emailed each Encompass family member an invitation to participate in research with a link to the online consent form. Messages from Boston University were in English or in Spanish, based on family preference. Those who reviewed the consent form and agreed to participate were automatically routed to the online baseline survey. After completing the baseline survey, the research team emailed an electronic Amazon.com gift card worth $20 to the participant. Enrollment in the Encompass program occurred over a period of approximately 10 weeks between March and May 2021, so the baseline data collection occurred over a 10-week period. In September 2021, which was approximately 4-6 months after baseline, each participant received a new email message with a link to the online follow-up survey and was asked to complete it. Each participant also received a message asking them to sign up for a Zoom-based interview with a research team member. After completing the follow-up survey and interview, each participant received a second $20 gift card via email.

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Survey Measures

The survey took respondents approximately 30 minutes to complete. The baseline survey included 7 questions about demographics, including town of residence, age, gender, primary language, race/ethnicity, number of biological children living in the home, number of foster children, foster care role (e.g., kinship caregiver, unrestricted or Departmental caregiver, comprehensive caregiver, emergency caregiver, etc.), and current employment status. Participants were asked 11 questions about each foster child. They were asked two questions about receiving prior training on trauma.

Confidence in trauma-informed fostering: Participants were asked 21 questions about their understanding of trauma. This was an original scale, though questions were adapted from the Duke University evaluation of the National Child Traumatic Stress Network's Caring for Children Who have Experienced Trauma; A workshop for Resource Parents Demographic Survey (The National Child Traumatic Stress Network). A sample item is: "I routinely think about how a child could be physically safe in my home, but might not feel safe." Response options ranged from 1 (strongly disagree) to 4 (strongly agree). The Cronbach's alpha for this scale was 0.95 in this sample.

Opinions about DCF: Participants were asked 18 questions about their feelings about DCF. This was an original scale. A sample item is: "I am satisfied with how DCF considers my needs as a foster parent." Response options were on a 4-point scale from 1 (strongly disagree) to 4 (strongly agree). The Cronbach's alpha for this scale was 0.96 in this sample.

External and natural support care: Participants were asked 7 questions about their use of external support care (i.e., volunteers). This was not a scale; it was a series of discrete questions. A sample item is: "Approximately how many total hours of external support care have trained external support providers provided to you in the past month?"

Intentions to continue fostering: Participants were asked one close-ended and one open-ended question about their intentions to continue providing foster care. These were original questions. The close-ended question was: "Please indicate how long you intend to be a foster parent (in general, not just to the child in your home currently)" with response options including (1) 3-6 months; (2) 6-12 months; (3) 1-2 years; (4) 2-5 years; (5) 5 years or longer; and (6) I no longer want to be a foster parent. The open-ended question was, "In your own words, why do you feel that you want to be a foster parent?"

Placement stability: On the follow-up survey, participants were asked five questions about how long the placement of each foster child had lasted, if the placement timeline was extended or shortened, and if the long-term plan for a permanent placement for the child had changed. These were each original questions.

Mobile crisis intervention: On the follow-up survey, participants were asked relative to each foster child: "how many times in the past 6 months have you called the state Emergency Services Program/Mobile Crisis Intervention (ESP/MCI) for help managing their mental health needs?"

Interview questions and procedures

Fifteen participants agreed to participate in a Zoom-based interview with a research team member in September 2021. Each interview took approximately 20-30 minutes, was audio-recorded, and transcribed. Interviews were in English or in Spanish. Interview participants were asked 18 questions. These questions included:

1. Tell me what kinds of extra services or supports you have received because you are part of the Encompass program?

2. What have you enjoyed best about these supports?

3. Can you think of a time when something you learned from the Encompass program came in handy in real life? Please tell me that story.

4. Did you attend the trauma coaching peer group sessions?

probe: If so, what did you find helpful about them? What did you find unhelpful about them?

probe: If not, why not? What changes could be made to make it more likely that you'd attend in the future?

5. Which trauma coach led the peer group sessions that you attended (or didn't attend)? Was there anything about the trauma coach and/or the style of the group that you enjoyed? Or didn't enjoy?

