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Technical Report: Impact Findings

*The Impact of Child-Focused Recruitment on Foster Care
Adoption: A Five-Year Evaluation of Wendy's Wonderful Kids*

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Prepared by:



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INTRODUCTION

This report describes a randomized controlled trial, or “impact evaluation,” carried out in order to evaluate the impact of the Wendy’s Wonderful Kids (WWK) program on children’s likelihood of adoption. Specifically, the purpose of the analyses reported here is to identify the effect of the WWK recruitment program on adoption, relative to what children would have experienced in the absence of the WWK program. To do this, we compared the rate of adoption among children who received WWK services with the rate among those who received services as usual.

The impact evaluation is part of a broader study that Child Trends carried out regarding the WWK program, including analyses of qualitative data collected from the program staff regarding program implementation, data from other local agency staff regarding the services received by the control group children, data from adoptive and prospective adoptive parents regarding their experiences with WWK, and data from youth served by WWK regarding their experiences. We have also examined descriptive data on all children served by WWK, including their demographics and child welfare histories, as well as the numbers and percentages adopted or with cases closed for reasons other than adoption, through March 2010. Findings from the entire study are summarized in the **Evaluation Report Summary**. A report focusing on findings on program implementation titled **The Impact of Child-focused Recruitment on Foster Care Adoption** is also available.

THE INTERVENTION: WENDY’S WONDERFUL KIDS

In 2004, the Dave Thomas Foundation for Adoption (DTFA) developed and launched the Wendy’s Wonderful Kids adoption recruitment program as an alternative, more focused method of recruiting adoptive families for children for whom finding adoptive homes had previously been challenging for child welfare agencies.¹ Wendy’s restaurants and their customers raise funds for DTFA, which in turn issues grants to local adoption organizations in neighborhoods where the funds are raised. The adoption organizations hire adoption WWK recruiters whose responsibilities are to find permanent, loving families for children in their local foster care systems. Beginning in 2004 with seven WWK grantees in seven American states, the program has grown to 122 recruiters in all 50 states and the District of Columbia, as well as four Canadian provinces, in 2010.

WWK caseload

Children are eligible for WWK services if they have a permanency goal of adoption, or are free for adoption and do not have an identified adoptive resource. The program is designed to serve children who are considered challenging to place in adoptive homes due to age, sibling group membership, or disability. Children served by WWK can be in any type of out-of-home care placement setting, including family foster care, group care, and residential settings. A child’s interest in being, or desire to be, adopted is not a prerequisite for participation in the program.

WWK program sites are permitted to prioritize among eligible children. For example, some sites focus on older teens, children in care for the longest periods of time, or those who have already had significant adoption recruitment activities conducted on their behalf.

The recommended caseload size for each recruiter is 20, with a maximum of 25. Children on the caseload may be at different levels of adoption preparedness, may have different levels of prior recruitment, and may have been waiting for varying lengths of time. At any given time the recruiter should be intensively recruiting for 12 to 15 children. The remaining children on the recruiter's caseload may be in a less intensive phase of the recruitment process. For example, a child who is matched with a family and is in a pre-adoptive placement, or a child who requires greater adoption preparation, may not be in the active recruitment phase but is still on the recruiter's caseload and being monitored by the recruiter. A child may also be considered part of the caseload but "inactive" if he or she is a runaway or is continuously and adamantly opposed to adoption, or is physically unavailable due to incarceration or hospitalization. Even if active recruitment is not occurring on behalf of a particular child, recruiters are still expected to have periodic contact with the child or the child's child welfare worker.

No specific time limit is set for the provision of WWK services for a particular child. However, DTFA directs recruiters to remove children from the caseload when the child's adoption has been finalized, the court has granted legal guardianship, or the child welfare worker has changed the child's permanency goal and the recruiter no longer has access to the child and the child's files, the child ages out of foster care and his/her case is closed, or if the recruiter has employed every possible child-focused recruitment strategy with active recruitment for at least two years. Additionally, recruiters may remove children for certain other circumstances, including the child being over the age of consent for adoption and consistently and adamantly opposed to adoption, or the recruiter determining that the child cannot be successfully matched with an adoptive family (though this is considered a unique situation requiring further explanation).

WWK model components

The Dave Thomas Foundation for Adoption describes the WWK model of adoption recruitment as "child-focused," directing WWK recruiters to focus exhaustively on an individual child's history, experiences, and needs in order to find an appropriate adoptive family. The WWK model as described by DTFA contains eight major components, all of which are expected to be employed for each child being served by WWK.

- **Initial case referral.** Recruiters are expected to contact the child's child welfare worker to introduce the role of WWK, gather initial referral information, establish a date to begin review of the child's case file, and schedule an initial meeting with the child.
- **Relationship with child.** Recruiters are expected to meet with the child monthly, at a minimum, to develop trust and openness and facilitate their assessment of the child's adoption readiness, prepare the child for adoption, and develop an appropriate recruitment plan, preferably in person and one-on-one.
- **Case record review.** Recruiters are expected to conduct an in-depth review of the existing case file. An exhaustive case record review may take several days. The recruiter is expected to develop a system to document: date and reason child entered the system; child's most recent profile/assessment; chronological placement history; significant services provided currently or in the past; identification of needed services; all significant people in the child's life past and present including child welfare worker, foster parents, attorney, CASA volunteer, teacher, therapist, relatives, mentor, faith-based representative, extracurricular activity leader, etc; and the next court date.

- **Assessment.** Recruiters are expected to determine the child's strengths, challenges, desires, preparedness for adoption and whether the child has needs that should be addressed before moving forward with the adoption process. If so, the recruiter is expected to work with the child's child welfare worker to assure that these needs are met. A written assessment should be developed initially and updated quarterly to enhance the child-focused recruitment plan.
- **Adoption preparation.** Recruiters are expected to ensure that the child is prepared for adoption. During the matching process, the recruiter is expected to assure that the prospective adoptive family is adequately prepared to meet the needs of the child.
- **Network building.** Recruiters are expected to meet with significant adults and maintain regular and ongoing contact with the following individuals: child's child welfare worker, foster parent, attorney, CASA volunteer, teacher, therapist, relatives, mentor, faith-based representative, extracurricular activity leader, etc. Regular and ongoing contacts with persons close to and knowledgeable about the child are expected to facilitate recruitment activities. Monthly contact with the child's child welfare worker is expected and seen as essential.
- **Recruitment plan.** Based on the case file review, interviews with significant adults, and the input of the child, recruiters are expected to develop a comprehensive recruitment plan or to enhance the existing recruitment plan. The recruiter's plan for each child is expected to be customized and defined by the child's needs. It is expected that the plan will be reviewed quarterly and updated as needed.
- **Diligent search.** Recruiters are expected to conduct a diligent search of potential adoptive families and identify connections to additional resources. Recruiters are expected to conduct aggressive follow-up with contacts identified, with the knowledge and approval of the child's child welfare worker.

In addition to the above components, the child may be included in other general adoption recruitment efforts; however, general efforts such as internet photo listings and media profiles are not permitted to be the initial or predominant recruitment effort for the child. Additionally, a component not explicitly included in the model formally delineated by DTFA, but consistently implemented in practice, is quality control and technical assistance from the foundation staff. At least once a year, grant managers from the DTFA regularly provide on-site visits to WWK staff to discuss and assess each recruiter's implementation of the WWK model. During on-site visits and also through ongoing consultation, the grant managers provide assistance on how to implement components with which recruiters may be struggling, and they also provide assistance on navigating the WWK program's relationship with the public agency. Grant managers also provide close monitoring of each recruiter's caseload and ensure that staff are diligently entering data into the WWK Online Database, an on-line case-management database designed to collect WWK program- specific information on each child receiving services through WWK, to make sure that recruitment activities are accurately documented. DTFA staff are generally available on a daily basis by email and phone to address any issues that may arise for program staff.

PRIOR RESEARCH ON ADOPTION RECRUITMENT

No adoption recruitment programs have been rigorously evaluated to date, and no studies have evaluated the specific array of child-focused recruitment techniques used by WWK efforts. Nevertheless, we summarize what is known about child-specific adoption recruitment below.

Child-specific adoption recruitment

Child-specific adoption recruitment efforts can generally be classified into the following categories: (1) websites that contain profiles of waiting children, (2) the use of television, radio, and/or print media, (3) photo galleries of waiting children and video conferencing, and (4) programs that intensely engage youth and explore adoption with adults becoming significantly involved in the child's life. The WWK intervention is a relatively rare example of this fourth category. Thus, not only does the absence of experimental and quasi-experimental methodology in prior evaluations limit what we can infer from extant research about the likely effectiveness of WWK, but so does the uniqueness of the WWK model.

Websites. The *AdoptUSKids* website is a national campaign that includes the listing of a child's profile from local and/or state agencies. Since its inception in October, 2002, of the 33,304 children who have been photolisted, 16,057 were subsequently reported as having been placed adoptively as of June 30, 2011. This number is likely higher because there are several thousand children for whom a final placement disposition is not yet known.² In addition to the national efforts of *AdoptUSKids*, many local, state, or regional websites frequently list the profiles and specific characteristics of waiting children in their geographic area. For example, the *Massachusetts Adoption Resource Exchange (MARE)* website includes a photo listing of children waiting to be adopted in the state, and the Northwest Adoption Exchange (NWAEE) maintains photo listings of waiting children in Alaska, Idaho, Oregon and Washington. Importantly, local websites featuring child profiles are rarely evaluated with the necessary rigor, leaving their potential impacts largely unknown.

Media. The *Wednesday's Child* television series highlights children waiting to be adopted, many of whom are older, African American, or are a part of sibling groups. The program was chartered by the Freddie Mac Foundation and is aired on local television news stations in Los Angeles, Chicago, New York City, and Washington, D.C. The Evan B. Donaldson Adoption Institute described the *Wednesday's Child* outcomes over an 18-month period. By the end of the data collection period, 1 percent of the children had been adopted, 17 percent were in pre-adoptive placements, and an additional 26 percent had been matched with an adoptive family.³ Summing these figures shows that 44 percent were on the way toward adoption. Numerous local adaptations of the *Wednesday's Child* media model, unaffiliated with the Freddie Mac Foundation, have developed across the country. No rigorous evaluations of these independent programs have been implemented.

Photo galleries. Galleries featuring professional photos of waiting children in portrait or candid styles represent another common child-specific recruitment effort. *The Heart Gallery of America* was initially developed in New Mexico and, despite the lack of empirical evidence regarding effectiveness, groups have adapted the model and implemented it in nearly every state.

Directly engaging youth. Some states have developed adoption recruitment programs that directly engage youth. In such programs, adult workers foster intense relationships with youth to explore youths' attitudes toward adoption and to seek their input on prospective adoptive resources. Results of programmatic efforts and research conducted include:

- In Ohio, the *Adopt Cuyahoga's Kids* program within the Adoption Network of Cleveland focuses on wards of the state between the ages of 10 and 17. Information is gathered about the child's connections during visits and the program establishes a working team for the child. Initially, 780 children were referred to the program.⁴ It is not clear how many additional children were referred over the next several years, but between January, 2004 and May, 2006, 303 children involved in the program were adopted.⁵

- The *Destination Family Youth Permanency Project* is funded by the Federal Adoption Opportunities program through the California Department of Social Services. Program services include individualized youth-focused planning and recruitment.⁶ Neither evaluation nor outcome data are available for this program.
- In Colorado, *Project Uplift* utilizes adolescent connection workers to engage youth and identify important connections to individuals from their past. Of the 56 youth referred to the project, 47 have connected with at least one supportive adult.⁷
- The *You Gotta Believe!* project in New York recruits adoptive families from the general public for children 10 and older. Since 2001, an average of 20 youth per year have been placed in permanent homes.⁸
- In Los Angeles, California, the *Permanency Partners Program* pairs a trained adoption mediator with a youth for the ultimate goal of achieving legal permanency. The mediator meets with the youth and establishes a trusting relationship. Between 2004 and 2007, of the 2,311 youth who had been served, 32 percent had an identified or established permanency plan.⁹
- Under a three-year grant from the Richmond Department of Social Services, the Virginia coordinators² program exclusively focuses on adoption for older children, large sibling groups, and children with health and/or mental health issues. Strategies of the program included getting to know the child individually and utilizing resources already present in the child's life. The program was able to place 88 percent of the 155 children with the goal of adoption.¹⁰

In summary, a number of adoption programs and supportive outlets provide child-specific recruitment, and some of the youth they serve achieve adoption. However, most of the pre-existing programs use general recruitment techniques, rather than the child-focused techniques used in WWK. Additionally, as we discuss in greater detail below, the degree to which these programs are directly responsible for increasing participating children's likelihood of being adopted is not clear.

Limitations of prior research

For most of the program described above, success is measured via the number of adoptions among participants. However, none has been evaluated using methods that would allow for strong conclusions to be made about whether and the degree to which a program is directly responsible for changes in outcomes targeted by that program. That is, there is an absence of evidence about whether specific adoption recruitment programs caused an increase in the likelihood of adoption among the children they served. Such causal attribution is typically difficult because the characteristics of program participants often differ from the characteristics of comparison group children; study results would be biased if these differences are in turn responsible for observed differences between outcomes for the program and comparison groups.

The most recognized method for eliminating such selection effects (i.e., the effect of participants who are predisposed to the outcome of interest being selected into the program group) is through an experimental impact evaluation, that is, through a randomized controlled trial.

Experimental evaluations are frequently infeasible when it comes to evaluating services for children and families. A random assignment evaluation, by definition, means denying an intervention to a group of eligible individuals. Program providers often conclude that such methods are unethical, and so such evaluations are difficult to design. Possibly for this reason, but also due to the extensive resources needed to implement a rigorous randomized controlled trial, no adoption recruitment effort has ever been experimentally evaluated to our knowledge. But consider the implication: No empirical evidence exists to inform us about the effectiveness of various recruitment methods.

