

Northwest Institute for
Children and Families

Mockingbird Family Model Project Evaluation

Year Two Evaluation Report

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Mockingbird Family Model - Year Two Evaluation Report

Executive Summary

The Mockingbird Family Model (MFM) has demonstrated how support services and resources can be effectively provided to a group of foster parents/kinship caregivers to sustain their efforts and to overcome their isolation.¹ The MFM support network contributes to improved outcomes for children in foster care by reducing disrupted placements and providing a micro-community of caring adults who form positive relationships with the children. The MFM was implemented by the Mockingbird Society as the lead agency working cooperatively with UJIMA Community Services both based in Seattle, Washington. The MFM was designed to overcome several shortcomings of the current foster care system. These include multiple and ill-planned disruptions in placements, siblings not being placed together, and the lack of support and training for foster parents/caregivers who are often caring for children with challenging behavioral and emotional disorders.

The MFM completed a second year of implementation of a Hub Home/satellite model that offered respite and other resources to develop a social support network for one constellation of five to seven foster families. The project met the following outcomes for foster parents:

- The parents did use respite care and had a positive experience in requesting and using respite care that they had not had prior to the Mockingbird Family Model.
- All the MFM parents reported feeling supported as foster parents and were very satisfied with the availability and quality of respite care as well as the family activities that were offered for children and adults.
- Having access to respite on an emergency basis provided a much needed resource to a stressed foster parent and at the same time prevented what could have become a disrupted placement or run-away situation for one adolescent.
- The amount of hours of respite care was actually less for the families in the constellation this year than it was for last year's families. While parents did not have as many respite hours, they had hours of informational, affirmational, social, and tangible support through their interactions with the Hub Home parents and with other foster parents in the regularly scheduled social activities.

¹ In this report the term foster parents is used to include both foster parents as well as kinship caregivers.

- Parents perceived that the MFM directly benefited their children in introducing children to new activities and to friendly peer interaction. The adults who were also attending activities and events that were new to them were similarly learning and positively interacting in family-focused experiences with their children.
- The foster parents felt less isolated through the family activities, informal support, information and resource sharing offered by the Hub Home parents. Foster parents indicated that prior to the MFM they had not socialized with other parents and now with the MFM they enjoyed the time to share experiences with other foster parents.
- The MFM successfully brought families together so they formed a supportive social network. The strength of the network was evident when the parents collectively expressed their needs and advocated for improved communication with caseworkers.

Parents in the constellation families received services for approximately one year. Several families had been in the first year of program implementation so they continued in a second year of receiving respite and other resources. The immediate availability of respite care and the flexibility of the Hub Home parents to provide respite for an extended period of time made it possible for one adolescent to complete an out of school suspension and to remain in her foster family placement. The Hub Home parents were accessible as caring and concerned adults skilled in listening to the adolescent and they supported her in problem solving. This suggests that the expansion of the model could maintain the stability of placements for other children and could keep children in familiar family situations and settings that are supportive of the child's social and emotional well-being. The children and youth in the MFM had positive outcomes:

- Siblings who had been placed together did remain together. Siblings from one birth family who had been placed in two foster families were encouraged to visit each other at the Hub Home. The proximity to the Hub Home removed any distance barriers that had kept all of the siblings from being able to interact with each other. The Hub Home, was like an extended family member's home, as it provided a supportive environment for the older and younger siblings to play together.
- The services were culturally competent for the African American families. Adults reported that children felt supported in their interactions with the caring adults in the MFM.
- Parents of the children who participated in tutoring reported that the children showed an increased interest in learning and were paying more attention to

completing their assigned homework. Nearly all of the children were better at listening and answering questions. Most children improved in getting along with classmates.

- Children who were in respite or who attended the group social activities indicated to their parents that they felt they had a new family through sharing their experiences with the caring adults and the other children in the MFM. The project succeeded in connecting the children with caring adults who simulated an extended family network of support.
- Being in the Mockingbird Family Model also gave the children time to interact with peers as well as older and younger children who came to the social activities. The MFM expanded the children's interactions and overnight visits that were usually limited unless they had friends whose families had completed required background checks. The children enjoyed the times of "being like other kids" that has been referred to as a normalizing experience.

The characteristics of the hub home parents contributed positively to the success of planned project activities and to the families being able to access resources for the children. The project demonstrated again in this second year of implementation that Hub Home parents with skills in communication and organization as well as knowledge of the parent-child relationship are an essential project component to effectively interact with families and children. The success of the project was also partially attributed to the strength of the peer support network that developed among the families that reduced their isolation, decreased their perceived stress, and reaffirmed their foster parenting skills.

Overview of the second year of implementation of the Mockingbird Family Model

The Mockingbird Family Model (MFM) was developed by the Mockingbird Society Executive Director to address the needs of foster children for improved outcomes and increased placement stability. The MFM was implemented to meet the following goals:

1. Support the foster/kinship family parents/ guardians' caregiving that will ultimately lead to positive youth outcomes that include reducing the number of placements for youth, improving regular school attendance, class behavior and academic performance.
2. Place siblings together or in close contact with each other (unless this was not in the best interest of both children).
3. Help the youth to feel culturally connected with their heritage and feel supported in developing and maintaining their cultural identity.
4. Increase youth connections with peers and adults with mental health counseling for children and/or parents, tutoring services for children and youth, and additional social and recreational activities.
5. Provide the children and youth with the benefits of an "extended family" through the hub home that is available as a resource, to minimize the disruption of the child's placement.

The Mockingbird Family Model (previously referred to as the Foster Family Constellation Project Model) was first implemented in 2004 as a one-year demonstration project to improve outcomes including the stability of placements of children and youth in the foster care system. In January 2005, the families who had participated in the project awaited the continuation of the resources including respite, tutoring, and family activities that had been developed and implemented in 2004. After funding was generously provided by an anonymous private donor, the MFM continued in a second year of implementation in 2005 and offered

services and activities to a group of foster children and their families. In 2005, the MFM in South Seattle served a total of 8 families including 21 children.

The MFM refers to a constellation that is a cluster of four to eight foster families (referred to as satellite homes) with one Hub Home. The Hub Home was the central resource home for respite care, parent peer support and training, child-centered activities, and community building family-centered social events. The Hub Home was licensed and had available two or three beds for respite for the children in the satellite foster families. To implement the MFM, the Mockingbird Society partnered with a host organization, UJIMA Community Services, that was a child placing organization that had licensing and casework responsibilities. The host organization recruited foster families for the satellite homes and the Hub Home family. Throughout this report, the MFM refers to the constellation of families that were recruited for the project through UJIMA Community Services.