6. Can you think of a time when the coaching you got from the Encompass program made a difference to you? Why did it?

7. How has the Encompass program impacted your interactions with your foster child (or children)'s birth parents?

8. How has the Encompass program impacted your understanding of trauma?

9. How has the Encompass program impacted your understanding of the behavioral health needs of your child/children? How would you describe your own ability to manage behavioral health needs in the home?

10. Overall, what's been going well for you in terms of fostering?

11. What has been hard or challenging for you and your family?

12. How do you think DCF could be even more supportive of you given those particular challenges you just mentioned? What could they be doing?

13. Do you feel like a member of the care team with DCF? In what ways do you feel recognized as a team member, and in what ways do you feel like you could be more fully integrated into the care team?

14. If you could wave a magic wand and have DCF (or Encompass program) do anything and everything that you needed, what would be on your wish list of extra steps they would take to meet every single one of your needs as a foster parent?

15. Tell me about a time when you felt 100% supported by DCF in your fostering experience. What did they do that made you feel that way?

16. If you were able to talk to a legislator who has to decide whether or not to fund the Encompass program for other families in the future, what would you want them to know?

17. What is the permanency plan for the child(ren) that you are currently fostering? Do you intend to continue to foster this child(ren) for as long as needed? Do you intend to take in new foster children in the future?

Why or why not?

18. What else did I forget to ask you that you think I should have asked you? What else is important for me to hear?

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Data analysis

Baseline and follow-up survey data were compared using chi-square and t-tests. One logistic regression analysis was conducted to assess odds of achieving permanency (see Table 8). P-values were set to the level 0.10 for statistical significance, given the small sample size and exploratory nature of this pilot study. Qualitative interview data were analyzed using a content-based analysis approach. Secondary data from DCF were also analyzed using chi-square analyses.

RESULTS

Caregiver demographics

A total of 17 caregivers completed the baseline survey (see Table 1). All (100%) caregivers were female. Caregiver ages ranged from 26-68 years old (mean 44 years old). The majority (71%) were English speakers, and 5 (29%) were Spanish speakers. The majority identified as white (53%), with 35% identifying as Hispanic or Latina, 6% African American, and one person as another race. Caregivers were fostering between 1-3 children at baseline, with an average of one foster child in their home. Most were not employed. Forty-one percent were employed part-time or full-time, with 41% reporting they were out of work and not looking for work.

The majority of caregivers were unrestricted or departmental caregivers (71%), and 35% were pre-adoptive caregivers. Some participants indicating being more than one type of caregiver: One-third (29%) were pre-adoptive and unrestricted caregivers, and 29% (n=5) were kinship caregivers. The caregivers were generally experienced with providing foster care. On average, they had nearly 5 years of experience as foster caregivers (range: less than one year to 16 years). Collectively, they were providing foster care to a total of 25 children, with a range of 1 to 3 children per home.

Foster children demographics

A total of 25 children were receiving foster care from the Encompass caregivers (see Table 2). Their ages ranged from 5 months old to 18 years old. On average, children were approximately 8 years old. The majority were male (68%), and 28% were female. One-third (36%) of children were White (that is, non-Hispanic and of European descent), 24% were Hispanic/Latinx, and 4% were African or Caribbean Islander. Approximately one-third (36%) of the children were experiencing their first foster placement, and 36% were in their second placement. Approximately 16% were in their third, fourth or fifth foster care placement. [Note that the demographics of Encompass children provided in Table 2 vary from those in Table 7; Table 2 data were provided by foster parents, while Table 7 data were collected by DCF].

One-third (36%) of the children had been diagnosed with a mental or physical disability. Two-thirds (69%) either had an Individualized Education Plan (IEP) at school, or the caregiver was in the process of trying to obtain an IEP. An additional 13% had a school 504 plan. Two thirds of those diagnosed with a mental or physical disabili-

ty (67%) had been diagnosed with a developmental delay, 56% had been diagnosed with anxiety, depression, PTSD or another mental health disorder, 33% with ADHD/ADD, 11% were diagnosed with autism or pervasive developmental disorder, 11% with oppositional defiance disorder, and 33% were diagnosed with a chronic medical problem.