Another limitation of what is known about existing adoption recruitment programs arises from the fact that many programs are implemented on a small, local scale. It is unclear whether implementing these programs nationally and across various demographics of children would result in similar levels of outcomes. Often, local contextual characteristics, including child welfare agency and court policies and procedures, as well as population differences, interact with a program either to facilitate or hinder its effectiveness. The fact that such contextual characteristics vary greatly nationwide and in Canada makes generalizing findings regarding local programs to other populations or localities difficult.

METHODS

For the impact evaluation, from August, 2006 through January, 2010, we randomly assigned cases¹¹ either to receive services provided by the WWK program (the experimental group) or to receive “usual services” (the control group) prior to the beginning of treatment. Random assignment to experimental and control groups increases the likelihood that the groups are statistically equivalent in the distributions of predispositions to outcomes of interest. Comparisons of outcomes for the two groups can then be made with a much reduced chance that differences are due to selection factors or dynamics rather than to the effects of the treatment. Remaining random differences between the two groups of cases are statistically controlled to the extent possible in the analysis of outcomes. Random selection was carried out at the child level within a subset of all the WWK sites. Specifically, randomization occurred separately among children referred for adoption services to a subset of all WWK recruiters, so the design could be considered a randomized block design.

Site selection

While random assignment designs can be implemented in programs at or below capacity, they are most common and viewed as ethically appropriate when a program would not be able to serve all children eligible for the program without using some sort of selection mechanism. Thus, random assignment was carried out in a subset of all WWK sites where there was consensus that some number of children appropriate for the WWK program would fail to receive WWK services due to limited capacity. In some sites, this occurred because the local child welfare agency referred so few eligible children (i.e., children in foster care unable to be reunified with their families of origin and who lack permanency resources) for adoption services that the WWK recruiter was able to serve all children referred to her. We cannot delineate with certainty the reasons why eligible children might not be referred for adoption services. However, there seems to be an attitude in some jurisdictions that certain populations of children are “unadoptable;” in other instances, child welfare workers hesitate to introduce adoption recruitment into the lives of children who are stable in their current non-permanent placements.

In addition to maintaining ethical integrity in site selection, there were practical considerations to selection as well. Grantees with part-time recruiters were not asked to participate due to the smaller number of children they could serve. Additionally, we were able to include only children in the custody of local agencies who agreed to participate in the impact evaluation. Only two sites that were asked to participate in the evaluation refused to do so.¹²

The WWK grantee agencies participating in the impact evaluation are diverse in several dimensions: private versus public; number of clients served; size of geographical area; prior experience with child-focused recruitment; other adoption recruitment efforts; types and number of children available for adoption; and types of children referred for adoption recruitment through WWK.

At the time of initial site selection for the impact evaluation, children referred for services to seven recruiters were enrolled in the random assignment evaluation. Overall, 26 WWK grantee agencies in 23 states¹³ enrolled children into the impact evaluation. These 26 agencies included 37 recruiter positions, with no agency having more than two recruiter positions.¹⁴ One of these 26 agencies dropped out of the evaluation entirely; we do not report on data for these children anywhere in our analyses, although the agency is counted in the total number of agencies ever randomly assigning children. Not accounting for some anomalies with the random assignment procedure (described further below), the number of children who underwent random assignment is 1,393, with 708 assigned to the experimental group and 685 to the control group. Subtracting the children randomly assigned and who were served by the agency that dropped out of the evaluation reduces the number of children randomly assigned to 701 in the experimental group and 679 in the control group.

Because of difficulty obtaining outcome data from some jurisdictions, ultimately, children served by 21 agencies with 30 recruiter positions could be included in the impact analysis.¹⁵ These 21 grantee agencies are based in geographically diverse locations, with programs from 18 states represented.

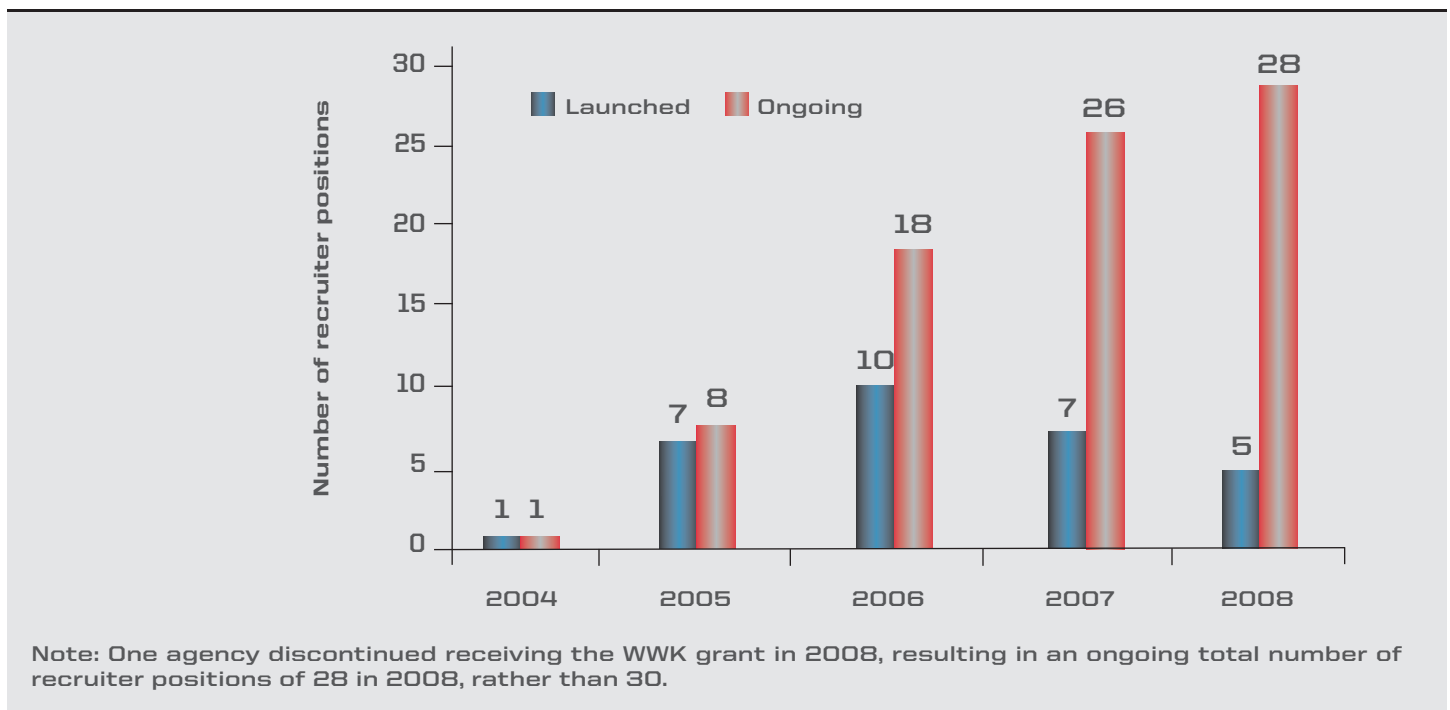


Figure 1. Launch dates for recruiter positions in WWK grantee agencies serving children in the analytical sample for the impact evaluation (n=30)

The recruiters at the WWK grantee agencies who participated in the impact evaluation all began working between 2004 and 2008, as shown in Figure 1 below. Twenty-two of these 30 recruiter positions (or 73 percent) were in private agencies. Among all recruiter positions that had been established through April, 2010, regardless of involvement with the experimental study, 114 out of 133 (or 86 percent) were in public agencies.

Comparability of selected sites to the overall WWK program

Site selection obviously can affect the external validity of the study. The more similar the sites and children in the impact evaluation are to the broader WWK program, the greater our ability to infer that findings regarding the impact evaluation are likely to apply generally to the broader population. In order to gain some insight into how generalizable the findings from the experimental evaluation are to the entire WWK program, we compared the characteristics of staff and children involved in the random assignment evaluation to those of staff and children more broadly involved in WWK. Based on an analysis of survey information collected from WWK recruiters and supervisors, we found no significant differences in staff educational background, professional background, and demographic characteristics between WWK staff at impact

	All recruiters		All supervisors	
	Serving all children	In random assignment sites	Serving all children	In random assignment sites
Total N	198	55	167	45
Agency type				
Private	87%	78%	87%	76%
Public	13%	22%	13%	24%
Educational background				
College degree or less	17%	18%	11%	11%
College degree in social work/related field	42%	33%	15%	15%
Master's degree in social work/related field	27%	35%	50%	50%
Master's degree or higher	14%	15%	24%	24%
Professional background				
Licensed social worker	27%	22%	43%	43%
Previously employed by WWK agency	27%	33%	77%	77%
Previously employed by child welfare agency	44%	45%	43%	43%
Prior experience in child welfare services	78%	78%	83%	83%
Prior experience in foster care adoption	61%	60%	74%	74%
Prior experience in child-focused adoption recruitment techniques	31%	25%	53%	53%
Prior experience working in the local community	72%	73%	80%	80%
Prior experience working with local child welfare agency	61%	65%	71%	71%
How heard about WWK position¹				

Table 1. Characteristics of WWK staff serving children enrolled into random assignment evaluation, compared to all WWK staff¹ as of April 1, 2010

Table 1. Continued

	All recruiters		All supervisors	
	Serving all children	In random assignment sites	Serving all children	In random assignment sites
Total N	198	55	167	45
How heard about WWK position¹				
Was working at WWK agency				
Recruited for position by WWK agency	17%	11%	7%	7%
Word of mouth	22%	18%	7%	7%
Other	44%	42%	30%	30%
Employment				
Full-time recruiter	13%	5%	—	—
Part-time recruiter	87%	95%	—	—
Demographic characteristics				
Age				
Less than 30 years	32%	29%	5%	5%
>= 30 and <40 years	40%	42%	34%	34%
>= 40 and <50 years	12%	20%	26%	26%
Older than 50 years	15%	9%	35%	35%
Hispanic	5%	6%	7%	7%
Female	90%	93%	86%	86%
Race				
Caucasian	62%	58%	79%	79%
African American	30%	38%	16%	16%
Other	7%	4%	5%	5%

*Statistically significantly different from the percentage for recruiters/supervisors (respectively) in all sites (***: p<.01, **: p<.05; *: p<.10)

¹WWK staff in this sample exclude those in one agency that ultimately dropped out of the evaluation. WWK staff in this agency are excluded from analyses throughout this report, although the agency is counted in the total number of agencies ever randomly assigning children (26).

analysis sites and all WWK staff, as shown in Table 1. (Comparable data are not available for the control group, although we report later on the equivalence of the experimental and control groups using available data.)

Despite the fact that the children involved in the random assignment evaluation come from a fairly small subset of all WWK agencies, children assigned to the experimental group generally have similar demographic characteristics and prior child welfare experiences to the full population of children served by WWK in many ways, according to data we examined from the WWK Online Database, although some differences exist, as noted below. (Here again, comparable data are not available for the control group, although we report later on the equivalence of the experimental and control groups using a different data source.) Tables 2 and 3 below display child characteristics and child welfare history. Table 4 shows comparisons of all children served and children randomly assigned into the experimental group among children with

	Children in all sites (N=5,645)	Children assigned to experimental group ¹ (N=701)	
Age at referral			
Missing	4%	15%	***
0-2 years	4%	4%	
3-5 years	10%	10%	
6-8 years	15%	14%	
9-11 years	22%	20%	
12-14 years	29%	22%	***
15 or older	15%	15%	
Sex			
Missing	<1%	4%	***
Male	58%	57%	
Female	42%	40%	
Child's race and Hispanic origin			
Missing	5%	10%	***
White, non-Hispanic	35%	33%	
Black, non-Hispanic	40%	45%	
Other or multiple races, non-Hispanic	7%	5%	
Hispanic	12%	8%	***
Any diagnosed disability			
Missing	10%	25%	***
Yes	40%	33%	***
No	50%	42%	***
More than one diagnosed disability			
Missing	8%	21%	***
Yes	21%	17%	
No	72%	62%	***
Emotionally disturbed			
Missing	10%	25%	***
Yes	26%	24%	
No	63%	51%	***
Learning disability			
Missing	11%	26%	***
Yes	20%	14%	***
No	70%	60%	***
Medically fragile			
Missing	10%	25%	***
Yes	3%	3%	
No	87%	72%	***
Physical handicap			
Missing	10%	25%	***
Yes	3%	3%	

Table 2. Characteristics of all children served by WWK as of April 1, 2010,¹ compared with children assigned to experimental group

Table 2. Continued

	Children in all sites (N=5,645)	Children assigned to experimental group ¹ (N=701)	
Prenatal drug exposure			
No	87%	72%	***
Missing	13%	28%	***
Yes	8%	6%	
Referred with siblings			
No	79%	66%	***
Missing	<1%	4%	***
Yes	41%	46%	
No	58%	49%	***

*Statistically significantly different from the percentage for all children served in all sites (***: p<.01, **: p<.05; *: p<.10)

¹Children in this sample exclude those served by one agency that ultimately dropped out of the evaluation. Children served by this agency are excluded from analyses throughout this report, although the agency is counted in the total number of agencies ever randomly assigning children (26).

Demographics. Children assigned to the experimental group are similar to the full population of children served by WWK in terms of age and gender (see Table 2), although the experimental group children are less likely to be age 12 to 14 at referral.¹⁶ Experimental group children are less likely to be Hispanic than are all children served (eight percent, compared to 12 percent in the full sample). Approximately half of the children in the experimental group were referred with siblings, which was more common than for children across all WWK sites.

Disabilities. Across each category of disabilities, the percentage of children with disabilities is higher among the broader population of all children served by WWK than it is among children assigned to the experimental group. However, this seems to be largely an artifact of whether the recruiters knew children had disabilities or not. The share of children with missing data on each of the disability categories is higher for the experimental group children than it is for the broader population of all children served by WWK.