Context of the MFM with other programs for foster parents

The Mockingbird Family Model (MFM) was developed on the premise that foster parents have a difficult job caring for abused and neglected children. The system has usually been unable to consistently meet the foster parents' needs and this shortcoming has been described and cited by groups of foster parents and critics of the foster care system. In the *Fostering Families Today* resource, author Ruth Teichroeb wrote "Foster parents say the toughest part of their job isn't coping with disturbed children- it's dealing with a state bureaucracy that is often unresponsive to the needs of both caregivers and children."²

There are various developing efforts to correct the problems with foster care. The Mockingbird Family Model has unique components as a family centered project, and it has some similarities in focus to other programs that are improving the situations for foster children and parents. In Colorado, the Family to Family project is aiming to provide a network of

² Teichroeb, R. (2004) "With Fewer Willing to Take on the Job, Foster Care is in Continuing Crisis," quoted in Albert, T.D. "Foster Parent Burnout," *Fostering Families Today: A Bimonthly Foster Care & Adoption Resource for America*. Accessed online : http://www.fosteringfamilies.com/FFT/fft_web/ci_feature_beanId_2853.html

support to foster families that includes more training. There is some evidence that three other states, Connecticut, Iowa, and Nebraska, are developing mentorship programs to pair experienced foster parents with newer foster parents to offer encouragement and support.³ There is a grant funded project in Rochester, New York, the Fostering Futures project that brings foster parents together to overcome isolation when they do not have support groups. The MFM has identified a focus in common with these other projects to improve available support to foster families. The MFM is demonstrating success in bringing foster parents and kinship caregivers together to discuss their common experiences, overcome feelings of isolation, and offer each other support.

Other projects including the Hope Meadows Project and the Family to Family Initiative have implemented approaches that have contributed to strengthening the support networks for parents providing foster care.⁴ Several unique features of the Mockingbird Family Model were not included in Hope Meadows and the Family to Family Initiative. One element was the reliance on a Hub Home as a source of support for the parent and the children, to create a social support network resembling an extended family or a micro-community. The Hub Home offered affirmational and tangible social support to the satellite home parents through planned and crisis respite. The Hub Home is also a resource where the children placed in the satellite homes could stay briefly prior to a placement or could return as needed during a placement. The Hub Home

³ Ibid.

⁴ The Hope Meadows Project is a geographically contained, intergenerational, planned community in Rantoul, Illinois. The community was designed to provide foster care and adoption for abused and neglected children by having nurturing families and a caring community that includes caring senior “grandparents.” Families living at this site, are in a working class community where the neighborly seniors spend time with the children. This project differs from the MFM in that Hope Meadows aims to create intergenerational neighborhoods to provide extended support to adoptive families and to create meaning and purpose in the lives of older adults. The MFM focused on foster and kinship care families. The Hope Meadows Project and the MFM do have a similar focus in creating a caring community to promote improved social, emotional and academic outcomes for children.

The MFM differed from The Family to Family Initiative in its focus and stated goals, but there was a similar broad objective in both projects to develop a neighborhood-based child welfare system. The Family to Family Initiative, that began in 1992 through the Annie E. Casey Foundation, had much wider implications in the public policy arena in that it was an initiative that initially involved six states and was a part of each governor’s agenda to improve outcomes for children in the child welfare system. The MFM began as a demonstration project in one King County setting within one region of the Washington State Department of Social and Health Services.

could provide crisis respite for a child or adolescent, if the relationship was strained with a foster parent in a satellite home. This accessible respite care could prevent a disrupted placement. The Mockingbird Family Model has made a much-needed contribution by demonstrating an improved support network for service delivery in the child welfare system.

Background Data that supports the Mockingbird Family Model

The Mockingbird Family Model was developed in response to the evidence that in Washington State, as in other states, the foster care system had several deficiencies and had failed to consistently meet the needs of children in the foster care system (Child and Families Services Review (U.S. DHHS,2004; Pew Commission,2004). The Washington Child and Family Services Review (CFSR) was based on data on the state's quality and quantity of care provided to children in the child welfare system. The CFSR documented that the Children's Administration was not consistent in ensuring placement stability for children in foster care and that delays occurred in accessing mental health services or in providing adequate mental health services to meet foster children's needs (U.S. DHHS, 2004). One finding of the review of the state services for foster children confirmed that too many children were enduring multiple disrupted placements.

As further evidence that improvements should be made in the state foster care system, the Washington State Department of Social and Health Services settled a class action lawsuit in 2004 that was brought on behalf of children in foster care. The lawsuit identified that: children in state care often experienced disrupted placements, foster parents were not trained adequately, siblings were separated, and mental health services were not made available.

Based on findings of the review and as a result of a class action suit Washington State Children's Administration formed a Braam Oversight Panel that has set benchmarks for the state to improve the foster care system. Private agencies and the state Department of Social and Health Services have each identified that foster parents need additional support to retain them as foster parents. The Children's Administration recognized the need to improve recruitment, retention, engagement and support for foster parents as documented in the Priorities of DSHS Fact Sheet in September 2004. The

Children's Administration through the Kids Come First Action Plan has identified several benchmarks for developing and implementing improved services for foster parents.

The Foster Care Improvement Plan, consistent with the Braam Oversight Panel and the state Program Improvement Plan, identified a goal to retain and support licensed foster families but the timeline for implementation of the goal has not been fully achieved. The Kids Come First Phase II Action Plan has identified a number of steps that include implementing the Breakthrough principles that are part of a nationwide effort to improve ways to recruit and retain foster parents. These principles include keeping siblings together and increasing the number of homes by better support services for foster families. There were selected regions that were implementing the strategies and reviews of this limited implementation are due soon. A Children's Administration subcommittee of the Foster Care Improvement Plan (FCIP) also was considering the development of a system of hubs or buddies to support foster parents. In the FCIP, a hub would coordinate connections with other families in the hub and in the buddy system a veteran foster parent would be paired with a new foster parent to exchange ideas and resources. This proposed step in the plan is indicated as being under consideration by a Children's Administration Management Team in the Foster Care Improvement Plan.

The Washington State Department of Social and Health Services has previously identified that as much as \$50 million is needed to implement all of the reforms indicated for the foster care system (Woodward, 2006). Washington State Governor Christine Gregoire requested \$4 million in the 2006 budget to increase foster care services. She has requested an additional \$10 million to hire caseworkers and to create a new computer system for managing case files (Woodward, 2006). The requested funding would not be sufficient to guarantee that the foster care system reforms that are needed would actually be implemented in a timely manner, according to child advocate organizations that have spoken on behalf of foster children at state legislative committee hearings. Advocates for children in foster care are urging that the identified changes should be made soon to improve the system.

The need for improvement has been identified in the CFSR and has been staged in action steps in the Foster Care Improvement Plan and the Kids Come First Phase II Action Plan while observable changes are slowly occurring. The Mockingbird Family Model has been moving ahead having procured demonstration funds in 2004 and now private funding in 2005. The MFM is showing how to support foster families through access to respite and resources with the goal to minimize placement disruptions. The MFM is bringing about change through a micro-community where foster children will feel safe and secure while also forming supportive relationships with caring adults.