Confidence in trauma-informed foster care provision

We observed a positive change from pre- to post-test in caregivers' knowledge about the impact of traumatic events on children and confidence in their capacity to provide trauma-informed care to foster children (see Table 3). Note that p-values of $p \leq .10$ were interpreted as statistically significant, rather than the standard $p \leq .05$ because of the small sample size. There were several items on the survey about trauma-informed fostering that particularly stood out as reflecting positive change. These included: "I understand why traumatic events impact the way a child's brain works, well enough that I could explain it to someone else," "I routinely think about how a child could be physically safe in my home, but not feel safe," "An important part of my role as a parent is to identify trauma reminders (i.e., "triggers") in the lives of the children I foster," "Bedtimes and mealtimes are stressful for children who have been in traumatic situations," "I feel confident about my ability to handle challenging behaviors," "I know strategies to help my child express a variety of emotions," and "I know things about being a foster parent that would be helpful to other parents."

Opinions about DCF

We did not observe substantial change on caregivers' satisfaction with DCF from pre- to post-test, although of the 18 questions posed about DCF, we did observe positive change on two of them. The items that reflected positive change were: "I am satisfied with how DCF considers my needs as a foster parent," and "I have reasonable access to a social worker and family resource worker." Note that no Bonferroni correction was used because this is a small scale and exploratory study.

External support care

Participants were 8.4 times more likely to report having utilized an external care provider in the past month at post-test as compared to pre-test. At pre-test 8% reported having used one or more external care providers in the past month, and at post-test 67% reported the same ($p < .001$). There was also a meaningful difference between the percentage of caregivers who were connected with at least one external support provider (i.e., respite provider) through DCF from 21% at pre-test to 47% at post-test. There was no difference in the number of external support providers that caregivers reported that they knew, but the number of hours of external support care that they received did increase from an average of 0 hours in the past month to 2.46 hours in the past month. The difference from pre-test to post-test in the number of hours of external support care received was driven by two of the 15 respondents.

Intentions to continue fostering

There was no substantial change in intentions to continue fostering. There was also no substantial change in the number of times in the past 6 months that caregivers called the state Emergency Services Program/Mobile Crisis Intervention (ESP/MCI) for help managing their children's mental health needs. Notably, the use of ESP/MCI was exceedingly rare.

Placement stability

Placement stability, or permanency, refers to providing foster children with a safe, stable, permanent home, either through reunification with birth parents or through adoption by the foster family. Data provided by DCF revealed that 77% of Encompass foster youth remained in their placement between May and September of 2021, and that 69% of those in the comparison group did (Table 7); this was not a substantial or statistically significant difference. However, 19% of Encompass youth and 7% of comparison group youth achieved permanency (as per the definition in the first sentence of this section) as of September 30, 2021 (Chi-sq. 5.82, $p < .10$; Table 7).

Qualitative data

Qualitative interview data was collected from 15 participants. We detected six themes in their comments.

First, participants generally enjoyed the program, were satisfied with it, and wished it were on-going or lengthier. In the words of one participant:

> *Really, in foster care, the Encompass Program was the only support I have right now. So, I don't really have outside support of any kind. DCF is kind of just in the background when I need them. So, I think the Encompass Program has been a highlight of my year.*

Another participant commented:

> *I just think it should be longer. That's the only sad part of this. The only downfall is that it's ending.*

Second, participants particularly appreciated the material supports (e.g., school supplies and lasagna) because it freed up time and money that they could then put into other needs that their child had. One participant commented:

> *I really liked the help they gave us with the school supplies. That was of great help because sometimes money is tight. And the thing that I liked the most, honestly, was the [Lasagna Love] program. Because sometimes everyday life, stress, and the situations you have to face with the children, having one day off cooking is fantastic.*

Third, people found the one-on-one peer coaching particularly useful.

> *Because we're new to this whole situation, and it is hard and traumatic for everyone. And so just for [the Trauma Coach to offer] insight into kind of what's normal and what's not normal, and who to talk to, and what to do…[the Peer Trauma Coach is…] someone who's experienced it. So, I would say the most valuable was the one-on-one trauma coaching.*

Fourth, the Skill Enrichment support groups were helpful for those able to attend.

> *The support group was helpful because you got to speak to people kinda going through the same thing or if they'd gone through the same thing that you're going through as far as fostering kids and stuff like that. I think that was maybe the most helpful thing.*

Fifth, some participants felt the support groups were less than optimally valuable because they did not offer didactic information nor guidance on how to handle specific troubling situations with their children.