	Children in all sites (N=5,645)	Children assigned to experimental group ¹ (N=701)	
Years between first court contact and WWK referral			
Missing	12%	23%	***
<=1 year	5%	5%	
> 1 year and <= 2 years	12%	9%	**
> 2 years and <= 3 years	14%	15%	
> 3 years and <= 4 years	12%	13%	
> 4 years and <= 6 years	17%	14%	
> 6 years and <= 10 years	17%	16%	
More than 10 years	9%	6%	**

Table 3. Prior child welfare experiences of all children served by WWK as of April 1, 2010,¹ compared with children assigned to experimental group

Table 3. Continued

	Children in all sites (N=5,645)	Children assigned to experimental group ¹ (N=701)	
Placement at referral			
Missing	11%	4%	***
Family foster (relative)	2%	2%	
Family foster (non-relative)	66%	68%	
Runaway	<1%	<1%	
Trial home visit	<1%	<1%	
Institution	6%	6%	
Supervised independent living	<1%	<1%	
Group home	11%	14%	
Other	3%	5%	**
Placements before referral to WWK			
Missing	4%	11%	***
0-1	21%	12%	***
2-5	42%	41%	
6-10	18%	21%	
10 or more	9%	15%	***
Prior failed adoptions¹			
Missing	7%	16%	***
Yes	19%	20%	
No	74%	65%	***
Past recruitment efforts			
Minimal - general/targeted			
Missing	<1%	4%	***
Yes	4%	5%	
No	95%	91%	***
Minimal - child specific			
Missing	<1%	4%	***
Yes	16%	16%	
No	83%	80%	
Extensive - general/targeted			
Missing	<1%	4%	***
Yes	7%	9%	
No	92%	87%	***
Extensive - child specific			
Missing	<1%	4%	***
Yes	29%	33%	
No	70%	63%	***
Reason for entering court system (current episode)			
Neglect			
Missing	7%	16%	***

Table 3. Continued

	Children in all sites (N=5,645)	Children assigned to experimental group ¹ (N=701)	
Yes	66%	64%	
No	28%	20%	***
Physical abuse			
Missing	10%	22%	***
Yes	26%	29%	
No	65%	50%	***
Sexual abuse			
Missing	11%	23%	***
Yes	13%	14%	
No	76%	63%	***
Voluntary relinquishment			
Missing	8%	17%	***
Yes	5%	3%	**
No	87%	80%	***
Parental rights terminated as of WWK referral			
Missing	3%	11%	***
Yes	76%	70%	***
No	21%	19%	

*Statistically significantly different from the percentage for all children served in all sites (***: p<.01, **: p<.05; *: p<.10)

¹Children in this sample exclude those served by one agency that ultimately dropped out of the evaluation.

Prior child welfare history. Similar to the total population of children served by WWK, most of the experimental group entered the child welfare system due to neglect. Experimental group children are equally as likely as children in the broader WWK population to have entered due to neglect, physical abuse, or sexual abuse. However, as was the pattern with disabilities, there is a higher share of missing data on reasons for entry into foster care among the experimental group children than among all children served by WWK. (Correspondingly, the percentages of children in the experimental group reported not to have entered due to each reason is lower than among all served WWK children, which accounts for the similar rates of reasons that are reported for entering care). Similar shares of experimental group children and all children served by WWK have experienced extensive general/targeted or child-specific recruitment prior to referral, although again levels of missing data are higher among the experimental group.

Children assigned to the experimental group are more likely to have had 10 or more placements and less likely to have had zero or one placements prior to referral, although comparisons may be confounded by their higher level of missing data on number of placements.

The percentages of experimental group children and children served throughout WWK are generally similar for time from first court contact to referral, placement at referral, and prior experience of failed adoptions (including disruptions or

dissolutions). Again, however, levels of missing data are higher for experimental group children than for the broader group of all children. Recruiters are more likely to have reported termination of parental rights among experimental group children than among all children served by WWK. (See Table 3.)

	Children in all sites (N=3,189)	Children assigned to experimental group ¹ (N=297)	
Time spent on WWK caseload			
< 6 months	11%	15%	
>= 6 months and < 12 months	24%	27%	
>=12 months and <18 months	20%	16%	
>= 18 months and < 24 months	21%	25%	
>=2 years and <3 years	18%	13%	
3 or more years	6%	4%	
Case closure reasons			
Adoption	45%	51%	
Guardianship	3%	2%	
Aged out	6%	5%	
Case closed/goal change	25%	20%	
No access to child or child's files	8%	5%	**
Sufficient effort	<1%	1%	
Other	13%	15%	

*Statistically significantly different from the percentage for all children served in all sites (***: p<.01, **: p<.05; *: p<.10)

¹Children in this sample exclude those served by one agency that ultimately dropped out of the evaluation. Children served by this agency are excluded from analyses throughout this report.

Table 4. Case closure experiences of all children served by WWK as of April 1, 2010,¹ compared with children assigned to experimental group, among children with closed records

Children with closed WWK cases. Looking specifically at children across the groups with closed WWK cases, the experimental group children are slightly less likely to have had their WWK cases closed due to lack of recruiter access to the child or the child's files. Otherwise, no significant differences exist across the groups in terms of reasons for case closure and the lengths of time that they were served.

Random assignment

As noted previously, random assignment occurred at the level of the WWK recruiter.¹⁷ That is, children were referred to a specific WWK recruiter for services; the recruiter then used an automated function in the case management data system to determine whether the referred child (or children, if a sibling group had been referred) would be assigned to the experimental or control group.

In order to implement a centralized system for random assignment, a web-based random assignment application was designed. The random assignment function is one element of the WWK Online Database, a broader web-based case management system used by all WWK staff, including those not only in the experimental group, but those in other sites that are not part of the impact evaluation. See the Appendix for a detailed description of the WWK Online Database random assignment mechanism.

When recruiters involved in the impact evaluation had an opening on their caseload, they entered identifying information including the child's initials or name (if allowable by the local child welfare agency) and their unique child welfare agency identification numbers for a pair of eligible cases into the web-based random assignment application. Eligible cases were all those referred for the WWK intervention by the public agency to WWK grantee agencies participating in the random assignment evaluation.¹⁸ All children eligible for WWK services in these sites are also eligible for the impact evaluation. Participation in the evaluation did not involve any action on the part of a child receiving services through WWK that would not have occurred in the absence of the evaluation (with the exception of a subset of older children who participated in in-person interviews). The web application automatically carried out the equivalent of a coin-flip, resulting in the assignment of one case to the WWK recruiter's caseload (i.e., to the experimental group) and the other to the control group. Once assigned to the control group, children were not eligible for WWK services for the duration of the evaluation.¹⁹ Children assigned to the control group were eligible to receive any/all adoption recruitment services available in the agency or in the community other than WWK.

Analytical sample

As noted previously, 1,393 children were randomly assigned either to the experimental or control group. Table 5 below shows the number of children enrolled into the impact evaluation and the division among children between experimental and control groups. It also shows how the sample was reduced from the original number of 1,393, primarily due to data issues. Although we hoped to be able to include all children who underwent random assignment in impact analyses, we did not any receive administrative outcome data for children served by five agencies (including the agency that dropped out of the evaluation). The absence of data sources on outcomes meant that no children from these agencies could be included in the impact analyses. After eliminating children in these sites, the group consists of 1,260 children who underwent random assignment, including children referred to 30 recruiters in 21 agencies, with 620 children assigned to the control group and 640 to the experimental group. Among the 21 WWK grantee agencies involved in the random assignment evaluation and for which we ever received any outcome data, the sample included 1,260 children. About half of these 21 WWK agencies included two recruiter positions, and the other half had one recruiter position, for a total of 30 recruiter positions.

Of the 1,260 children randomly assigned in jurisdictions that provided any administrative outcome data, 6 percent (n=76) were excluded because of anomalies with their random assignment.²⁰ Further explanation of random assignment problems can be found in the Appendix, but occurred for two primary reasons: 1) recruiter confusion about the proper way to use the automated random assignment application in the WWK Online Database or 2) attempts to circumvent the random assignment procedure to add specific children to their WWK caseloads. Among children who underwent random assignment more than once, we retained a single child record with the child's initial assignment, which we felt to be most appropriate for an intent-to-treat analysis. After eliminating children who were deemed to be out-of-scope, our sample size was reduced to 1,184, including 592 in the control group and 592 in the experimental group.

Of the remaining 1,184 children in scope, 14 percent were excluded from the analyses because administrative data were not available.²¹ Children who could not be linked to administrative data records could not be included in the impact analysis because we had no other source of information on outcomes for the control group children. The final analytical sample includes 1,011 children age 17 or younger at the time of their referral to WWK. (Three children over age 17 were excluded from the entire sample.)

For two agencies, the administrative data fields are limited to child-level demographics (i.e., age, gender, and race/ethnicity). In order to ensure that the samples used to assess the impact of WWK across different subpopulations remained the same, data from these two agencies were excluded from the impact analyses. This exclusion reduced the sample from 1,011 to 956, with 474 in the control group and 482 in the experimental group. The estimates of the impact of WWK based on this limited sample are almost identical to those based on the sample of 1,011.

Subject to randomization	Total		Control		WWK	
Agencies	26		26		26	
Recruiters	37		37		37	
Children	1,393		685		708	
In jurisdictions that provided any outcome data						
Agencies	21		21		21	
Recruiters	30		30		30	
Children	1,260		620		640	
Out-of-scope	#	% (randomized)	#	% (randomized)	#	% (randomized)
Assignment problem ¹	45	3.6%	15	2.4%	30	4.7%
Duplicate children ²	31	2.5%	13	2.1%	18	2.8%
Total	76	6.0%	28	4.5%	48	7.5%
In scope	1,184	94.0%	592	95.5%	592	92.5%
Admin data not available	#	% (in-scope)	#	% (in-scope)	#	% (in-scope)
Not linked	141	11.9%	76	12.8%	65	11.0%
Data pulled prior to randomization ³	29	2.4%	19	3.2%	10	1.7%
Total	170	14.4%	95	16.0%	75	12.7%
Sample w/ admin data	1,014	85.6%	497	84.0%	517	87.3%
Analytic sample	#	% (w/ admin)	#	% (w/ admin)	#	% (w/ admin)
17 or younger at referral	1,011	99.7%	496	99.8%	512	99.6%
Not in agencies 11 or 12	956	94.3%	474	95.4%	482	93.2%

¹These include children who were already on the WWK caseload when they underwent random assignment, children for whom WWK recruiters noted should not have undergone random assignment (e.g., data entry errors), random assignment records that were apparently not "real" children, and children who were entered into the random assignment application on the WWK Online Database twice such that they were assigned simultaneously to the treatment and control groups.

²For children who underwent random assignment more than once, a single record was retained per child indicating the child's initial random assignment.

³In some cases, the administrative data provided pertained to a period prior to the child's referral to WWK. This appeared to have been the case for some children who had discharge reasons from foster care that were prior to the date of WWK referral.

Table 5. Analytical sample for impact analyses

Comparison of experimental group sample before and after attrition

We were interested to compare the characteristics of the full sample of children enrolled into the impact evaluation with the characteristics of those in the final analytical sample, after attrition, in order to gain insight into whether the attrition might have led to bias in the analytical sample. The only sources of data available on characteristics of children in the impact evaluation sample before and after attrition is the WWK Online Database. The WWK Online Database includes information only on children served. Similarly, we lack quantitative data altogether on the staff who served children in the control group; our information on staff characteristics comes from WWK staff surveys. Thus, our examination in this section is limited to the experimental group. Our analysis revealed no significant differences across variables examined before and after attrition. Thus, although we find no evidence of bias, we cannot conclude with certainty that bias does not exist.

WWK staff

Through April 1, 2010, survey information was collected on 55 recruiters and 45 supervisors at sites that participated in random assignment of children into the evaluation and on 48 recruiters and 37 supervisors at sites ultimately included in the impact analysis (at sites for which we did receive outcome data on children).²² As shown in Table 6, there are no significant differences in staff educational background, professional background, and demographic characteristics among WWK staff at agencies that ever enrolled children into the impact evaluation and staff at agencies with children ultimately included in the impact analysis.

	Recruiters		Supervisors	
	All	Impact analysis	All ²	Impact analysis
Total N	55	48	45	37
Agency type				
Private	78%	77%	76%	78%
Public	22%	23%	24%	22%
Educational background				
College degree or less	18%	19%	11%	6%
College degree in social work/related field	33%	33%	15%	14%
Master's degree in social work/related field	35%	35%	50%	49%
Master's degree or higher	15%	13%	24%	31%
Professional background				
Licensed social worker	22%	23%	43%	51%
Previously employed by WWK agency	33%	31%	77%	61%
Previously employed by child welfare agency	45%	50%	43%	40%
Prior experience in child welfare services	78%	77%	83%	81%
Prior experience in foster care adoption	60%	63%	74%	70%

Table 6. Characteristics of WWK staff serving children enrolled into the impact evaluation, compared with those of staff included in the analysis sample after attrition¹

Table 6. Continued

	Recruiters		Supervisors	
	All	Impact analysis	All ²	Impact analysis
Total N	55	48	45	37
Prior experience in child-focused adoption recruitment techniques	25%	29%	53%	41%
Prior experience working in the local community	73%	69%	80%	73%
Prior experience working with local child welfare agency	65%	67%	71%	73%
How heard about WWK position¹				
Was working at WWK agency				
Recruited for position by WWK agency	11%	13%	7%	16%
Word of mouth	18%	19%	7%	3%
Other	42%	40%	30%	43%
Employment				
Full-time recruiter	5%	6%	—	—
Part-time recruiter	95%	94%	—	—
Demographic characteristics				
Age				
Less than 30 years	29%	25%	5%	3%
>= 30 and <40 years	42%	48%	34%	45%
>= 40 and <50 years	20%	17%	26%	30%
Older than 50 years	9%	10%	35%	21%
Hispanic	6%	6%	7%	3%
Female	93%	92%	86%	82%
Race				
Caucasian	58%	56%	79%	76%
African American	38%	40%	16%	21%
Other	4%	4%	5%	3%

*Statistically significantly different from the percentage for recruiters/supervisors (respectively) in all sites (***: p<.01, **: p<.05; *: p<.10)

¹WWK staff in this sample exclude those in one agency that ultimately dropped out of the evaluation. WWK staff in this agency are excluded from analyses throughout this report, although the agency is counted in the total number of agencies ever randomly assigning children (26).