Components of the Mockingbird Family Model

The Mockingbird Family Model has been an alternative delivery of supportive services to improve the outcomes for foster children and youth. Many children in the foster system have not experienced supportive family relationships and have sustained psychological, social, and emotional scars due in part to disrupted placements, multiple short-term placements, and separations from siblings. Children and youth in the foster care system often were relocated during the course of the school year and attended several schools that contributed to poor attendance and patterns of low academic achievement. Foster youth have higher patterns of under-achievement in school, suffer from insecurity, and lack comfort in forming interpersonal relationships. Children in foster care increasingly have complex problems due in part to family, social and environmental conditions. These have been termed the “new morbidities” and sometimes refer to conduct disorders, school failure or drug use (Child Welfare League, 2004).

The need is clearly evident to improve the existing foster/kinship care service delivery model. Not only have negative consequences occurred for children who have been placed in foster care but the foster parents face challenging parenting situations in relative isolation. The foster parents have taken in children with social and emotional needs while not always receiving the training, support, encouragement, or respite that would sustain them in their caregiving efforts that would lead to optimal child and youth outcomes. There are very limited data on foster parents in Washington state but researcher Linda Katz, at the University of Washington School of Social Work has identified that agencies are losing many foster parents as there is too

little effort to recruit and retain parents.⁵ The numbers of disrupted placements document that foster parents suffer from burnout and request that a child be removed from the home due to the child's behavior.

The Mockingbird Family Model has demonstrated how a social support and resource hub could sustain foster parents and improve the stability and connectedness of children and youth. The MFM has been implemented with several essential components intended to meet the identified goals.

Resource Hub Home for parents and children: One unique element of the Mockingbird Family Model was the cluster of satellite foster families with a Hub Home. The Hub Home was the central resource for respite, parent support and training, child-centered activities, and community building family-centered social events. Through planned respite care as well as crisis respite, the Hub Home could sustain foster parents' efforts to reduce the number of disrupted placements. The Hub Home also served as a resource for the children as they attended family events as well as activities planned just for them. Older and younger children could interact with each other at the social events and would see each other at planned respite. The children could talk with peers and older or younger children that gave them the opportunity to identify common experiences.

Constellation of supportive families: Another key feature of the MFM was how the Hub Home provided a safe place for a child to remain in the close network formed by the constellation foster families. A child could be in respite care in the Hub Home and then be placed in a constellation/satellite home, or could go into respite care in the Hub Home after any challenging situations to the placement arose in the constellation/satellite home. The hub home could serve as a buffer to prevent an immediate disruption that might occur if a child or adolescent did not get along with the constellation home foster parents or if a child's aggressive or regressive behavior over stressed the foster parents. In the first year the project was implemented, the hub home functioned to prevent two disrupted placements and in the second year, the

⁵ Albert, T.D. (2004) Foster Parent Burnout. *Fostering Families Today* A bi-monthly Foster Care and Adoption Resource for America. . Accessed online : http://www.fosteringfamilies.com/FFT/fft_web/ci_feature_beanId_2853.html

hub home supported one adolescent through a challenging situation that could have led to a disrupted placement.

The Hub Home parents provided Active Protection to each child as they could potentially be aware of a concern for the safety or well being of each child. The Hub Home parents interacted with the children who attended respite, tutoring, or other activities so the children could feel comfortable to see the Hub Home as a safe option, if needed. Last year, the Hub Home functioned as a safe haven for a teen who ran from her placement and then came to the Hub Home prior to returning to her foster family.

Building social network: The structure of the Mockingbird Family Model was conducive to bringing foster parents together to nurture them in building a social support network or what was referred to as micro-community. The families lived within a short drive of the hub home that facilitated attending events and having the time to meet and interact with each other. The Hub Home parents provided transportation for the children to attend activities including tutoring and that promoted the children and the parents getting to know each other. The parents had time in monthly social events to discuss their common experiences as foster parents so they overcame their perceptions of feeling isolated.

When the Mockingbird Family Model was first implemented it aimed to create a micro-community to nurture African American children through increasing the stability and reducing disruptions in their placements in foster care and kinship care. The project focused on African American children as children of color are over-represented in the child welfare system. African American and Native American children make up 8 percent of the child population in King County but 33 percent of all children removed from their homes and placed in care. The King County Coalition on Racial Disproportionality found that African American children are also more likely to be removed from their homes and placed in foster care, remain in long-term foster care, and wait longer to be adopted. In 2004 and 2005, the Mockingbird Society partnered with UJIMA Community Services that is the largest private African American child placing agency in Washington State.

The Mockingbird Family Model has continued to partner with UJIMA through the second year of implementation and has provided services to a predominantly

African American group of children and adults. At the end of year two, the Mockingbird Society has discontinued the partnership with UJIMA (this is referred to Chapter 4 in this report). The Mockingbird Society recognizes the continuing situation of over-representation of African American children in the child welfare system and wishes to continue to serve those children as well as other children in foster care.

The MFM will expand services in the upcoming year through new partnerships with several community agencies, including the Department of Social and Health Services Children's Administration Region 4, Ryther Child Center, and Youth Advocates to serve children that will reflect the racial diversity of children in foster care. The objective will be to facilitate social networks among constellations of foster families and a Hub Home in several local neighborhoods or regions where the foster families live.

Mockingbird Family Model Services and Activities

The Mockingbird Family Model has provided an array of services through the Hub Home to the families referred to as the constellation/satellite families. By design, there were to be four to eight families in each constellation. In the second year of services, the MFM has had between five to seven families in the constellation over the course of the year. The project services are highlighted below:

Family focused activities/services:

- Planned and crisis/emergency respite care;
- Socializations for the families that included monthly peer support sessions—activities included dinners, pizza and game night, fish fry and pool party, a picnic, and a back to school party;
- Focused discussions with access to presenters and expert consultation that could be made available, if needed;
- Access to social support and mental health consultation, if the need was identified;
- Computer access to encourage email correspondence among families and phone access to Hub Home parents.

Services focused on children and youth:

- Tutoring available after school with transportation available;

- Peer interaction at the socializations including a party to get ready for school;
- Social activities for the MFM youth at the Hub Home that included time to develop a relationship with the caring adults in the Hub Home;
- Recreational opportunities with other foster children that were offered to families in the MFM;
- Opportunities for older youth to develop leadership potential and to express their thoughts in writing for the *Mockingbird Times*.