> *I wanted more guidance on how to deal with certain situations that I see with someone that's experiencing trauma.*

Sixth, participants felt like more social workers should know about Encompass.

> *I don't feel like there were a lot of social workers who knew this program was out there. Except for one of the social workers, my kiddo's social workers definitely didn't know about the program. And I feel like that should be something that I think all the social workers should know, that that is available to their parents.*

DISCUSSION

This pilot evaluation found support for the continued testing of the Encompass program for foster parents. Specifically, we observed positive changes overall in confidence in trauma-informed foster care provision, and the use of external support care. While we did not observe statistically significant changes in satisfaction with DCF overall, we did observe positive changes on two items. There was preliminary evidence that placement stability could be improved for those youth in foster care whose foster parents receive Encompass program supports. Qualitative evidence suggests participants were satisfied with the program, would like more didactic information, and would like the program to be lengthier.

There are several limitations of this evaluation study. First, we did not use a control group or comparison group for the survey study. It is possible that all foster parents increase their confidence in trauma-informed foster care provision over time. However, that possibility seems unlikely because most foster parents are not exposed to information about trauma and trauma-informed parenting. Second, the Encompass intervention group was small. Although participation in the evaluation study was excellent (94%), there were only 17 respondents. Future evaluation of Encompass using a larger sample is needed. Finally, out of necessity, we used original measures to assess parents' knowledge of trauma and confidence in providing trauma-informed foster care. However, our measures had good face validity as determined by clinical experts and had good reliability in this sample.

On the whole, the pilot-year evidence suggests that the Encompass program may have a positive impact on caregiver knowledge about trauma and capacity to provide trauma-informed foster care to children. Continued evaluation of the full-scale implementation of the Encompass program during 2022-2024 will be informative about program effectiveness.

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Table 1. Caretaker demographics (N=17)

	% (n)
Caregiver age (years)	
Mean ± SD	43.9 ± 10.8 yrs.
Range	26-68 yrs.
Caregiver gender	
Male	0% (0)
Female	100% (17)
Primary language spoken at home	
English	71% (12)
Spanish	29% (5)
Caregiver race/ethnicity	
African American or Black	6% (1)
Hispanic or Latino	35% (6)
White (non-Hispanic/European American)	53% (9)
Multiracial	0% (0)
Other	6% (1)
Number of biological children under 18 living in home	
Mean ± SD	0.94 ± 1.1 children
Range	0-3 children
Caregiver employment status	
Full-time	29% (5)
Part-time	12% (2)
Out of work but not currently looking for work	41% (7)
Unable to work	6% (1)
Retired	6% (1)
Prefer not to say	6% (1)
Foster parent role*	
Kinship caregiver	29% (5)
Unrestricted or departmental caregiver	71% (12)
Comprehensive caregiver	0% (0)
Hotline/Emergency caregiver	6% (1)
Respite caregiver	0% (0)
Pre-adoptive caregiver	35% (6)
Kinship and Pre-adoptive caregiver	6% (1)
Pre-adoptive and Unrestricted caregiver	29% (5)
Other	6% (1)
Years fostering	
Mean ± SD	4.9 ± 5.1 years
Range	0.22-16.1 years
Number of foster children in home	
Mean ± SD	1.5 ± 0.70 children
Range	1-3 children

*Note: percentages add up to over 100% because participants were given the option to select more than one response

Table 2. Foster children demographics (N=25)

	% (n)
Child age (n=24)*	
Mean ± SD (years)	7.9 ± 5.1 years
Range	4.8 months - 18 years
Child gender	
Male	68% (17)
Female	28% (7)
Missing	4% (1)
Child race/ethnicity	
African National or Caribbean Islander	4% (1)
Hispanic or Latino	24% (6)
White (non-Hispanic/European American)	36% (9)
Multiracial	24% (6)
Prefer not to answer	8% (2)
Missing	4% (1)
Number of prior foster placements	
0	36% (9)
1	36% (9)
2	8% (2)
3-4	8% (2)
≥5 placements	0% (0)
Unknown	8% (2)
Missing	4% (1)
Diagnosed with mental or physical disability	36% (9)
Among those with a disability (n=9)*	
Developmental delay	67% (6)
Anxiety, depression, PTSD or other mental disorder	56% (9)
Attention deficit hyperactivity disorder or ADD	33% (3)
Other chronic medical problem	33% (3)
Autism or pervasive developmental disorder	11% (1)
Oppositional defiance disorder	11% (1)
Among school-age children (n=16)	
Has an Individualized Education Plan (IEP)	44% (7)
In process of trying to obtain IEP	25% (4)
Has a 504 plan	13% (2)
Has an IEP, 504 or in process of obtaining IEP	82% (13)