WWK clients

In tables 7, 8, and 9, we compare child characteristics, child welfare history, and reasons for case closure to gain evidence about whether attrition has led to bias in the sample. As shown in the tables, there are some small differences in the distributions of child characteristics, but none reaches the level of statistical significance. While this does not

Children randomly assigned to experimental group¹

	All (N=701)	Jurisdiction provided data ² (N=640)	In scope ³ (N=592)	Linked to outcome data ⁴ (N=517)	Analysis sample ⁵ (N=482)
Age at referral					
Missing	15%	15%	14%	12%	11%
0-2 years	4%	4%	4%	4%	4%
3-5 years	10%	10%	10%	11%	12%
6-8 years	14%	14%	14%	16%	16%
9-11 years	20%	20%	21%	21%	22%
12-14 years	22%	22%	22%	22%	22%
15 or older	15%	15%	15%	13%	13%
Sex					
Missing	4%	4%	2%	2%	2%
Male	57%	57%	58%	58%	58%
Female	40%	40%	40%	40%	40%
Child's race and Hispanic origin					
Missing	10%	10%	8%	7%	7%
White, non-Hispanic	33%	33%	33%	33%	34%
Black, non-Hispanic	45%	45%	45%	45%	44%
Other or multiple races, non-Hispanic	5%	5%	5%	5%	6%
Hispanic	8%	8%	8%	9%	10%
Any diagnosed disability					
Missing	25%	25%	23%	22%	24%
Yes	33%	33%	34%	33%	34%
No	42%	42%	43%	44%	42%
More than one diagnosed disability					
Missing	21%	21%	19%	18%	19%
Yes	17%	17%	17%	17%	17%
No	62%	62%	63%	66%	64%
Emotionally disturbed					
Missing	25%	25%	24%	23%	25%
Yes	24%	24%	24%	23%	24%
No	51%	51%	52%	54%	51%
Learning disability					
Missing	26%	26%	24%	23%	25%
Yes	14%	14%	14%	14%	14%
No	60%	60%	61%	63%	61%
Medically fragile					
Missing	25%	25%	24%	23%	24%
Yes	3%	3%	3%	3%	3%
No	72%	72%	73%	74%	73%
Physical handicap					
Missing	25%	25%	24%	23%	24%
Yes	3%	3%	3%	3%	3%
No	72%	72%	73%	74%	72%
Prenatal drug exposure					
Missing	28%	28%	27%	26%	27%
Yes	6%	6%	6%	6%	6%

Table 7. Characteristics of children enrolled into the random assignment evaluation, compared with those of children included in the analysis sample after attrition

Table 7. Continued

Children randomly assigned to experimental group ¹					
	All (N=701)	Jurisdiction provided data ² (N=640)	In scope ³ (N=592)	Linked to outcome data ⁴ (N=517)	Analysis sample ⁵ (N=482)
No	66%	66%	67%	69%	67%
Referred with siblings					
Missing	4%	4%	3%	2%	2%
Yes	46%	46%	47%	50%	49%
No	49%	49%	50%	49%	49%

*Statistically significantly different from the percentage for all children served in all sites (***: p<.01, **: p<.05; *: p<.10)

¹Children in this sample exclude those served by one agency that ultimately dropped out of the evaluation. Children served by this agency are excluded from analyses throughout this report, although the agency is counted in the total number of agencies ever randomly assigning children (26).

²This group is a subset of the prior group that excludes all children in jurisdictions for which we received no outcome data.

³This is a subset of the previous group that excludes children who were already on the WWK caseload when they underwent random assignment, children for whom WWK recruiters noted should not have undergone random assignment (e.g., data entry errors), random assignment records that were apparently not "real" children, and children who were entered into the random assignment application on the WWK Online Database twice such that they were assigned simultaneously to the treatment and control groups and it excludes duplicate records for children who underwent random assignment more than once.

⁴This group is a subset of the prior group for whom we successfully matched administrative outcome data to random assignment identifiers.

⁵This group is a subset of the prior group that excludes children served by two agencies in a jurisdiction that did not provide any data on covariates; it also excludes children older than age 17 at referral.

Children randomly assigned to experimental group ¹					
	All (N=701)	Jurisdiction provided data ² (N=640)	In scope ³ (N=592)	Linked to outcome data ⁴ (N=517)	Analysis sample ⁵ (N=482)
Years between first court contact and WWK referral					
Missing	23%	23%	22%	19%	19%
<= 1 year	5%	5%	4%	5%	5%
> 1 year and <= 2 years	9%	9%	9%	9%	10%
> 2 years and <= 3 years	15%	15%	15%	16%	17%
> 3 years and <= 4 years	13%	13%	12%	13%	13%
> 4 years and <= 6 years	14%	14%	14%	15%	15%
> 6 years and <= 10 years	16%	16%	17%	17%	16%
More than 10 years	6%	6%	6%	6%	6%

Table 8. Prior child welfare experiences of children enrolled into the random assignment evaluation, compared with those of children included in the analysis sample after attrition

Table 8. Continued

Children randomly assigned to experimental group ¹					
	All (N=701)	Jurisdiction provided data ² (N=640)	In scope ³ (N=592)	Linked to outcome data ⁴ (N=517)	Analysis sample ⁵ (N=482)
Placement at referral					
Missing	4%	4%	2%	2%	2%
Family foster (relative)	2%	2%	2%	2%	2%
Family foster (non-relative)	68%	68%	70%	73%	73%
Runaway	<1%	<1%	<1%	<1%	<1%
Trial home visit	<1%	<1%	<1%	<1%	<1%
Institution	6%	6%	6%	5%	5%
Supervised independent living	<1%	<1%	<1%	<1%	<1%
Group home	14%	14%	14%	13%	12%
Other	5%	5%	5%	4%	5%
Placements before referral to WWK					
Missing	11%	11%	9%	8%	9%
0-1	12%	12%	13%	13%	12%
2-5	41%	41%	42%	43%	43%
6-10	21%	21%	21%	21%	22%
10 or more	15%	15%	15%	15%	15%
Prior failed adoptions¹					
Missing	16%	16%	14%	11%	12%
Yes	20%	20%	20%	20%	21%
No	65%	65%	66%	69%	68%
Past recruitment efforts					
Minimal - general/targeted					
Missing	4%	4%	3%	2%	2%
Yes	5%	5%	4%	4%	4%
No	91%	91%	94%	94%	94%
Minimal - child specific					
Missing	4%	4%	3%	2%	2%
Yes	16%	16%	17%	16%	16%
No	80%	80%	81%	82%	81%
Extensive - general/targeted					
Missing	4%	4%	3%	2%	2%
Yes	9%	9%	9%	9%	9%
No	87%	87%	88%	89%	89%
Extensive - child specific					
Missing	4%	4%	3%	2%	2%
Yes	33%	33%	33%	33%	35%
No	63%	63%	64%	65%	63%

Table 8. Continued

Children randomly assigned to experimental group ¹					
	All (N=701)	Jurisdiction provided data ² (N=640)	In scope ³ (N=592)	Linked to outcome data ⁴ (N=517)	Analysis sample ⁵ (N=482)
Reason for entering court system (current episode)					
Neglect					
Missing	16%	16%	15%	13%	12%
Yes	64%	64%	66%	66%	68%
No	20%	20%	20%	21%	20%
Physical abuse					
Missing	22%	22%	20%	19%	18%
Yes	29%	29%	29%	29%	31%
No	50%	50%	51%	52%	51%
Sexual abuse					
Missing	23%	23%	21%	20%	20%
Yes	14%	14%	14%	14%	13%
No	63%	63%	65%	66%	67%
Voluntary relinquishment					
Missing	17%	17%	16%	14%	13%
Yes	3%	3%	3%	3%	3%
No	80%	80%	81%	83%	84%
Parental rights terminated as of WWK referral					
Missing	11%	11%	10%	9%	10%
Yes	70%	70%	70%	70%	69%
No	19%	19%	20%	21%	21%

*Statistically significantly different from the percentage for all children served in all sites (***: p<.01, **: p<.05; *: p<.10)

¹Children in this sample exclude those served by one agency that ultimately dropped out of the evaluation. Children served by this agency are excluded from analyses throughout this report, although the agency is counted in the total number of agencies ever randomly assigning children (26).

²This group is a subset of the prior group that excludes all children in jurisdictions for which we received no outcome data.

³This is a subset of the previous group that excludes children who were already on the WWK caseload when they underwent random assignment, children for whom WWK recruiters noted should not have undergone random assignment (e.g., data entry errors), random assignment records that were apparently not "real" children, and children who were entered into the random assignment application on the WWK Online Database twice such that they were assigned simultaneously to the treatment and control groups and it excludes duplicate records for children who underwent random assignment more than once.

⁴This group is a subset of the prior group for whom we successfully matched administrative outcome data to random assignment identifiers.

⁵This group is a subset of the prior group that excludes children served by two agencies in a jurisdiction that did not provide any data on covariates; it also excludes children older than age 17 at referral.

Children randomly assigned to treatment group¹

	All (N=297)	Jurisdiction provided data² (N=271)	In scope³ (N=249)	Linked to outcome data⁴ (N=219)	Analysis sample⁵ (N=209)
Time spent on WWK caseload					
< 6 months	15%	15%	15%	13%	13%
>= 6 months and < 12 months	27%	27%	25%	26%	24%
>=12 months and <18 months	16%	15%	16%	15%	15%
>= 18 months and < 24 months	25%	26%	27%	29%	29%
>=2 years and <3 years	13%	13%	14%	13%	13%
3 or more years	4%	4%	4%	4%	4%
Case closure reasons					
Adoption	51%	51%	49%	53%	53%
Guardianship	2%	3%	3%	3%	3%
Aged out	5%	6%	6%	5%	5%
Case closed/goal change	20%	19%	19%	18%	19%
No access to child or child's files	5%	5%	5%	4%	4%
Sufficient effort	1%	1%	1%	1%	1%
Other	15%	17%	17%	16%	15%

*Statistically significantly different from the percentage for all children served in all sites (***: p<.01, **: p<.05; *: p<.10)

¹Children in this sample exclude those served by one agency that ultimately dropped out of the evaluation. Children served by this agency are excluded from analyses throughout this report, although the agency is counted in the total number of agencies ever randomly assigning children (26).

²This group is a subset of the prior group that excludes all children in jurisdictions for which we received no outcome data.

³This is a subset of the previous group that excludes children who were already on the WWK caseload when they underwent random assignment, children for whom WWK recruiters noted should not have undergone random assignment (e.g., data entry errors), random assignment records that were apparently not "real" children, and children who were entered into the random assignment application on the WWK Online Database twice such that they were assigned simultaneously to the treatment and control groups and it excludes duplicate records for children who underwent random assignment more than once.

⁴This group is a subset of the prior group for whom we successfully matched administrative outcome data to random assignment identifiers.

⁵This group is a subset of the prior group that excludes children served by two agencies in a jurisdiction that did not provide any data on covariates; it also excludes children older than age 17 at referral.

Table 9. Case closure experiences of children enrolled into the random assignment evaluation, compared with those of children included in the analysis sample after attrition, among children with closed records

Data

Although detailed information on children's demographic characteristics, child welfare histories, placements, and adoption outcomes are available through the WWK Online Database, these data are available only for children served by the WWK program. For children in the control group, the only information contained in the database is child welfare case ID numbers and (in localities that were allowed to share this information) children's names. All analysis data except for the

experimental group membership indicator comes from administrative data provided by the localities where the WWK random assignment agencies were located, i.e., public child welfare agency data. Even though child characteristic and outcome data from the WWK Online Database are more complete in a number of instances than are the administrative data obtained from localities, we relied completely on the administrative data for the impact analyses in order to avoid any bias that might arise as a result of using data from different data sources.

We obtained outcome data from state and county child welfare administrative data systems for some children as recently as March, 2011. Ultimately, we received data from 18 separate administrative data sources. Most of these data came from state agencies; only two were county agencies.

With the aim of obtaining comparable data from each administrative data source, we asked state and local agencies to provide us with some of the same data elements they are required to submit to the federal Adoption and Foster Care Reporting System (AFCARS). These included information on children's demographic characteristics, reasons for entering foster care, number of placements, dates and reasons for discharge from foster care, including the variables listed below. While the data we received were not AFCARS data per se (these are available as non-identifiable public-use data files from the National Data Archive on Child Abuse and Neglect), we hoped that the definitions the localities used for each data element were the same as those provided to AFCARS. With this in mind, we described the data elements based on definitions provided in the User's Guide for AFCARS:²³

- **Child gender**
- **Child is white:** This was included as a dichotomous variable indicating whether or not children were reported to be white, regardless of ethnicity.
- **Child is Hispanic:** This was included as a dichotomous variable indicating whether or not children were reported to be Hispanic, regardless of race.
- **Child age in years:** This was calculated by subtracting the child's birth date from the date of the child's enrollment into the WWK study.
- **Mental health disorder:** We requested that localities provide us with the variable they submit to AFCARS for the data element DSMIII, which is labeled in the AFCARS documentation as an "emotional disturbance." Specifically, this indicator is defined in the AFCARS user's guide as: "A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree: an inability to build or maintain satisfactory interpersonal relationships; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal problems. The term includes persons who are schizophrenic or autistic. The term does not include persons who are socially maladjusted, unless it is determined that they are also seriously emotionally disturbed. The diagnosis is based on the Diagnostic and Statistical Manual of Mental Disorders (DSM III), Third Edition, or the most recent edition. (Clinical diagnosis by a qualified professional; p. 26)."
- **Mentally retarded:** We requested that localities provide us with the variable they submit to AFCARS for the data element MR. This indicator is defined in the AFCARS users guide as: "Significantly sub-average general cognitive and motor functioning existing concurrently with deficits in adaptive behavior manifested during the developmental period that adversely affect a child/youth's socialization and learning. (Clinical diagnosis by a qualified professional; p. 26)."
- **Other diagnosed condition:** This item is based on the AFCARS variable OTHERMED, defined in the AFCARS User's Guide as "Conditions other than those noted in AFCARS under types of disabilities (mental retardation, visually or

hearing impaired, physically disabled, emotionally disturbed) that require special medical care such as chronic illnesses. Included are children diagnosed as HIV positive or with AIDS. (Clinical diagnosis by a qualified professional; p. 44).”