Profile of the families participating in the MFM

In 2005 there was a total of eight families that received services, in the course of the year, but there were six families that were participating in services for the majority of the year. Three parents had been in the project in 2004 and continued in 2005. One family, a two-parent family providing kinship care, participated in the first quarter of the year and then did not continue to participate as the child in their care was placed with another family following some very tense exchanges among the adult relatives. Another parent who had been in the project the first year also participated in the first half of the year until the teen in her care returned to stay with a birth parent. One parent who had started in year 1 continued through year 2 and provided kinship care to two siblings. Another family that had attended an occasional activity in year 1 was more actively participating through year 2 and cared for three children including two siblings. Four new families started participating in the project in February- March 2005. The profile of the families is indicated below:

Constellation Families in the Mockingbird Family Model in 2005

Family	Number of parents in family	Number of foster children	Length of time participating in the project in 2005
A	2 parents	2 foster children- siblings	3 months
B	1 parent	2 foster children-siblings	12 months
C	2 parents	3 foster children, 2 are siblings	12 months
D	1 parent	1 foster child	6 months
E	2 parents	2 foster children- siblings	12 months
F	2 parents	6 children- 2 are siblings	9 months
G	2 parents	3 children	10 months
H	2 parents	2 children- siblings	10 months
	14 parents	21 children	

How the constellation-hub functioned as a network

When one child was removed from his kinship care home due to the complex adult interactions that were occurring between birth and foster parents, the boy remained in the constellation and was cared for by another foster parent. The hub home parents remained a constant resource for respite care for the child. The hub-constellation also functioned as an extended family in another foster family situation. There were two young siblings in one foster home in the constellation who had two older siblings in another foster home also in the constellation. The hub home was like “going to Auntie’s or going to Grandma’s house” as the four siblings could all be together there playing or participating in an activity. In these two different situations involving four foster families and five children, the hub home was a resource to ensure that caring adults were providing a safe environment for each of the children with the continuity of the Hub Home parents providing a watchful and respectful relationship with the children and their caregivers.

Overview of the Report

In the following chapters, we identify the success of the MFM to meet the identified needs of the foster families. The parents’ outcomes are discussed in Chapter 2 and the children’s outcomes are discussed in Chapter 3. The challenges in implementing the model are explained in Chapter 4. In Chapter 5, we identify several implications from this evaluation that are relevant for the continuing implementation of the model in new constellations. The Mockingbird Society has developed a separate document for replication of the Mockingbird Family Model.

The Mockingbird Family Model Outcomes for foster families: Focus on parent outcomes

The Mockingbird Family Model (MFM) in its second year of implementation succeeded in generating positive results for the foster parents and children. In this chapter, we focus on the first project goal so the discussion is limited to the benefits that the parents received through their interaction in the MFM. The discussion in Chapter 3 is on the child focused outcomes that are related to the project goals. The first project goal as discussed here was to “Support the foster family parents/ guardians’ caregiving that will ultimately lead to positive youth outcomes.”

In year 2 of the project, we have learned that the foster parents received support in several ways including parent-to-parent information and through peer interaction. All the MFM parents reported feeling supported as foster parents and were very satisfied with the availability and quality of respite care as well as the family activities that were offered for children and adults. Through the planned project activities that included respite care and family socializations, the foster parents were sharing parenting experiences that diminished their feelings of stress and isolation. What parents perceived to be helpful and what made them feel supported is described in this chapter.

Findings on the foster parents’ benefits of participation in the MFM

1. The parents did use respite care and had a positive experience in requesting and using respite care that they had not had in their experience prior to the Mockingbird Family Model.
2. Having access to respite on an emergency basis provided a much needed resource to a stressed foster parent and at the same time averted a disrupted placement or run-away situation for one adolescent.

3. The amount of hours of respite care was actually less for the families in the constellation this year than it was for last year's families. While parents did not have as many respite hours, they had hours of informational, affirmational, social, and tangible support through their interactions with the hub home parents and with other foster parents in the regularly scheduled social activities.

4. Parents perceived that the MFM directly benefited their children while the adults were also attending activities and events that they had never previously attended so they learned with their children.

5. Through the family activities, informal support, information and resource sharing offered by the hub parents the foster parents felt less isolated.

6. The MFM successfully brought families together so they formed a supportive social network. The parents indicated that prior to the MFM they had not met other foster parents or if they did know some foster parents they had not socialized with the parents:

Parents met other foster parents,

Parents shared their experiences including challenges in managing their children's behavior,

Parents received information about activities for their children,

Parents learned about resources such as enrolling children for summer camp and accessing supplies or clothing for school,

Parents and children participated together in group activities.

Parents advocated for improved communication with their caseworkers.

Discussion of the Findings

The Mockingbird Family Model made respite care readily available and this was a major breakthrough in comparison to the existing services that the families had received. Foster parents who had tried to access respite care in the current system, needed to give several days notice and might learn that no respite care provider was available and could wait several weeks for respite care. For some parents, their experience in the foster care system was that they could request respite care but it was rarely available.

The experience of several families prior to being in the MFM was that when they had requested respite care they were expected to leave their children with the caseworker and the parents did not know the family or the location where their children were to receive respite. One mother summarized her unfavorable experience with respite that happened prior to her being in the MFM:

“I dropped them off at DSHS and didn’t even get the number where would be staying. Their things were not in order when they came back home. My husband’s parents got certified so I could leave the kids with them.”

Another parent had similarly had a very negative experience with respite prior to the MFM. This parent was also expected to leave her foster children with a caregiver that she did not know:

“I don’t like leaving kids with someone that I don’t know. Not knowing who this individual was, I didn’t get to know who this person was. I was supposed to leave my kids. And when I take kids in my home, it’s like I birthed those babies and I am not going to leave them with a person when I don’t know that person (referring to a respite care provider).”

In the Mockingbird Family Model, the families could access respite care by just letting the hub home parents know when they would like respite. The foster parents had a regular opportunity to sign up for respite at each monthly social activity. The foster parents could also access respite care by phoning the hub home parents and requesting it. The parents felt comfortable and secure in leaving their children for respite care.

“I knew I could trust ___ (two/MFM hub home parents). All the children’s things were in order when we picked them up. ”

The parents clearly trusted the MFM Hub Home parents and this trust was based on their relationship and the time spent in getting to know the Hub Home parents. One parent summarized this when she said, “I went to their (hub parents) house first without the kids just to check it out. I visited with them.”

Another parent commented, that once her child had gone to respite, he asked to go back to respite and asked if his foster parent would go do something so he could go to the Hub Home and “hang out.”

The foster parents requested respite for their regular appointments as well as for the times when they needed a break.

“We used respite three times last year. Once I had a doctor’s appointment and needed to go. Before Christmas, my husband had a Christmas party for his work so they (hub parents) watched the kids.”

Once the families began to use respite they returned and several families had their children stay overnight. The parents were very positive about their children's experiences while at respite. The satellite home parents found that the Hub Home parents had a parenting style consistent to their own style. Some parents even adopted some of the communication approaches used by the hub parents. The Hub Home parents welcomed the children to the home, provided them with an overview of household expectations and made the children feel part of a family through interacting with the children. Feeling part of an extended family was especially important to the families in the Mockingbird Family Model that did not have relatives or a family network in the local vicinity to draw upon as resources for respite care.