Frequency of contact with biological parents (by phone, Zoom or in person)	
Every day or almost every day	12% (3)
Weekly or almost weekly	48% (12)
Monthly or almost monthly	8% (2)
Never in past month	28% (7)
Missing	4% (1)

* Respondents were allowed to choose all that apply, indicating that some children have been diagnosed with more than one disability, so percentages add up to more than 100%.

Table 3. Confidence in trauma-informed fostering (N=15)

	Pre-test	Post-test	t-test, p-value
	Mean (SD)	Mean (SD)	
Total scale score (summary of all items below)	2.84 (0.59)	3.11 (0.33)	1.52, p=.07
I understand why traumatic events impact the way a child's brain works (well enough that I could explain it to someone else).	2.62 (0.77)	3.13 (0.64)	1.95, p=.03
I routinely think about how a child could be physically safe in my home, but might not feel safe	2.64 (1.08)	3.20 (0.68)	1.68, p=.05
An important part of my role as a parent is to identify trauma reminders (i.e., "triggers") in the lives of the children I foster.	3.23 (0.83)	3.64 (0.50)	1.39, p=.09
I know how to make a child feel better when they are experiencing a traumatic reaction to something	2.71 (0.91)	3.0 (0.70)	1.17, p=.13
A child's past experiences impact how I respond to their misbehavior	3.00 (0.78)	3.33 (0.72)	1.19, p=.12
In my opinion. praises and rewards should outnumber commands and consequences	3.14 (0.86)	3.33 (0.62)	0.69, p=.25
There is always a reason for misbehavior	3.0 (0.83)	3.29 (0.61)	0.78, p=.22
Bedtimes and mealtimes are stressful for children who have been in traumatic situations	2.93 (0.73)	3.47 (0.64)	2.11, p=.02
When a child has intense feelings that don't seem to make sense, I understand how those feelings might be related to his/ her past	3.08 (0.76)	3.20 (0.68)	0.45, p=.33
When a child is having a tantrum or meltdown, I should remove other children from the room.	2.86 (0.86)	2.93 (0.46)	0.30, p=.38
When a child is having a tantrum or meltdown, it is okay for me to step out, or remove myself from the room for a little while, provided I don't believe my child is a danger to him/herself or others	2.93 (0.83)	3.27 (0.59)	1.27, p=.11
There are many times when I don't know what to do as a parent.*	2.57 (0.76)	2.47 (0.52)	-0.44, p=.67
I feel confident about my ability to handle challenging behaviors	2.79 (0.70)	3.07 (0.46)	1.29, p=.10
I know strategies to help my child express a variety of emotions	2.64 (0.93)	3.07 (0.70)	1.39, p=.09
I feel confident in my ability to care for a child who curses at me or says mean and hurtful things to me	2.79 (0.89)	2.93 (0.59)	0.53, p=.30
I feel confident in my ability to care for a child who rejects me	2.64 (0.84)	3.00 (0.65)	1.28, p=.11
I feel confident in my ability to care for a child with inappropriate sexual behavior	2.29 (0.73)	2.60 (0.74)	1.16, p=.13
I feel sure of myself as a parent of a child who has experienced trauma	2.71 (0.91)	2.73 (0.80)	0.06, p=.47
I know I am doing a good job as a foster parent	2.92 (0.83)	3.13 (0.35)	0.88, p=.19
I know things about being a foster parent that would be helpful to other parents	2.79 (0.89)	3.21 (0.58)	1.51, p=.07
I feel confident in my ability to solve most problems between my foster child (or children) and me	3.14 (0.77)	3.21 (0.58)	0.28, p=.39

Note: Participants responded to each statement on a 4-point scale where 1 was "strongly disagree," 2 was "disagree," 3 was "agree" and 4 was "strongly agree." A higher score is desired, unless marked with an asterisk.