- **Diagnosed disability:** This item is based on the AFCARS variable CLINDIS, defined in the AFCARS User’s Guide as “Has the child been clinically diagnosed by a qualified professional as having one or more of the following: mental retardation; emotional disturbance; specific learning disability; hearing, speech or sight impairment; physical disability; or other clinically diagnosed handicap. Included whether or not the disability(ies) was one of the factors that led to the child’s removal (p. 43)”
- **Two or more spells of foster care:** This was based on the total number of removals from home the child has experienced, based on the AFCARS data element TOTALREM.
- **Removal reasons:** AFCARS requires that states report at least one reason for the child’s most recent removal into foster care.
- **Physical abuse:** : This item is based on the AFCARS variable PHYABUSE, defined in the AFCARS User’s Guide as “alleged or substantiated physical abuse, injury or maltreatment of the child by a person responsible for the child’s welfare (p.47).”
- **Sexual abuse:** This item is based on the AFCARS variable SEXABUSE, defined in the AFCARS User’s Guide as “alleged or substantiated sexual abuse or exploitation of a child by a person who is responsible for the child’s welfare (p. 47).”
- **Neglect:** This item is based on the AFCARS variable NEGLECT, defined in the AFCARS User’s Guide as “alleged or substantiated negligent treatment or maltreatment, including failure to provide adequate food, clothing, shelter or care (p. 48).”
- **Parent abused alcohol:** This item is based on the AFCARS variable AAPARENT, defined in the AFCARS User’s Guide as “the principal caretaker’s compulsive use of alcohol that is not of a temporary nature (p. 48).”
- **Parent abused drugs:** This item is based on the AFCARS variable DAPARENT, defined in the AFCARS User’s Guide as “the principal caretaker’s compulsive use of drugs that is not of a temporary nature (p. 48).
- **Child has a disability:** This item is based on the AFCARS variable CHILDIS, defined in the AFCARS User’s Guide as “a clinical diagnosis by a qualified professional of one or more of the following: mental retardation; emotional disturbance; specific learning disability; hearing, speech or sight impairment; physical disability; or other clinically diagnosed handicap. Include only if the disability(ies) was at least one of the factors which led to the child’s removal (p. 49).”
- **Child’s behavior:** This item is based on the AFCARS variable CHBEHPRB, defined in the AFCARS User’s Guide as “child’s behavior in the school and/or community that adversely affects socialization, learning, growth and moral development. These may include adjudicated or non-adjudicated child behavior problems. This would include the child’s running away from home or other placement (p. 49).”
- **Abandonment:** This item is based on the AFCARS variable ABANDNMNT, defined in the AFCARS User’s Guide as “the child has been left alone or with others; caretaker did not return or make whereabouts known. (p. 50)”
- **Relinquishment:** This item is based on the AFCARS variable RELINQSH, defined in the AFCARS User’s Guide as “parent(s), in writing, assigned the physical and legal custody of the child to the agency for the purpose of having the child adopted. (p. 50).”
- **Incarceration of parent:** This item is based on the AFCARS variable PRTSJAIL, defined in the AFCARS User’s Guide as “temporary or permanent placement of a parent or caretaker in jail that adversely affects care for the child (p. 49).”
- **Parent unable to cope:** This item is based on the AFCARS variable NOCOPE, defined in the AFCARS User’s Guide as “physical or emotional illness or disabling condition adversely affecting the caretaker’s ability to care for the child. (p. 50).”

- **Parent has inadequate housing:** This item is based on the AFCARS variable HOUSING, defined in the AFCARS User's Guide as "housing facilities were substandard, overcrowded, unsafe or otherwise inadequate resulting in their not being appropriate for the parents and child to reside together. Also includes homelessness (p. 50)."

In addition to examining distributions of these characteristics for the overall analysis sample and separately for the WWK and service-as-usual groups, we also looked at the distribution by WWK agency jurisdiction. The variation suggests that some jurisdictions simply do not collect certain data elements.

For the sets of variables describing race/ethnicity and reason for entry into foster care, we considered a value not missing, and equal to zero, where other variables in the series were not missing. For instance, if the indicator for white was consistently provided, but the indicator for Asian was never provided within a jurisdiction, then a missing value for Asian was changed to zero. For other child-level variables, there were also small numbers of missing values. These values were imputed using agency-level means and, if these were missing, with grand means. Two agencies, however, provided data for very few of the child-level covariates, so children randomly assigned by two agencies were omitted from analyses that included child-level covariates.

Analysis

The outcome of interest is adoption. Children were categorized as having been adopted if the administrative data included a discharge reason from foster care and if this reason was indicated to be adoption, or if the child had a valid adoption finalization date in the administrative data.²⁴ Adoption was operationalized as a dichotomous variable (i.e., children were either adopted or not adopted) because the date that adoptions were finalized is not available for all children thought to have been adopted. However, because pairs of children were randomized to control and WWK groups at the same time, the expected amount of time that children in each group were available for adoption is the same, which makes this specification innocuous.

Analyses on impacts presented in this section are intent-to-treat analyses, meaning that we examined the effect of assignment to the WWK intervention on adoption, compared to the effect of assignment to services as usual. This means that, even if children were randomly assigned to the WWK intervention, but were never added to a WWK recruiter's caseload (i.e., "no-shows"), the child is retained in the treatment group. Similarly, if children assigned to receive services as usual are for some reason added to a WWK recruiter's caseload (i.e., "cross-overs"), they are retained in the comparison group. Intent-to-treat analyses are frequently used because they maintain the statistical similarities of the treatment and control group, thus maintaining our ability to attribute causality for any observed impacts on outcomes to assignment to the intervention. In social interventions, participant characteristics (such as motivation to achieve the desired outcome) are often related to the incidence of no-shows and crossovers. Thus, a proper analysis of the intervention requires including all outcomes for all children according to their initial unbiased assignment.

Fortuitously, the incidence of cross-overs and no-shows is rare among the WWK impact analysis sample. Specifically, only two children in the treatment group were no-shows, and only four of the 497 children assigned to the control group were crossovers. The low rate of crossovers and no-shows is largely due to the design of the intervention. Although active engagement on the part of the child is ideal, participation in the WWK program itself relies on the activities of the WWK recruiter, rather than activities of the child or youth. Children continued to receive WWK services, even if they refused to

actively engage with the program. Also, incidentally, since neither the WWK program nor the evaluation (with the exception of the interviews with older children described in the **Implementation Report**) requires any participation from the subjects, those children who were not invited for an interview were likely unaware of the evaluation. Participation in the evaluation also did not affect the services provided to a WWK participant. With the exception of those older children involved in the in-person interviews, children had no contact with research staff. This was possible because data for the impact evaluation come from administrative data that we received directly from the local public child welfare agencies with custody of the children.

Because children were randomized to WWK recruiters within agencies and jurisdictions, the appropriate way to estimate the impact of WKK is by examining recruiter-specific (or within-recruiter) differences. Mixed-effect logistic regression models are used to examine the impact of WWK on the rate of adoption. These models yield recruiter-specific estimates of the impact of WWK and account for the correlation in adoption rates within recruiters, agencies, and jurisdictions. Using this method, we estimated the difference in the likelihood of adoption for the WWK group, relative to the likelihood of adoption of the control group, while accounting for mean differences in adoption rates across agencies and recruiters.²⁵

FINDINGS

Equivalence of experimental and control groups

Table 10 below compares the experimental group children with control group children on child demographics, disabilities, and reasons for removal into foster care.

	Total	Control	Experimental
N	1,011	496	515
Age	10.2	10.5	9.9 *
Female	41.6%	41.6%	41.6%
Race and Hispanic origin ¹			
Native American	2.4%	3.7%	1.2% *
Asian	1.6%	1.8%	1.4%
African American	53.8%	55.6%	52.0%
Pac. Islander	0.5%	0.4%	0.6%
White	49.7%	48.9%	50.6%
Hispanic	9.3%	9.3%	9.4%
Diagnosed disability ¹	57.8%	60.5%	55.3%
Mentally retarded	7.6%	8.8%	6.5%
Visually or hearing impaired	2.6%	2.3%	2.9%
Physically disabled	4.2%	4.6%	3.8%
Emotionally disturbed	49.4%	49.9%	49.0%
Other diagnosed condition	24.9%	28.4%	21.6% †
Two or more spells	23.0%	25.4%	20.8%
Removal reason ¹			
Physical abuse	21.3%	21.6%	21.1%
Sexual abuse	8.2%	7.1%	9.2%
Neglect	63.0%	62.6%	63.3%

Table 10. Descriptive characteristics of children included in the impact analysis, by experimental group

Table 10. Continued

	Total	Control	Experimental
Parent abused alcohol or drugs	24.0%	23.9%	24.2%
Child abused alcohol	0.2%	0.0%	0.5%
Child abused drugs	0.7%	0.9%	0.5%
Child has a disability	3.7%	4.5%	3.0%
Child's behavior	13.3%	14.2%	12.4%
Death of parent	0.5%	0.7%	0.2%
Incarceration of parent	6.1%	6.1%	6.0%

*: p<.001: ***, p<.01: **, p<.05:*, p<.10: †
 †Categories are not mutually exclusive.

Although random assignment generally made the groups statistically comparable, some small differences remain. The average age in the experimental group is just over a half a year younger than in the control group (9.9 years, compared with 10.5, $p < .05$). Additionally, the share of Native American children is a very small minority in both groups, but is slightly smaller in the WWK group than in the control group (1.2 compared with 3.7 percent, $p < .05$). The differences in the percentages of the WWK group and control group children reported to have an “other diagnosed condition” differ at a marginal level of significance (21.6 percent in the WWK group, compared with 28.4 percent in the control group, $p < .10$). On this indicator 111 children were in the WWK group and 141 children were in the control group. None of the other child characteristics examined differs statistically significantly. Further in our findings, we report how controlling for differences among children in terms of age, race and ethnicity, and disability status do not affect the overall impact findings (i.e., differences in child characteristics do not mediate the overall program impact identified). Additionally, we report whether program impacts differ depending on these characteristics (i.e., whether differences in child characteristics moderate the program impact), and we do find significant moderating effects for child age and presence of a clinically diagnosed mental health disorder.

Unfortunately, we were limited to the data consistently provided across jurisdictions in terms of the comparisons we could make between treatment and experimental group children. While we do have data on the educational background and demographics for staff serving the experimental group children (see Tables 1 and 6), these data come from the WWK Online Database and comparable data are not available for control group children.

Agency-level differences in child characteristics

We also examined agency-level averages of child-level characteristics (including control group and experimental group children) and found that they vary considerably across agencies (not shown). For example, the proportion of children reported to have been removed as a result of child behavior problems varies from zero to 80 percent. Across all included child-level characteristics, the degree of sample variation accounted for by between-agency differences ranges from less than one percent to 46 percent.²⁶

Impacts of WWK on the likelihood of adoption

Overall, and without controlling for child characteristics, recruiter, agency, or jurisdiction, a larger share of children in the WWK group were adopted than in the control group 31.4% (n = 162) compared with 22.5% (N = 111, p<.05).

The results of our mixed-effects logistic regression model are listed in Table 11. This analysis shows that the likelihood of adoption for children served by WWK is more than one-and-a-half times greater than the likelihood for children receiving services as usual (odds ratio=1.77, p<.01).²⁷

	B	OR
WWK		
Full sample‡ Unconditional	0.57	1.77 ***
Limited sample‡ Unconditional	0.59	1.80 ***
With child-level controls	0.56	1.74 **
Child-level ‡		
Female	0.23	1.25
Age	-0.16	0.85 ***
White	0.41	1.51 *
Hispanic	-0.16	0.85
Emotionally disturbed	-1.06	0.35 ***
Mentally retarded	-0.29	0.75
Other diagnosed condition	-0.08	0.92
Diagnosed disability	-0.44	0.65 *
Second + spell	-0.69	0.50 **
Removal reason		
Physical abuse	-0.08	0.92
Sexual abuse	-0.29	0.75
Neglect	0.27	1.31
Parent abused alcohol or drugs	0.42	1.52 *
Child has a disability	0.42	1.52
Child's behavior	0.01	1.01
Abandonment	-1.06	0.35 †
Relinquished	-0.28	0.76
Incarceration of parent	0.84	2.32 *
Parent unable to cope	0.24	1.27
Parent had inadequate housing	0.42	1.52 †

‡The limited sample excludes children served by two agencies that did not provide data on covariates. Child-level analyses use the limited sample.

*: p<.001: ***, p<.01: **, p<.05: *, p<.10: †

Table 11. Bivariate mixed-effect logit models of adoption

To account for the possibility that differences that occurred by chance between the experimental and control groups partially explain the apparent impact of WWK on adoption, we recalculated this estimate while holding constant an array of child-level characteristics, including child age, gender, race, ethnicity, disability status, whether the child had experienced more than one spell in foster care, and reason for removal into foster care.²⁸ First, we re-calculated the relative difference in the likelihoods of adoption for the treatment and control groups, accounting for mean differences in adoption rates across agencies. The estimate obtained is comparable to the prior estimate (odds ratio=1.81, $p<.01$, compared with the previous odds ratio of 1.77, $p<.01$). Even after controlling for differences in child characteristics between the groups, we see that the likelihood of adoption during the timeframe of the study is still more than one-and-one-half times higher, or 81% greater, for the experimental group than of that for the control group (1.81, $p<.01$). Overall, the evidence indicates that WWK does have a positive impact on adoption.