Respite as an immediate strategy to prevent a disrupted placement:

Respite was a timely and valuable resource to prevent a disrupted placement for one older girl in the MFM. When MB was suspended from her high school classes, the Hub Home parents were available to provide respite care for a total of 10 days. School suspensions are more common for foster youth with behavioral problems who have low levels of school involvement (Child Trends 2004). The teen’s foster parent was experiencing high stress over the situation and was not at a point where she could effectively communicate or interact with the adolescent. One Hub Home parent was especially successful in interacting with the girl and made a schedule to provide close supervision to the teen for the duration of her suspension. The Hub Home parent arranged for the teen to do volunteer work that gave the teen a meaningful activity during the day. The Hub Home parent also was available to talk with the adolescent and encouraged her to work through problem-solving approaches. Through her interactions with the Hub Home parent, this adolescent identified how she would deal with her challenging school and family life.

The availability of respite care through the MFM prevented what could have become a disrupted placement if the adolescent’s behavior continued to be a source of stress with her foster parent. Last year, access to crisis respite

prevented two families from requesting that the children in their care be removed. Maintaining these placements in the MFM's first two years has avoided disrupting three children who would have returned to an already overwhelmed child welfare system. The project helped those children to remain in familiar family situations and neighborhood settings. The MFM also kept the children in surroundings that were supportive of the children's racial and cultural identities. The MFM contributed to the stability of the children's placements. The children are more likely to have better developmental outcomes than if they undergo the stresses and losses associated with multiple placements.

Fewer hours utilized but other support increases: In 2005, the parents' use of respite was half as many hours as it had been in 2004. The composition of the families being served in Year 2 differed from those served in year 1, so we recognize that these are not all the same children and parents in similar situations to year 1. The number of hours of respite, including planned and crisis respite, was a total of 1,165 hours in 2005 and a total of 2,329 hours in 2004.

Table 2.1

FFCP Hours of Planned and Emergency Respite Provided 2004											
	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Planned Respite Care	55	105	156	241	395	146	566	143	144	130	112
Emergency /Crisis	0	0	40	28	0	0	19	0	48	0	0
Monthly Total of respite hours	55	105	196	269	395	146	586	143	192	130	112
TOTAL	11 month total of Respite Hours = 2329 Average monthly hours = 212 Approximate number of hours per day=7										

Table 2.2

MFM Hours of Planned and Emergency Respite Provided 2005											
	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Planned Respite Care	97.5	485	184.5	69	34.5	7	24.5	0	147.5	47	50
Emergency /Crisis	0	18.5	0	0	0	0	0	0	0	0	0
Monthly Total of respite hours	97.5	503.5	184.5	69	34.5	7	24.5	0	147.5	47	50
TOTAL	11 month total of Respite Hours = 1165 Average monthly hours = 106 Approximate number of hours per day=3.5										

There are multiple reasons why the total hours of respite were less in 2005 and these include:

- situations in families that had been using respite had changed creating less need for respite;
- foster parents' perception of a less intense need for respite,
- foster parents' experiences in positive peer interaction and support that lessened their need for respite;
- foster parents' had positive socializations with other foster families in group activities and this lessened their isolation and decreased their need for respite;
- foster parents' perceptions that their foster children were receiving added attention, support and time through the activities so this bolstered the parents' own energy and resources. They did not feel as stressed so they did not seek respite care to get relief from being with their children;
- foster parents' attitudes were to become familiar with the respite caregiver prior to requesting respite care;
- parents' culturally influenced attitudes that they will not readily seek respite care as they feel they should care for their foster children just as they would care for their birth children and they would not have respite care for their own children.

Family situations changed: One reason why there was a lower use of respite was that one family in 2004 that had been a consistent participant in respite for two foster children was no longer in the project after the first quarter of 2005. The parents had requested and used respite when their foster children's behavior was

especially stressful for their other child. Another reason why the Hub Home parents did not provide as many hours of respite as they had in 2004 was that several families in the constellation had some brief relief care through their relatives on an occasional basis. Several parents also indicated that their children were young and did they not see a need to have their children in respite as often as they thought that parents with older children would need to request a break from care giving. There were also families that were relatively new in being foster parents and had not yet expressed a need to have temporary relief from their parenting duties.

Less intense need: There are several other factors to consider in the decreased overall use of respite in 2005 compared to 2004. One factor is that when parents know that they have the option to use respite care and that they could request it, they seem to be able to manage and actually did not use it that often. When they feel there is no relief available, the perceived intensity of the need increases for the parents so they become more intent on getting respite until it reaches a crisis point. Only one percent of the respite hours were crisis respite in 2005. There was a different pattern in 2004 when two families, one with a challenging adolescent and another raising a younger child, would seek respite care regularly for crisis situations. In both of these families, the child disrupted any communication or interaction in the family so the parents sought respite to avoid having the child in each family removed from the home.

Peer interaction lessened need for respite: The monthly social activities provided the means for most parents to socialize with each other so they felt “normalized” in getting out in the evening (DSHS, 2004). Some of the parents had felt isolated and then in the MFM they felt less stressed occasionally by just getting out to talk with other foster parents at the planned activities. This contributed to them making fewer requests for respite.

Connections to resources: Some parents indicated that through the MFM they felt so fortunate in getting connected to resources, including being able to sign up and have their child go to summer camp. One grandmother providing care and another parent of two children stated that having their children attend camp had given them the break that they needed. These parents had not requested respite during the summer months as they were enjoying some free time while their children were away during the day at camp.

Families' attitudes: The parents who were new in the project in 2005 did need some time to become familiar with the Hub Home parents to feel comfortable in having their children cared for at the Hub Home. However, the MFM parents who participated in respite in 2004 were quick to inform the new parents who started in 2005 about this service. The new parents starting the MFM in 2005 generally waited one month before requesting respite. When the MFM was first implemented in 2004, the parents in the satellite families had generally taken two months of attending the monthly social activities before they requested respite care as they grew more comfortable in being in the Hub Home and getting to know the Hub Home parents.

Values of parenting foster children: In both years of the MFM, several foster mothers have expressed a value that each held as a parent that delayed the mother from using respite. The mothers similarly stated a personal view that in taking in a foster child the mother felt as responsible to care for that child as she would a birth child. The mother indicated that she would not have respite care for a birth child so she did not immediately want to have her foster child in respite care. Each of these mothers did access respite care after she had attended monthly socializations at the Hub Home and become familiar with the Hub Home parents and heard the recommendations from other parents.

Peer Interaction available to parents in monthly activities

The time that the parents requested for respite should be considered relative to the time that the parents were also spending with other adults in the family activities that were planned and held by the Hub Home parents. The Hub Home parents planned a varied schedule of monthly activities. There were special events including attending a school play, selling programs and seeing a Seahawks football game and a Mariners baseball game, going to a restaurant for dinner, and seeing the Nutcracker. There were also resource focused meetings that included talking about educational support for children and helping your child to succeed in school. This session encouraged parents to advocate on behalf of each child's special social and educational needs and to work with a teacher to promote the child's learning. The Hub Home parents also had times to gather school supplies and clothing for the children through accessing resources made available to foster parents. The Hub Home parents also arranged family events

as they had a swim party and barbecue for parents and children. At these monthly activities, the parents could spend time to talk with other parents. Sometimes the parents could spend time talking with each other while the children were occupied playing outside or were playing in another area of the house. There was always time to enjoy a meal together so adults and children could interact for part of the time as well as the adults being able to talk together in their small groups.