* = a lower score is desirable

Table 4. Opinions about DCF (N=15)

	Pre-test	Post-test	t-test, p-value
	Mean (SD)	Mean (SD)	
Total scale score (summary of all items below)	2.95 (0.72)	3.09 (0.34)	0.63, p=.27
I am satisfied with how frequently I am contacted by DCF staff to receive information or check-ins about my foster child or children	2.92 (0.86)	3.00 (0.71)	0.27, p=.40
I am satisfied with the quality of my interactions with DCF staff about my foster child or children	2.92 (0.86)	3.15 (0.55)	0.82, p=.21
As a foster parent, I feel like I am treated with respect by my neighbors and community	3.08 (0.86)	3.23 (0.44)	0.69, p=.25
I feel that I am treated with respect by DCF staff	3.08 (0.76)	3.23 (0.44)	0.81, p=.22
I am satisfied with how DCF protects my privacy	2.92 (1.00)	3.08 (0.51)	0.69, p=.25
I am satisfied with how DCF considers my needs as a foster parent	2.69 (0.95)	3.31 (0.48)	2.13, p=.03
I am satisfied with how DCF involves me in decision-making related to my child or children's placement	3.00 (0.85)	3.00 (0.43)	0.00, p=.50
I have reasonable access to a social worker and family resource worker	3.08 (0.6)	3.54 (0.52)	1.72, p=.06
I feel included in DCF decision-making about supervised or unsupervised visitation for my child/children with their biological parents	2.62 (1.04)	2.85 (0.80)	1.15, p=.13
I feel that DCF staff treats me as a professional member of a care team	2.85 (0.99)	3.08 (0.49)	1.00, p=.17
As a foster parent, I view myself as a professional member of a care team	3.15 (0.90)	3.23 (0.60)	0.32, p=.38
I am satisfied with the amount of information that I have received from DCF about my foster child/children's physical health, mental health, and trauma history	2.77 (1.09)	2.85 (0.90)	0.23, p=.41
DCF has provided me with everything that I need to be a successful foster parent	2.69 (1.03)	3.08 (0.64)	1.24, p=.12
I am satisfied with the support/ assistance I receive from DCF staff when I ask for it	2.77 (1.01)	3.00 (0.41)	0.82, p=.21
Social workers and other DCF staff listen to my input	2.92 (1.00)	3.08 (0.51)	0.62, p=.28
Being a foster parent is difficult but rewarding	3.33 (0.89)	3.50 (0.52)	0.56, p=.29
Being a foster parent is meaningful and worthwhile	3.42 (0.90)	3.50 (0.52)	0.27, p=.40
Barring unforeseen problems, I plan to continue to be a foster parent for as long as I can	3.23 (0.83)	3.08 (0.64)	-.46, p=.67

Note: Participants responded to each statement on a 4-point scale where 1 was "strongly disagree," 2 was "disagree," 3 was "agree" and 4 was "strongly agree." A higher score is desired.

Table 5. External support care

	Pre-test	Post-test	Chi-sq/Fisher's exact or t-test, p-value
Since becoming a foster parent, has been connected with at least one external support provider (aka respite provider) through DCF	21.4% (3)	47% (7)	2.40, p=0.25
The number of external support providers available to help with foster parenting needs (i.e., you know their name and phone number and can call on them to help you)? Mean (SD); (Range)	0.57 (0.79) (Range: 0-2)	1.0 (1.9) (Range: 0-6)	0.58, p=0.29
Have utilized one or more external care providers to provide temporary external support or care for your foster child(ren) outside of the home in the past month	8% (1)	67% (10)	11.63, p=.00
The number of times in the past month utilized an external care provider for temporary care of your foster child(ren) outside of the home: Mean(SD); (Range)	.17 (.58) (Range: 0-2)	0.25 (0.62) (Range: 0-2)	0.34, p=0.37
The number of hours of external support care that trained external support providers provided in the past month Mean (SD); (Range)	0 (0) (Range: 0)	2.46 (6.49) (Range: 0-10)	1.31, p=.10

Table 6. Intentions to continue fostering, and mobile crisis intervention use (N =14)