The timing of the impact of WWK on the rate of adoption can be assessed by examining the cumulative hazard of adoption for each group of children. (See Figure 2.) The cumulative hazard shows how the likelihood of adoption increases over time for the WWK and comparison groups. *In short, the rate of increase in the cumulative hazard between six and 18 months after group assignment is higher for experimental children than it is for control children, suggesting the rate of adoption was higher for experimental children than for control group children.* Between 18 and 24 months, however, the slopes of the cumulative hazards appear to be approximately parallel, which suggests that rates of adoption were the same during this time period. Finally, after 24 months, the rate of increase in the cumulative hazard drops off

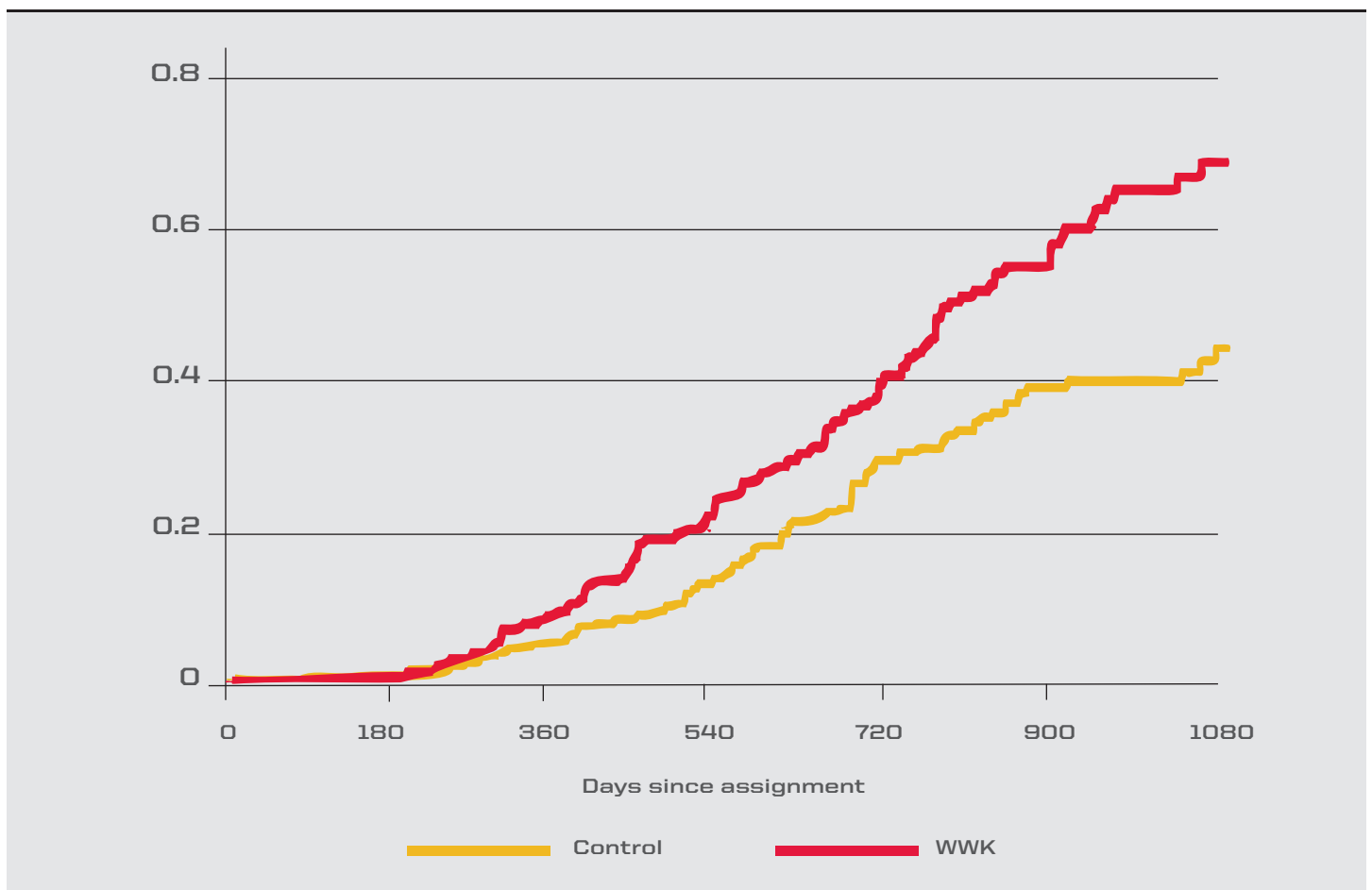


Figure 2. Cumulative hazard rate of adoption by assignment group

among children in the control group, but remains relatively constant among experimental group children. This suggests that the higher likelihood of adoption for children who received WWK services is unlikely to have diminished had the study been longer.

	B	OR	B	OR
Child gender				
<i>Interaction model</i>				
WWK				
Female	0.59	1.81***	0.67	1.96**
Interaction	0.23	1.26	0.33	1.39
	—	—	-0.18	0.84
<i>Separate models</i>				
Female				
Male	0.51	1.67*		
	0.67	1.96**		
Emotionally disturbed				
<i>Interaction model</i>				
WWK				
Emotionally disturbed	0.65	1.91***	0.32	1.38
Interaction	-1.11	0.33***	-1.60	0.20***
	—	—	0.81	2.25*
<i>Separate models</i>				
Not emotionally disturbed				
Emotionally disturbed	0.36	1.43		
	1.26	3.54***		
Child age				
<i>Interaction model</i>				
WWK				
Age	0.52	1.68**	-0.40	0.67
Interaction	-0.16	0.85***	-0.21	0.81***
		—	0.10	1.11*
<i>Separate models</i>				
0 to 10	0.12	1.13		
11 to 16	0.90	2.47***		
Child race / ethnicity				
<i>Interaction model</i>				
WWK	0.58	1.78**	0.60	1.83*
White	0.39	1.47*	0.39	1.48
Interaction	—	—	-0.01	0.99
Hispanic	-0.14	0.87	-0.03	0.97
Interaction	—	—	-0.20	0.82

Table 12. Mixed-effect random-intercept logit models of differential impact of WWK cross child characteristics

Table 12. Continued

	B	OR	B	OR
<i>Separate models</i>				
White	0.62	1.86**		
Not white	0.63	1.87*		
Spell				
<i>Interaction model</i>				
WWK	0.56	1.74**	0.47	1.60*
Subsequent spell	-0.62	0.54*	-0.89	0.41*
Interaction	—	—	0.49	1.63
<i>Separate models</i>				
Subsequent spell	0.81	2.24		
First spell	0.59	1.80**		

*: p<.001: ***, p<.01: **, p<.05:*, p<.10: †

Differences in WWK impacts across different groups of children

The WWK intervention was designed specifically to serve children for whom it has traditionally been more difficult to find adoptive homes, including older children, those in sibling groups, and those with disabilities or other special needs. The analyses in this section explore the possibility that the impact of WWK is different for different subpopulations of children. To do this, we estimated models with interaction terms that allow the effect of assignment to WWK to vary depending on child characteristics.²⁹ These interaction models were estimated for those child characteristics that are (1) found to be significantly related to the likelihood of adoption and (2) sufficiently prevalent to support these additional analyses. The results of these models are listed in Table 12. *In sum, the impact of WWK is stronger for older children, as well as for children with behavioral problems, than it is for other children.*

The impact of the WWK intervention is stronger among older children than among younger children. Figure 3 shows how the difference in relative likelihoods of adoption between the experimental group and control group changes among children of different ages at referral. Specifically, the graph shows that the likelihood of adoption is similar for children referred at age 4. For referral age at 8, the probability of adoption is 0.18 for children in the control group, but 0.27 for children in the WWK group.³⁰ Among children referred at age 15, the probability is 0.04 for children in the control group, but 0.12 for children in the WWK group. In short, Figure 3 shows that the relative difference in the likelihoods of WWK and treatment group children to be adopted increases among children referred at older ages. *While it is true (as shown in previous analyses) that the likelihood of adoption is lower among children referred at older ages, and that this is true both for the experimental and comparison groups, it is important to note that, among older youth, the likelihood of adoption is greater for those served by WWK than for those receiving not receiving WWK services.*

Another group difference in the impact the WWK program has is apparent among children with and without mental health disorders. These are children who have been clinically diagnosed with an emotional disturbance; they are likely to have behavior problems that may be challenging (or daunting, at the least) for parents. *The likelihood of adoption for children who have mental health disorders is lower than the likelihood of adoption for those who are not, regardless of receipt of the intervention. However, among those who have a mental health disorder, experimental group children are more than three times as likely to be adopted as control group children.*³¹ In comparison, experimental group children are less than one-and-a-half times as likely to be adopted as control group children among the subgroup of children not described as having an mental health disorder (OR=1.39, p=.156). Using control group children without a mental health disorder as the reference group (indicated by the value 1.0), Figure 4 shows the difference in the relative likelihood of adoption for each other random assignment group/mental health disorder combination. Specifically, the figure makes apparent that children with a mental health disorder (the two bars in the right panel) overall have a lower likelihood of adoption than children without such a disorder (the two bars in the left panel). However, the difference between the two bars on the right side of the figure also demonstrates the substantially higher likelihood of adoption (by a factor of 3) among children with a mental health disorder when they are served by WWK rather than receiving services as usual.