The adult conversation time often affirmed that the parents were doing well in their foster parent roles. They could get a sense of how the other children were doing and parents stated this was reassuring. One parent summarized her reaction about the peer interaction:

“It’s really beneficial. It’s a gift. It’s very nurturing. It’s good for adults to be around other people who are going through the same thing. It’s reaffirming.”

There were other benefits from talking with the Hub Home parents and other foster parents as they could tell each other about resources. The Hub Home parents were well informed about signing up the children to attend camp or to enroll in an enrichment program after school. At a summer family activity held at the Hub Home, the parents each shared what their child was doing to fill their summer days. Parents talked about what camps their children were attending and started to talk about finding resources for school.

The Hub Home parents offered hours of activities for the children and the adults to enjoy. Not only did the parents find these hours to be helpful to them as parents to reassure or give them affirmational support in what they were doing, but the activities were also informative for the parents. The parents were very enthusiastic that the variety of activities that were offered to them had been educational and fun. The parents enjoyed participating along with their children and at the special events they could enjoy some time with other adults, interact informally with other children, and, of course, supervise and interact with their own children. The parents had positive feelings of getting out to new places that they had not visited where they could enjoy time participating with their children and this contributed to the families not requesting as much respite time. They enjoyed doing things together as a family. A foster mother and father summed up this experience:

“You planned really neat things to do. I hadn’t been to the new stadium. I hadn’t been to that restaurant and I’d never been to the Nutcracker. We were enjoying it right along with the children. That was fun to do... We had a ball. It was a long day, but we had a ball. ”

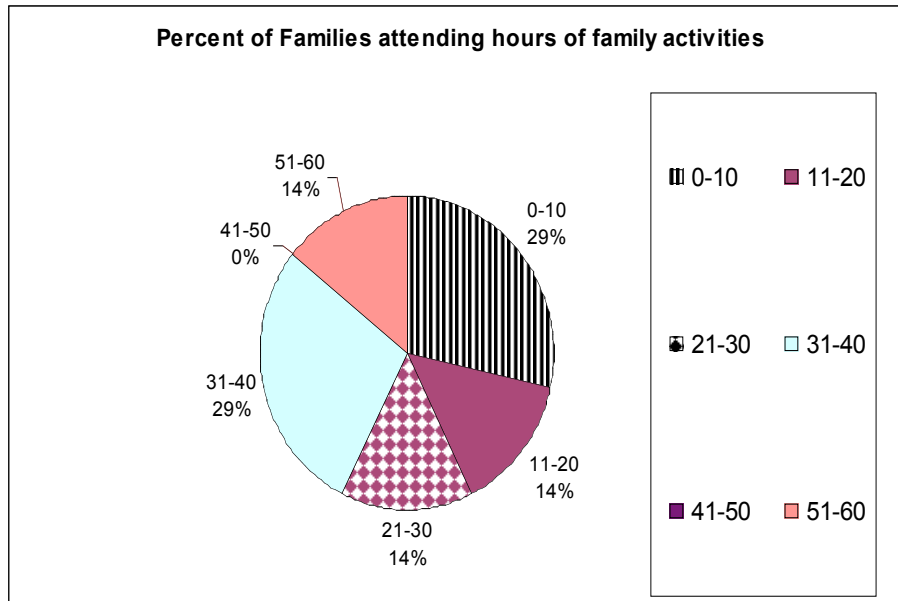
The hours of family activities that were available for the parents and children are listed in Table 2.3. All parents did not attend all activities but there were usually at least four of the six participating families that attended each monthly activity. In November and December when there were special events and resource meetings for parents, there were several families that did attend all possible events including a special parent meeting, a resource drop-in session, a dinner gathering, and a special event.

Table 2.3

MFM Hours of Monthly Activity for Parents and Children 2005											
Jan	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec
3	0	4	4	3	3	3	5	6	3	11	15

The families varied in the number of hours of the family activities that they attended. One two-parent family with three children was present for 57 of the possible 60 hours of activities that they could have attended. Two families attended 34 hours of activities and there were two families who attended less than 10 hours of the 60 hours of family activities that were offered.

Chart 2.1



Additional support to families from Hub Home Parents

In considering the hours of respite that the families used, we should also factor in that each family had telephone contact with one of the Hub Home parents on a monthly basis. The Hub Home parent called a parent in each family to remind her about the monthly activity and to ask if the family planned to use respite that month. These monthly calls gave the constellation parents the opportunity to seek some advice, vent personal frustrations, or share a parenting success story. Several parents were having concerns with their child's toileting behavior and at various times during the year the constellation parent would ask the Hub Home parent for guidance about that concern or other parenting issues, communication problems or disciplining approaches. The constellation/satellite parents talked with the Hub Home parent on the telephone for a minimum of approximately 15 minutes a month and in some months might have talked for one hour.

The constellation/satellite parents found these calls to be very supportive and stress reducing. Three of the mothers separately remarked that the conversations with the Hub Home parents helped them when they were stressed, gave them time to discuss a parenting challenge, and reinforced that their parenting was appropriate. The Hub Home parents provided affirmational support as well as tangible support in the form of respite care. The total number of hours

that the Hub Home parent spent in calls that were focused on reminding parents about events or scheduling respite or talking about related topics is listed in the table below. These hours represent the sum of the time spent by the Hub Home parent and each of the six constellation families would have spent a portion of this time in conversation each month.

Table 2.4

MFM Hours of Adult Support-Hub Parent to Constellation Parents 2005										
Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec
5	12	10	5	3	3	3	4	6	3	5

The MFM has evolved and has recently developed an assessment regarding the stability of the placement and the need for increased contact. This will result in a way to identify and offer more frequent telephone contact to some parents and care givers.

Conclusion: The MFM has implemented several approaches to provide respite care, social support, tangible support and resources to a group of foster parents. All of these resources have been identified as necessary to support and retain foster parents in the Kids Come First Phase II Action Plan and in the DSHS priorities for Recruitment and Retention of Foster Parents. In the MFM, the foster parents have accessed and received respite as needed and that was a significant improvement for the families. It was a somewhat surprising finding that the parents have not used as many hours of respite care as could have been accessed. There were multiple reasons including changes in the families' situations, less disrupted behavior among the children, as well as the parents' perceived levels of stress that contributed to their using respite care. The families' use of respite should be considered relative to the support they received from the Hub Home parents through personal conversations and the support they received from their peers in the monthly social activities, special events, and resource meetings that they attended.