	Pre-test	Post-test	Chi-sq/Fisher's exact or t-test, p-value
How long you intend to be a foster parent (in general, not just to the child in your home currently)			NS
3-6 months	7% (1)	7% (1)	
6-12 months	7% (1)	0% (0)	
1-2 years	36% (5)	36% (5)	
2-5 years	0% (0)	21% (3)	
5 years or longer	36% (5)	21% (3)	
I no longer want to be a foster parent	14% (2)	14% (2)	
How many times in the past 6 month you have called the state Emergency Services Program/Mobile Crisis Intervention (ESP/MCI) for help managing the child's mental health needs?	0 times (Range: 0)	0.27 times (Range: 0-2)	0.96, p=0.17

NS=not statistically significant/no change

Table 7. DCF data (N=148)

	ENCOMPASS	Comparison group	Chi-sq/Fisher's exact or t-test, p-value
Total	100% (26)	100% (122)	...
Child's age (Mean, SD)	4.88 (3.75)	6.24 (4.9)	-1.32, NS
Child gender			6.33, p<.05
Male	73% (19)	46% (56)	
Female	23% (7)	54% (66)	
Hispanic origin			2.46, NS
Hispanic/Latino	50% (13)	42% (51)	
Not Hispanic/Latino	50% (13)	50% (61)	
Race			11.99, p<.05
American Indian/Alaskan Native	0% (0)	2% (3)	
Black	8% (2)	14% (17)	
Multi-racial	19% (5)	3% (4)	
White	62% (16)	74% (90)	
Declined or unable to determine	12% (3)	7% (8)	
History of placements			
Lifetime placement count	5.23 (4.31)	3.86 (4.41)	1.44, p<.10
Index placement is first placement	15% (4)	24% (29)	0.87, NS
Total number of Home Removal Episodes (HREs) by May	1.35 (0.56)	1.31 (0.58)	0.28, NS
Number of days in index placement as of May 1, 2021	357 (300)	430 (396)	-.89, NS
Case type			
Clinical	46% (12)	--	
Adoption	54% (15)	--	
Type of placement in May 2021			
Unrestricted	42% (11)	41% (50)	0.02, NS
Pre-adoption	8% (2)	3% (4)	1.07, NS
Child specific	27% (7)	12% (15)	3.62, NS
Kinship	19% (5)	43% (53)	5.37, p<.05
Caring Together (group home)	4% (1)	0% (0)	NS
No placement	0% (0)	0% (0)	
Type of placement in September 2021			
Unrestricted	42% (11)	38% (46)	0.19, NS
Pre-adoption	8% (2)	2% (3)	1.80, NS
Child specific	27% (7)	11% (14)	4.20, p<.05
Kinship	19% (5)	39% (47)	3.50, p<.10
Caring Together (group home)	4% (1)	2% (3)	0.16, NS
No placement	0% (0)	7% (9)	2.04, NS

continued

Placement stability, May-September, 2021			
Remained in index placement between May and Sept 2021	77% (20)	69% (103)	0.86, NS
Achieved permanency as of Sept 30, 2021*	19% (5)	7% (9)	5.82, p<.10
Moved to a new placement between May and Sept 2021	31% (8)	21% (26)	1.08, NS
No placement moves between May and Sept 2021	77% (20)	79% (96)	0.04, NS
Number of placement moves between May and Sept, 2021	.31 (0.62)	.38 (0.82)	-0.41, NS
Caregiver attended most recent 6-month Foster Care Review (FCR) if convened 5/21-9/21	57% (12)	50% (62)	.57, NS
FCR attended by index placement	58% (7)	63% (39)	.09, NS

*This is the variable modeled in Table 8; It means that the child is no longer in care and achieved permanency through reunification, adoption, guardianship, returned to custody of kin, guardian, or are currently in the process of a "Trial Home Visit."

Definition: Identifies whether the index placement was the foster parent/placement resource that attended the Foster Care Review (if a Foster Care Review was convened between 5/1/21 and 9/30/21).

Table 8. Odds of achieving permanency by intervention group, controlling for child gender, child race, lifetime placement count

	OR	95% CI	p-value
Achieving permanency*	2.99	0.91-9.83	p=.07

Table 8a. Relative risk achieving permanency by intervention group, controlling for child gender, child race, lifetime placement count

	RR	95% CI	p-value
Achieving permanency*	1.13	0.99-1.27	p=0.06

* It means that the child is no longer in care and achieved permanency through reunification, adoption, guardianship, returned to custody of kin, guardian, or are currently in the process of a "Trial Home Visit."