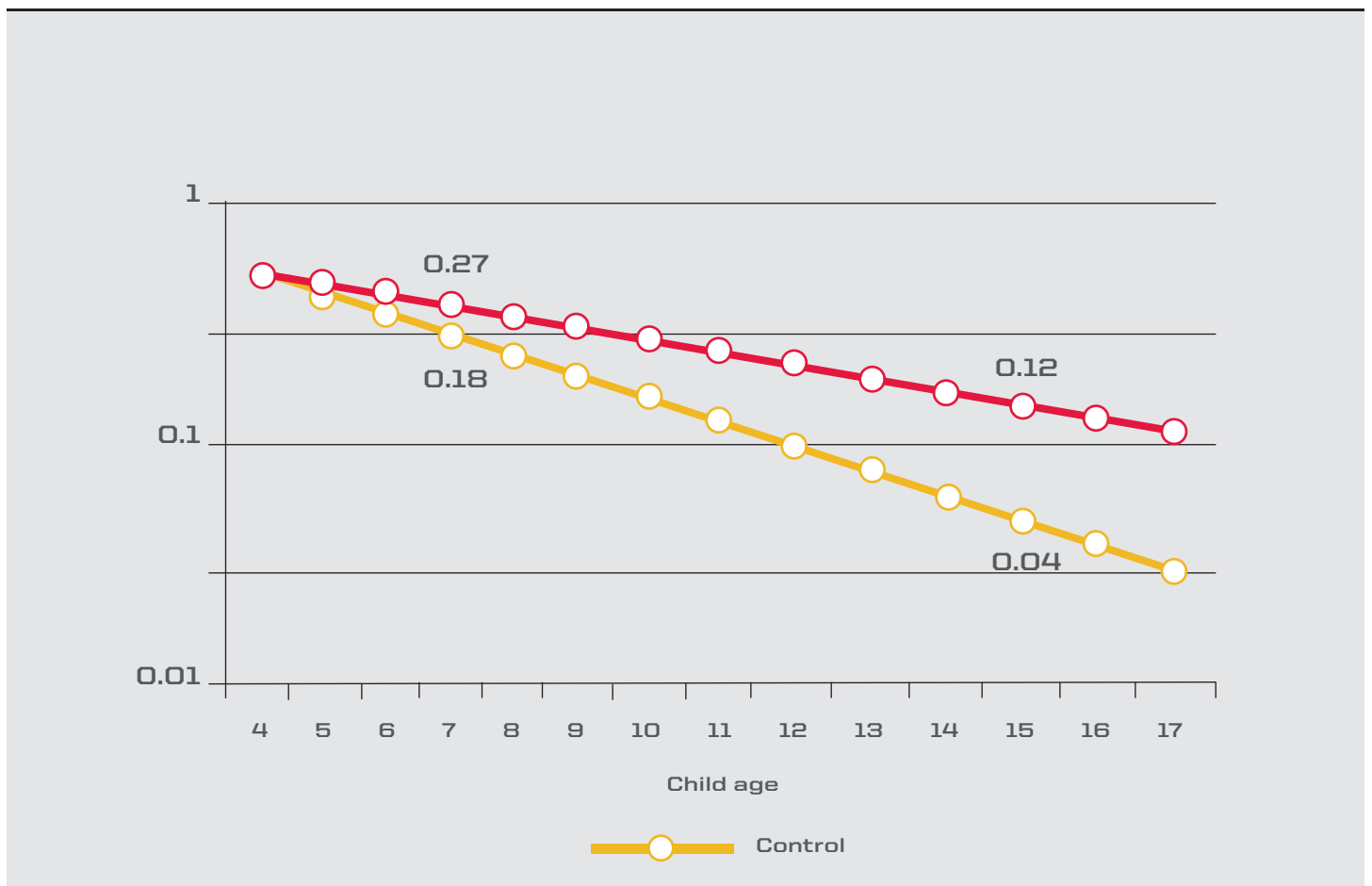


Figure 3. Estimated likelihood of adoption by assignment group and child age

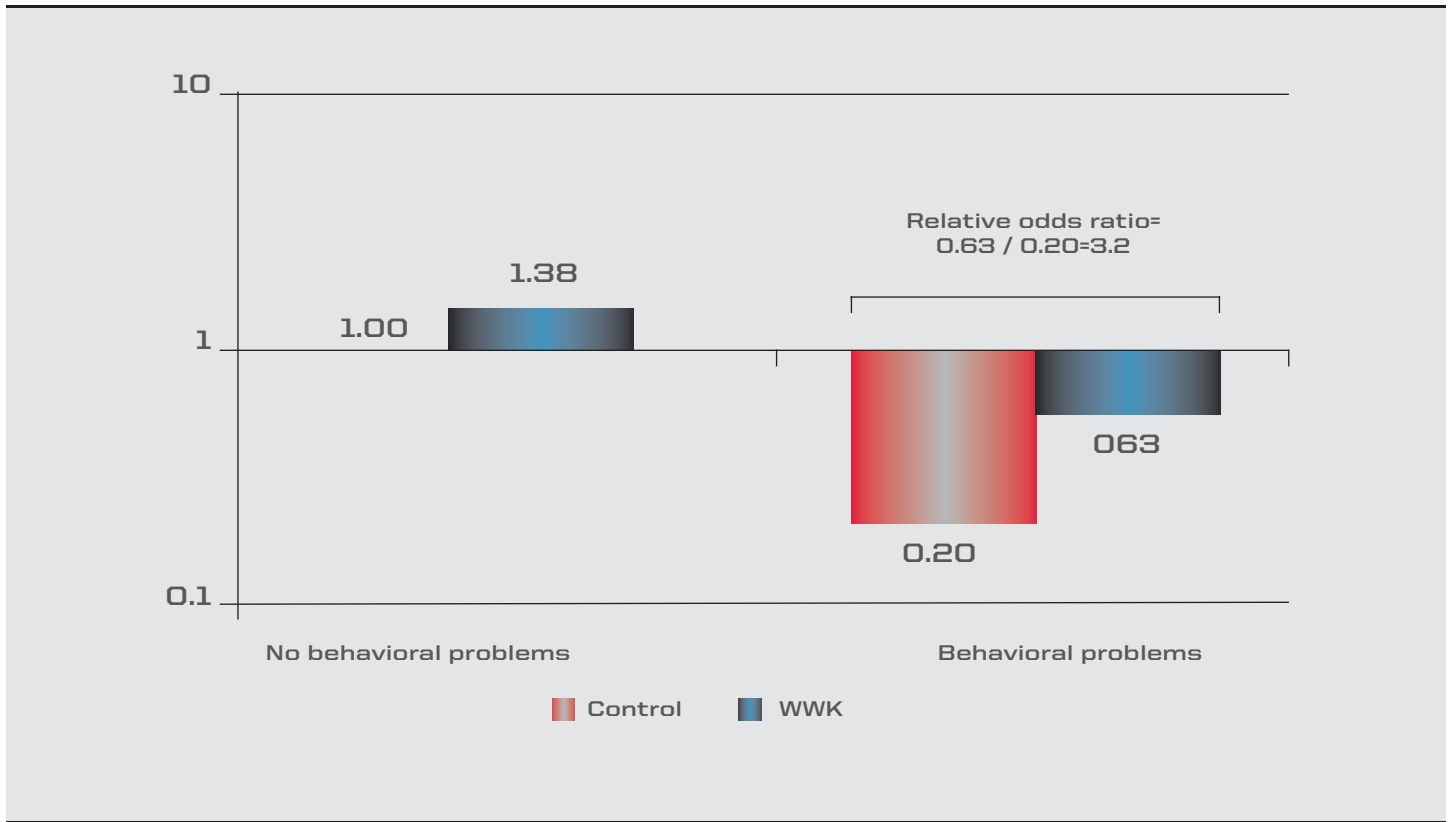


Figure 4. Estimated odds ratios of adoption by behavioral problems and assignment group

No differential impact is found across child gender, race, and Hispanic origin. This finding suggests there is no evidence that the WWK intervention is differentially effective for boys and girls, for white and non-white children, and for Hispanic and non-Hispanic children.

CONCLUSION

Overall, the likelihood of adoption is substantially and significantly higher for children who received the WWK intervention than for those who received services as usual. Further, the difference in the likelihood of adoption for the intervention and comparison groups (i.e., the impact) is largest for older children and for children with clinically diagnosed mental health disorders, both of which are groups for whom child welfare agencies have traditionally experienced difficulty finding adoptive homes.

Conclusions from this study about the impact of WWK on the likelihood of adoption rely on our effective elimination (or control) of confounding factors. We carried out random assignment in an attempt to make the experimental and control groups statistically equivalent such that any observed differences in their adoption outcomes is a result of the WWK

intervention. However, differences between groups can occur by chance, and indeed the groups did differ somewhat on two variables: the experimental group is just over a half a year younger than the control group, and a larger share of the control group has an “other disability” than the experimental group. Additionally, it is possible that the groups may differ on factors for which we did not have data. However, controlling for differences among children in terms of age, race and ethnicity, and disability status do not affect the overall impact findings (i.e., differences in child characteristics do not mediate the overall program impact identified), indicating that the findings are robust.

In considering the implications of the findings, it is useful to keep in mind that the sizes of impacts in social science experiments are usually small, if they are found at all. The difficulties in implementing evaluations in the field are partly responsible for the frequent finding of small — or no — effects. Most experimental evaluations, including the WWK evaluation, do not identify the impact that an intervention has compared with the outcome that would have been obtained in the absence of any services. Instead, such evaluations identify the impact of an intervention above and beyond the effect obtained through some alternative program (with the comparison group often receiving “services as usual”). While this is a sensible impact to identify, because one wants to know how much improvement would be gained with a new intervention over the status quo, it is often difficult to identify programs that are substantially more effective than the status quo. A second reason for the small effect sizes typically found is the myriad of factors that affect social outcomes, in addition to the intervention itself. Given these factors, it is noteworthy that, as described below in more detail, the WWK intervention does show statistically significant, positive impacts.

Another consideration for the implications of this study is the degree to which the findings can be generalized to the overall population of children who are eligible for WWK services, according to the model’s definitions. The fact that the impact analysis included children referred to 21 different grantee agencies located in geographically diverse locations across 18 states adds to the external validity of the study. Additionally, we compared the characteristics of children randomly assigned to the experimental group with all children served by WWK across the nation, and found that the two groups generally have similar characteristics.

In the broader picture, it is important that the adoptive matches made succeed. In the companion **Implementation Report**, we explored disruptions, finding that 21 percent of children served by WWK who have experienced a pre-adoptive placement during the WWK program have also experienced a disruption. This rate is comparable to disruption rates reported in prior studies.³² The findings in the present report pertain to finalized adoptions, so disrupted pre-adoptive placements are not counted as a positive outcome (except for children who subsequently did experience a finalized adoption. Indeed, when looking at the subset of children whose cases were closed within the subsequent 11 months among those served by April, 2010, and who had experienced a pre-adoptive placement disruption, 41 percent were later adopted through the WWK program). We were unable to examine dissolutions (that is, adoptions that are ended post-finalization). In any case, another consideration that is beyond the scope of this evaluation, and potentially beyond the scope of the WWK program, is ensuring that adoptive matches are made as appropriately as possible and that pre- and post-adoption services are available so that pre-adoptive placements and finalized adoptions can be maintained.

Ideally, future research would explore efforts at continuous improvement of a child-focused adoption program such as Wendy’s Wonderful Kids. WWK does have a positive impact on children’s likelihoods of adoption. Nevertheless, a share of children referred for adoption services to WWK do not achieve this outcome. Thus, continued improvement of the WWK approach could benefit children lacking permanency. In the meantime, the positive impacts obtained through WWK make us hopeful that continued improvement is possible.

APPENDIX

Random assignment

Random assignment procedures were modified as necessary to meet the requirements of localities. For example, in some instances, judges may have ordered that a child receive WWK services; in other localities, children's names were not entered into the WWK Online Database.

In some random assignment sites, WWK recruiters accumulated a full caseload by adding all referred cases to their caseload without the cases undergoing random assignment. Children assigned in this way are excluded from the impact evaluation, since they were not randomly assigned to the treatment or control group. Random assignment was used in filling subsequent caseload openings.

Some random assignment sites experienced fewer referrals than expected. In order that recruiters not experience extended times with empty slots in the caseloads, in some instances, random assignment was "turned off" in the WWK Online Database for some periods of time until the flow of case referrals increased.

"Manual" random assignment

In January, 2007 and earlier, the automated random assignment application on the WWK Online Database was not yet live, so random assignment sites sent groups of cases to Child Trends staff for "manual" random assignment. A "case" can consist either of a single child or multiple children. However, if a group of children such as a sibling group is to be recruited together, they must be considered as a single case for the purpose of random assignment. Child Trends staff assigned each case a random number between zero and one using Excel. After assigning the random number, the half of the cases with the lower value random numbers were assigned to the treatment group (the recruiter's caseload) and half were assigned to the control group. Recruiters then added each treatment group child to the database. Information about such "manually" randomly assigned children was stored in Excel files and added to the WWK database on May 22, 2008.

Automated random assignment

After January, 2007, an automated "lottery" application for random assignment was added to the WWK Online Database. A screenshot of the lottery application is found below:

ADD NEW CHILD

This screen allows you to add children to your WWK caseload using a lottery system. Please enter the child's public child welfare agency ID number (required) and names (requested) for each child in the two cases that you are considering serving. If your locality provides children with both an individual number **and** a family/case ID number, please list the child's *individual* number below. Sibling groups should be entered together as part of **one case** below (i.e., enter each sibling's name under Case 1 or Case 2) unless they are not going to be recruited for together. If each member of a sibling group shares one ID number, please distinguish siblings from one another by adding a different letter to the end of the ID number for each sibling (example: 123459a, 123459b, 123459c, etc).

After you complete this information and click on the add child button below, you will be informed as to which case has been added to your caseload.

Case One

	Child's Public Child Welfare Agency ID Number (required)	First Name	Last Name
Sibling 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sibling 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sibling 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sibling 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sibling 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sibling 6	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sibling 7	<input type="text"/>	<input type="text"/>	<input type="text"/>

Case Two

	Child's Public Child Welfare Agency ID Number (required)	First Name	Last Name
Sibling 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sibling 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sibling 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sibling 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sibling 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sibling 6	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sibling 7	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add to Caseload

To use the lottery in the Database, WWK recruiters entered only two cases at a time. Again, a single case should have included all members of a sibling group that should receive recruitment together. For example, three siblings could be entered in the rows for child 1, child 2, and child 3. Under "Case ID", the recruiter entered a unique identifying number used by the child's public child welfare agency. (There was some confusion regarding this point; Child Trends experienced some difficulties in matching children based on case ID numbers. A case number or family identifier that is shared by multiple children in the same family should not have been recorded in the database, because such numbers cannot uniquely identify children; nevertheless, recruiters sometimes did enter family numbers rather than child numbers. Entering an ID that pertained to more than one individual sometimes caused difficulties or prevented our ability to extract

outcome data for the correct child from the state or local child welfare administrative data system.) The public child welfare Case ID is important because this number and the child's general geographic location, along with the child's first and last name when these were allowed by localities to be recorded, were the only pieces of information available in order to request information from public child welfare agencies regarding the control group children. Although we typically had additional identifying information on treatment group children (due to the fact that additional data were recorded in the case management portion of the WWK Online Database) we provided only case IDs and names to the local child welfare agencies when requesting outcome data for the impact analysis, so as not to introduce bias in favor of one group or the other into the impact analyses.

We attempted to prevent WWK recruiters from sending the same case or child more than once through the automated lottery process by forcing the WWK Online Database to reject the same Case ID from being entered more than once in the same site. Prior to 4/17/2008, the system checked within site to see whether a case number had previously been entered. As of 4/17/2008, we expanded this check to be statewide. However, a child who goes through the lottery in one state can go through the lottery a second time using the same Case ID number in a second state. It is also possible that two different children in separate states may by chance have the same public agency identifying number, so preventing the duplicate entry of case numbers system wide could be problematic. Nevertheless, as we describe below, some anomalies in random assignment did occur, either because WWK recruiters actively attempted to game the lottery system in attempts to serve specific children, or more commonly (we believe) simply due to confusion over the lottery process for random assignment.

Children's first and last names were not required by the database because some sites were not permitted by the local agencies with custody of the children to disclose children's names. The database did not prevent recruiters from entering the same first/last name combinations more than once, because two different children may have the same name by chance. Although the system does not require the entry of names, they were helpful (when allowable) because: 1) they assisted us in ensuring that we had obtained the correct information from public child welfare agencies. (If a name in a public administrative data system does not match the case number provided, we could sometimes discern whether there had been a typo in the case number and re-submit a request using the correct case number; or sometimes the public agency did this for us.) 2.) We can use children's names to help detect duplicate entries or to help identify siblings (since some, though not all, siblings have the same last name).

WWK staff in sites involved in the random assignment study never saw the lottery screen on the WWK online database. All recruiters, regardless of whether their site is experimental or non-experimental, went through an initial round of data entry for each child added to their caseload. This information includes demographic and identifying information about the child and information on the child's welfare history, and it is stored in a data table called WWK_CHILD. When a recruiter put a pair of cases through the lottery, a record was automatically created for the treatment group child in the WWK_CHILD table and the next screen the recruiter saw was for additional data entry for the WWK_CHILD table. At this point, the system automatically assigned a unique WWK identifying number (IDCHILD).

The next screen the recruiter saw listed the child's name and case number based on what was entered in the lottery, which is shown below:



THE WENDY'S WONDERFUL KIDS DATABASE

Submission Deadline: 4/7/2011

Countdown to Data Submission Deadline: 197 Days Past Due

User: Test Recruiter (Programmers) (Role: recruiter)

User Site: WWKTEST

Last Submission: February

You are entering data for: March 2011

save

log-out

- Instructions
 - Services
 - Child Caseload
 - Families
 - Monthly Data
 - Reports
 - Changes
- Add New Child | Edit Child Information | Monthly Child Update

<< child list | 1 - 7a >> | 8 - 13 >> || 14 - 20 >> || 21 - 23 >> | continue >> |

Please enter the following information about Lisa S. (ID 2985)

Don't Know | Cannot Disclose | Not Appl.