The Mockingbird Family Model Outcomes for Foster Families: Focus on Children's Outcomes

The following outcomes are related to four Mockingbird Family Model (MFM) goals for children:

1. Siblings who had been placed together did remain together. Siblings from one birth family who had been placed in two foster families were encouraged to visit each other at the Hub Home. The proximity to the Hub Home removed any distance barriers that had kept all of the siblings from being able to interact with each other. The Hub Home, was like an extended family member's home, as it provided a supportive environment for the older and younger siblings to play together.
2. The services were culturally competent for the African American families. Adults reported that children felt supported in their interactions with the caring adults in the MFM.
3. Parents of the children who participated in tutoring reported that the children showed an increased interest in learning and were paying more attention to completing their assigned work.
4. Children who were in respite or who attended the group social activities indicated to their parents that they felt they had a new family through sharing their experiences with the caring adults and the other children in the MFM. The project succeeded in connecting the children with caring adults who contributed to the positive social and emotional well being of each child.

Discussion of the outcomes

There are data available on 21 children who received services at some time during 2005. There were 18 children who were in foster families that were participating for most of the year. One older teen returned to her relative's home.

The following table shows the age of the children and the number of placements prior to their current homes.

Table 3.1 Number of placements and age at placement of children in the MFM 2005 (n=21) at some time during the year

Identifier for the child	Age (in years) at first placement	Number of placements prior to the current placement	Years in out-of-home placement prior to this placement	Age at start of current placement
T	11	5	3	15
J	10	4	2	16
R	12	4	2	14
U	11	0	0	12
M	9	0	0	10
D	12	0	1	13
E	6	1	1	7
F	6	1	1	7
R	3	1	1	4
DD	9	2	2	11
LL	8	2	2	10
A	13	2	2	15
B	11	2	2	13
C	10	2	2	12
S	7	1	1	8
SS	6	1	1	7
V	7	1	1	8
W	6	1	1	7
N	5	1	1	6
O	5	1	1	6
G	6	1	1	7

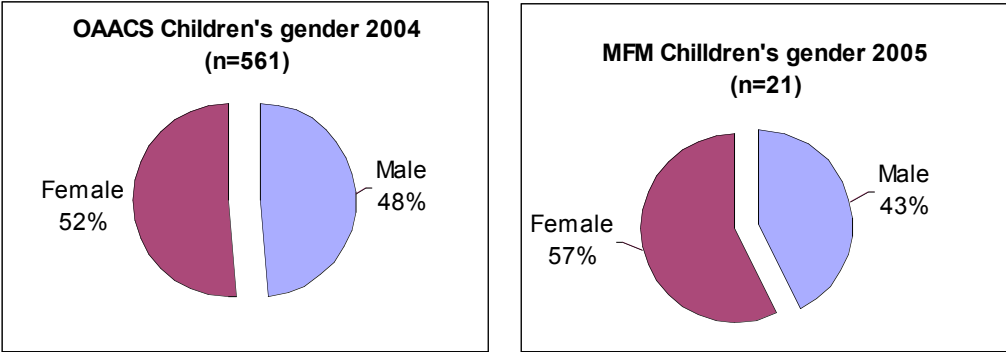
There were some data that were not available such as the children's placement history, if siblings were placed together in earlier placements, or if children had disrupted placements or failed adoptions. The MFM parents provided brief information and this indicated the children had similar placement experiences to other children in the child welfare system. In this chapter, the information for the MFM children is compared to other children in the foster care system. In King County in 2004, 68 percent of the children in the Office of African American Children's Services (OAACS) were removed due to neglect. Nearly one of three children was removed due to substance abuse in the caregiver. In King County according to the OAACS placement episode data in 2004, one of two children was in out-of home care less than two years. In the MFM in 2005, there was a higher proportion of children, 62 percent, who had been in an out of home

placement for one year or less. The OAACS data for 2004 reported that 20 percent of children had one previous placement at any time previous to the current placement.⁶ For the MFM children, 48 percent had one placement prior to the current placement. Seven percent of the OAACS children had 2-3 placements at any time prior to their previous placement. For the MFM children, 24 percent had two prior placements at some time before the current placement.

A 2004 report on out-of home placement through the Office of African American Children's Services (OAACS) included information on 561 children. Of these children, 48 percent were male and 52 percent were female. In the MFM, in 2005, a slightly higher percent, 57 percent of the children were female.

Chart 3.1

Chart 3.2



The children in the MFM who were served at some time during the year ranged in age from under 4 years to 16 years old. The group of children in the MFM in 2005 tended to be older than the children who were placed through the OAACS in 2004. The group of OAACS children included infants less than one year. The families who were asked to be in the MFM had children who were at least three years old. The percent of children who were 6-12 years old in the MFM (66 percent) was twice the percent of children that age placed by the OAACS (31 percent). The percent of teens 13-17 years old was higher in the MFM (29 percent) than in the OAACS placements (10 percent).

⁶ African American Children in Out of Home Placement Served by the Office of African American Children's Services Between January and December 2004.

Chart 3.3

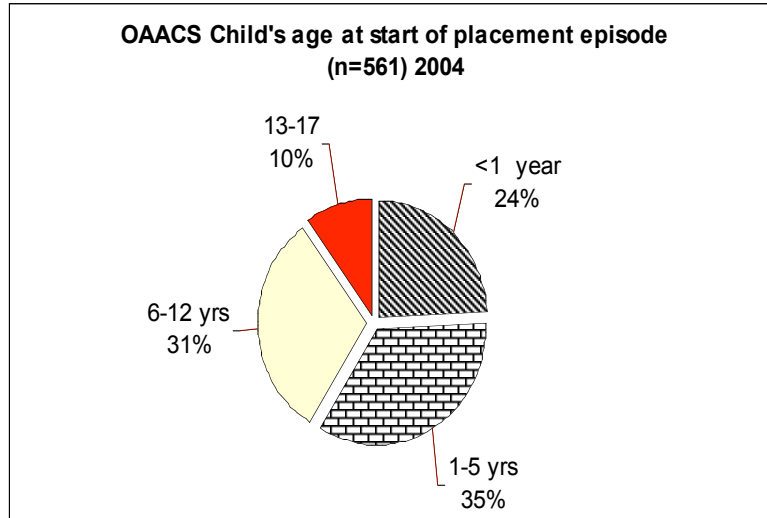
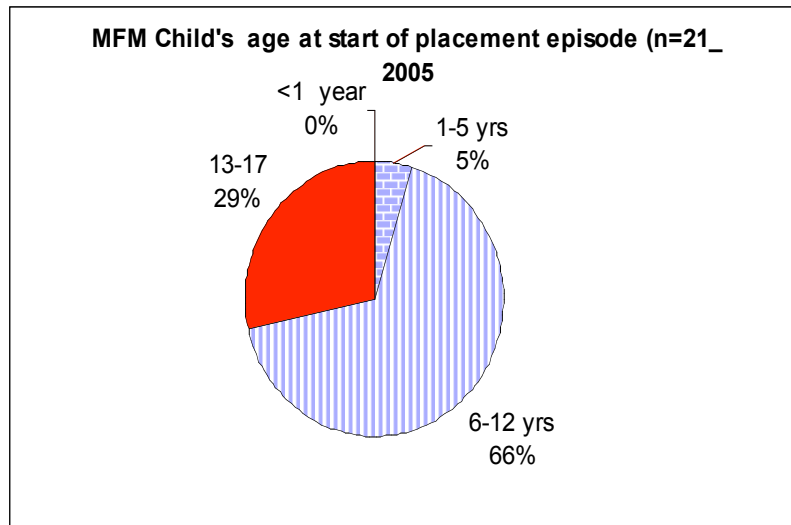