1. Child's First Name Lisa

2. Child's Middle Name

3. Child's Last Name Simpson

4. Child's Social Security Number

5. Child's state child welfare agency number

6. Date referred to WWK program February 3 1988

7. Source of referral: Public Child Welfare Agency

Other:

7a. Was this your agency? Yes No

continue >> |

In the screen above, WWK recruiters cannot edit the state child welfare agency number. Prior to July 28, 2008, recruiters were able to edit the child's name, but after that date, the database was revised so that recruiters in experimental sites could not edit children's names. We made this change to ensure that the children for whom monthly updates were made are the same children assigned to the treatment group, and not the control group. (In a few instances, recruiters had gamed the system by carrying out the lottery, and then changing the name in the WWK_CHILD record to reflect the name of a child they had apparently wanted to serve, but who apparently had not been assigned to their caseload.)

Anomalies with random assignment

1. Some recruiters circumvented the lottery process by entering the same child twice, such that the child is assigned both to the treatment and control groups. Recruiters were able to do this by modifying the child's welfare case id (for example, adding an "a" to the end of the case number in one of the entries). The system did not prevent duplicate entries in this case because the case numbers were different. However, this is problematic because 1) the lottery process was not truly random, 2) duplicate records for children were created, and 3) some case numbers were incorrect, which hampered our ability to obtain public administrative data on children. When we identified children who had undergone random assignment more than once, we used their initial random assignment status in the impact analysis. Duplicate records for subsequent random assignments for a given child were omitted.
2. Sometimes recruiters did not enter all siblings in the separate records for a single case. Instead, they entered only one child from the sibling group. When one sibling in a group was randomly assigned to a caseload and the recruiter realized that all the siblings needed to be included on the same caseload, we turned off the random assignment feature to allow the recruiter to add the siblings. Another instance in which this occurred was when recruiters discovered after a child had been entered on a caseload that he or she had one or more siblings for whom recruitment should occur as a single case. Siblings entered in this way have been added to a sample of experimental children. (One limitation is that if recruiters do not enter all siblings into the lottery screen, and a sibling is assigned to the control group, we have no way of knowing this unless a recruiter tells us.)
3. Many recruiters did not enter a case ID number, or at times entered a fake case number. Case numbers were vital in order to obtain administrative outcome data on children. When it was apparent that case numbers were not correct, we asked WWK recruiters to return to their records and correct the case numbers.
4. At least one recruiter entered two children who were not siblings as one "case" in the lottery process. Recruiters may do this to save time; for example, instead of going through five lotteries for 10 unrelated children, they go through one lottery, entering five unrelated children as one case and five unrelated children as a second case. The problem is that the recruiter selected the pairs of children (even if unrelated), so the fate of one child was linked to that of another child rather than being completely random. The same happened with manual random assignment and reduced our ability to identify sibling groups. Membership of multiple children in a single "case" was our only way to identify sibling groups for the impact study. Thus, unfortunately, we were ultimately unable to examine the effect of sibling group membership on adoption, or how the WWK impact might differ for sibling groups versus children for whom recruitment occurred individually.

It is important to acknowledge that identifying all anomalies that occurred with random assignment is impossible. We attempted to identify as many as possible by reviewing the names and case IDs of children randomly assigned in each site. At times anomalies were apparent because we could see that the same (or a very similar) name had been entered into the random assignment portion of the WWK Online Database more than once, or we could see that the format of a case ID did not match the format of other IDs of children in the same jurisdiction or was missing. When we noticed problems, we contacted WWK recruiters to ask why the problems had occurred and, if possible, to obtain corrected case ID to facilitate matching the data with administrative outcome data. In our analytical sample, we attempted to maintain an intent-to-treat framework to the degree possible, in which we examined the effect of assignment to the intervention on adoption outcomes, regardless of whether children assigned to the intervention were "no-shows" (i.e., children assigned to the treatment group who were not added to the WWK recruiter's caseload) or "crossovers" (i.e., children assigned to the control group who were added to the WWK recruiter's caseload).

Based on our experience with this evaluation, we realized that recruiters needed assistance and education about the lottery process, why the lottery process was necessary, and how to conduct random assignment properly.

At least one recruiter has tried to circumvent the lottery system in order to add particular children onto her caseload. We can identify this from the database. However, if other recruiters are serving control group kids but are not adding these children to their caseloads on the database, we have no way of knowing.

As noted previously, the method of random assignment involved entering pairs of cases and randomly selecting one case into the treatment group and another case into the control group. This reduces the randomness of the assignment process but could help equalize the characteristics of the treatment and control groups. Another approach for random assignment could have been set up so that cases are entered one at a time. Random numbers between 0 and 1 could still be used to assign the cases to treatment or control (e.g., any case that receives a value > 0.5 would be assigned to the control group; any case receiving a lower value is assigned to the control group). The method of sending cases through random assignment in pairs was also chosen to help allay concerns about program staff regarding random assignment. For instance, some recruiters were concerned that, by chance, multiple cases might be consecutively assigned to the control group; if so, the recruiter would feel frustrated at not being able to serve children, and the public agency might feel frustrated that so many children referred to WWK did not receive program services. Recruiters also were concerned about the possibility that, by chance, all the most “challenging” children would be assigned to their caseloads, while the “easier” cases would be assigned to services as usual; randomly assigning cases in pairs was intended to allay this concern, as well.

For more information on the research, please visit davethomasfoundation.org/research. For more information on the Foundation, visit davethomasfoundation.org.

¹Ostrower, Francie. (2010). From Awareness to Action: A Case Study of the Dave Thomas Foundation for Adoption's Philanthropic Strategy. The Urban Institute.

²Personal communication from Kathy Ledesma, AdoptUSKids national project director. July 11, 2011.

³The Evan B. Donaldson Adoption Institute. (2000). Analysis of Child Outcomes: Wednesday's Child Program. Retrieved February 4, 2011, from http://www.adoptioninstitute.org/howe/order_EBDpubs.html.

⁴U.S. Department of Health and Human Services, Administration for Children and Families. (2009.) Adoption Excellence Awards for the Year 2009. Retrieved April 11, 2011, from http://www.acf.hhs.gov/programs/cb/current_initiatives/aeawards09.htm.

⁵Adoption Network Cleveland. (2006). Adopt Cuyahoga's Kids Covers All the Bases. Retrieved February 4, 2011, from <http://www.adoptionnetwork.org/content.asp?pageid=216>.

⁶Destination Family Youth Permanency Project. (2010). About Us. Retrieved February 4, 2011, from <http://destinationfamily.org/index.html>.

⁷Child Welfare Information Gateway. (2010). Project Uplift. Retrieved February 4, 2011, from <http://www.childwelfare.gov/permanency/special/youths/uplift.cfm>.

⁸Child Welfare Information Gateway. (2010).

⁹California Health and Human Services Agency. (2010). Los Angeles County Department of Children and Family Services – Permanency Partners Program (P3) Fact Sheet. Retrieved February 4, 2011, from <http://www.chhs.ca.gov/initiatives/CACChildWelfareCouncil/Documents/Permanency%20Partners%20Program%20Fact%20Sheet%20-2008.pdf>.

¹⁰Coordinators²inc. (2010). About Coordinators²inc. Retrieved February 4, 2011, from http://www.c2adopt.org/Facts_About_C2.htm.

¹¹A case includes all children for whom a recruiter is seeking to place with a single family. This is almost always a sibling group but a case could include a group of non-related children with a significant bond for whom the agency has determined it best to be placed together. Other times, cases consist of a single child.

¹²In addition, two sites were not considered for inclusion in the impact evaluation due to the complexity of the public/private adoption recruitment process. In addition to not being able to identify a point at which random assignment of children could occur, private agencies in the locality were implementing an intensive recruitment program that mirrored many of the WWK model components.

¹³Although WWK has been implemented in Canada, all the random assignment sites were in the United States.

¹⁴In one state, one WWK grantee agency that originally participated in the research closed during the research period. However, a new grantee agency working in the same geographical area served some of the same children who were a part of the research from those two original sites. Thus, the maximum number of agencies and recruiters providing WWK services at the same time was 25 and 35, respectively.

¹⁵The 21 agencies are located in 18 states. Three states each had two WWK grantee agencies; in two states, the two agencies were operating simultaneously in different geographic regions and in the other, the two agencies operated in the same geographic region but had their WWK grants in consecutive time periods. All of the agencies serve unique geographic regions, with the exception of the two agencies that operated in the same area during different time periods.

¹⁶All differences described in the text are statistically significant at $p < .05$, unless otherwise noted. To test whether differences between all children served by WWK and the groups of randomly assigned were statistically significant, we calculated t statistics that accounted for the fact that the randomly assigned children were a subsample of all children served. The same was done when examining comparisons among groups of recruiters and among groups of supervisors.

¹⁷Individual agencies receiving the WWK grant may have one or more recruiter positions. Within a single grantee agency that include more than one recruiter, recruiter caseloads may overlap in terms of the geographic region of children served (e.g., in places in which the number of eligible referred children exceeds the capacity of a single recruiter), or the recruiters may serve distinct geographic regions of children.

¹⁸Children were eligible for WWK services if they were in the custody of the public child welfare agency, had a permanency goal of adoption, and did not have an already identified adoptive placement.

¹⁹WWK program staff are asked not to provide WWK services to children who had been assigned to the control group until 2011, and furthermore not to add any control group children to their caseloads until after two years had passed since the children's date of random assignment.

²⁰These included children who had undergone random assignment more than once ($n=31$), children who were already being served by a WWK recruiter when the child underwent random assignment ($n=2$), random assignments that were apparently data entry errors rather than actual attempts to randomly assign a child ($n=28$), records for children who were not real children ($n=3$), and records for children who were entered twice during a single random assignment such that they were assigned both to the treatment and control groups ($n=12$).

²¹This occurred for one of two reasons. First, the data provided by the local or state child welfare agency pertained to a period prior to the child's enrollment into the WWK study (n=29). Second, we were unable to identify a link with an administrative child record for some children (n=141). Difficulty with identifying matches in the administrative data likely occurred due to the limited information we had on children. Typos in children's case IDs and/or names (if provided) could have prevented localities from extracting and providing to us records for the correct children.

²²The number of recruiters is larger than the number of grantee agencies because of staff turnover within WWK grantee agencies.

²³National Data Archive on Child Abuse and Neglect. (2002, updated 2009.) *Adoption and Foster Care Analysis and Reporting System (AFCARS) Users' Guide and Codebook for Fiscal Years 2000 to Present*. Ithaca, NY: Cornell University. Available online at http://www.ndacan.cornell.edu/NDACAN/Datasets/UserGuidePDFs/AFCARS_Guide_2000-Present.pdf.

²⁴We requested that localities submit administrative data to us using the same data elements they submit to the Adoption and Foster Care Reporting System (AFCARS). Discharge reasons are submitted for the foster care file of AFCARS, and adoptions are based on cases with the value of 3 for the variable DISREASN. We also used the date stored in the variable FINADP, which states routinely submit to the adoption file of AFCARS. Children with a valid value for discharge adoption date are assumed to have been adopted. Guardianships (n = 6) were not counted as adoptions in the analyses described below.

²⁵This analysis consisted of a mixed-effects random-intercept logistic model regressing adoption on experimental group membership.

²⁶When grouping children by agencies, we include all the children referred for WWK services to a particular agency. This includes children who were randomized to receive services from the WWK recruiter in the WWK grantee agency, as well as the children randomized to receive services as usual. Children receiving services as usual were not served by the WWK recruiter and were typically not served by the WWK grantee agency, unless the WWK grantee agency was also the public agency that provides services as usual to children available for adoption.

²⁷The odds ratio represents the likelihood of one group to achieve adoption, relative to the likelihood of another group to achieve adoption. The closer the value of the odds ratio is to 1, the more similar the likelihoods of the two groups. An odds ratio of 1.77 indicates that the likelihood of one group (here, the WWK group) to be adopted is 1.77 times greater than the likelihood of the other group (here, the services-as-usual group). The statistical significance of the odds ratios is also noted. Here, the p-value indicates probability that we have observed an odds ratio whose value is different enough from 1 to infer that the differences in likelihoods is not simply due to chance. Determining the substantive meaning of the size of the difference in likelihoods — e.g., determining whether an odds ratio of 1.77 constitutes a large impact — is largely a subjective decision.

²⁸Because one locality did not provide data on most of these child characteristics (as noted earlier), children in the jurisdiction of two agencies (including treatment as well as control group children) were omitted from this analysis.

²⁹These were mixed-effect random intercept logistic regression models. Additionally, a separate set of models was also estimated for subpopulations of children defined vis-a-vis different child characteristics. Findings from the two sets of models were consistent with each other across the child characteristics examined. Both sets of models control for the mean agency differences in adoption rates; the difference between the two sets is that the first is constrained so that the same mean agency rates of adoption are assumed for all children, whereas the second set of models allows for different mean agency differences in adoption rates for each subgroup of interest.

³⁰Similar to percentages, values for probabilities range from 0 (no chance of an outcome) to 1 (complete certainty of an outcome).

³¹This is calculated by summing the slope parameter labeled B in the Appendix Table C.4 for the emotionally disturbed indicator (b=-1.60, p<.20), for the interaction (b=0.81, p<.05), and for the intervention (b=0.32, p>.10). The odds ratio can then be calculated as the inverse log. Alternatively, the net effect can be calculated as the product of the relevant odds ratios.

³²See: Barth, R.P., and Berry, M. (1988). *Adoption and disruption: Rates, risks and resources*. New York: Aldine; Goerge, R. M., Howard, E. C., Yu, D., & Radomsky, S. (1997). *Adoption, disruption, and displacement in the child welfare system, 1976-94*. Chicago: University of Chicago, Chapin Hall Center for Children.; Festinger, T. (2002). After adoption: Dissolution or permanence? *Child Welfare*, 81(3), 515-533; Festinger, T. (2005). Adoption disruption: Rates, correlates and service needs. In G. P. Mallon & P. Hess (Eds.), *Child welfare for the 21st century: A handbook of children, youth, and family services — Practices, policies, and programs*. New York: Columbia University Press.

NOTES:



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