Chart 3.4

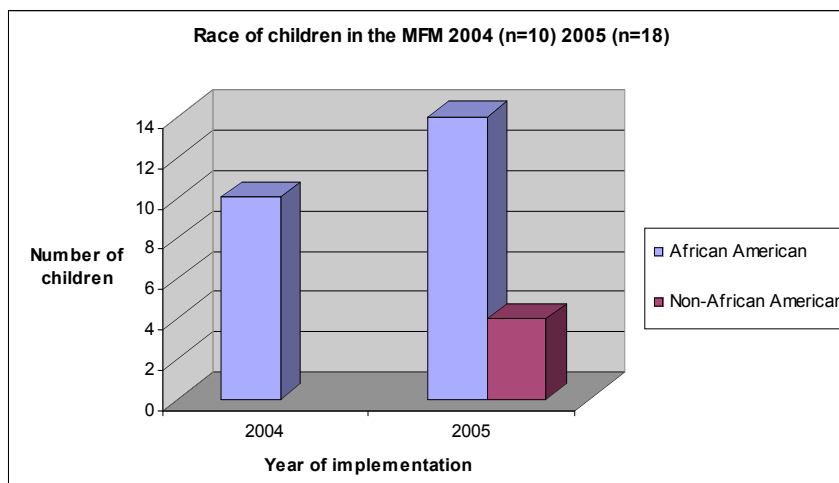


Keeping siblings together: Five constellation families were each caring for two siblings. One family cared for the two younger siblings of two brothers who were cared for in another satellite home. The siblings were all able to play together at the Hub Home during the monthly events. To date, the foster parents

have indicated that the support they are receiving encourages them to care for siblings and to help siblings to keep in contact with each other.

Helping the children and youth to be connected to their cultural heritage and identity: At this time, the majority of the children are African American and are in homes where they would feel comfortable and supported in their cultural and ethnic heritage. In the first year of the project the foster children were all African American. In 2005, four children were not African American while the other 14-17 children who were receiving services at some time during the year were African American. Three of the parents are African American and are caring for a child who is not African American in their homes.

Graph 3.1



Kinship care: A grandmother cares for a grandson and granddaughter as the children's mother had been unable to care for them. In the first year of the project, there were two families that were caring for their young relatives. The African American extended family has been described as a "latent matrix" with individuals who can be called upon when needs emerge (Riley & Riley 1993:169). Kinship foster care has become increasingly more evident in response to the problems of growing numbers of children in the child welfare system, declining numbers of available foster parents, and the interest in providing culturally competent placements for children (Wilhelmus 1998). While kinship care is becoming more common in many areas, among the MFM families, one of six families was a relative providing kinship care. Research on kinship care has shown that 61

percent of caregivers were grandparents, 21 percent were aunts and uncles, and 11 percent were siblings or other relatives (Gleeson, O'Donnell, & Johnson-Bonecutter 1997). Research has shown that kinship foster care minimizes the disruption that youth tend to feel upon removal from their parents' care (Crumbley & Little 1997). Children who are placed with relatives rather than non-kin foster homes, also experience more stable development and are less likely to have multiple placements (Usher, Randolph, & Gogan, 1999). The one grandmother who is caring for her grandchildren has been their sole caregiver since they were removed from their birth parent.

Increasing youth connections to adults and providing services to youth and families including tutoring and other social and recreational activities: The families have been offered mental health counseling, family counseling, and facilitated discussion time about family roles and relationships. While indicating an interest in these services, the families have not used the counseling services. The parents were very enthusiastic when they learned that tutoring could be provided. Tutoring in 2005 was a continuation of the tutoring that had started in the first year of the project. Tutoring was either at the Hub Home or at the after school setting for several children. The tutor provided 8-26 hours of tutoring in a month and children received individualized attention as one Hub Home parent also helped. Several children had a difficult time in focusing on their work and keeping their attention on the topic. The hub parent spent time in supervising the children and in helping them quiet down to complete their tasks. Over several months the children became more consistent in keeping their focus and some of the children were able to access the after school tutoring that was offered through their school. Initially that setting was too distracting for some of their children but the tutoring offered in a small group setting through the MFM helped the children to be prepared to work when tutoring was offered in a group at school.

Table 3.2

MFM Hours of Tutoring in Hub Home 2005										
Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec
26	24	18	18	8	0	0	0	Accessed through school		

When school started in the fall of 2005, several children accessed tutoring through their after-school programs. The foster parents had indicated that helping their children in school was stressful and the MFM tutor had been very helpful to influence their children to develop positive feelings about learning. One mother said:

“What the lady tutor taught them was very good because then I was able to go to their teacher and tell her what they had done. I told the teacher how the lady (tutor) had worked with them and that was what helped because then they were able to do better in school.”

The children improved significantly according to the adults' reports as the children showed more interest in completing homework and showed more attention in class. The monthly progress reports completed by the parents indicated that:

- Nearly all of the children were better at listening and answering questions.
- Most children improved in getting along with classmates.
- One young boy, who was initially very distracting during the tutoring, improved in his behavior so he could remain with the group and participate in the tutoring session. He improved in his class work but had to attend summer school to stay at his grade level.

At elementary and secondary levels of education, twice as many foster youth than non-foster youth had repeated a grade, enrolled in special education, or changed schools during the year. Youth who are at risk for school failure are also at high risk for substance abuse and violence (Maquin & Loeber 1996). The MFM children show a similar pattern to other foster youth in that 50 percent are in special education and 50 percent find school to be difficult.

Table 3.3

Baseline school performance data on MFM children in 2005 (n=14)				
Children in Special Education classes part or full day	Children receiving counseling	Children doing work at below grade level	Children receiving behavioral therapy or other therapy	Children who find school to be difficult
6	5	4	5	8

Providing the benefits of extended family relationships to prevent disrupted placements: The Mockingbird Family Model is meeting the intended goal to provide the kind of support that adults and children would experience if they had extended family available. The MFM was successful in bringing families together so they formed a supportive social network. The parents indicated that prior to the project they had not met other foster parents or if they did know some foster parents they had not socialized with the parents. Prior to the MFM, most of the foster children had very limited opportunities to play or stay overnight at a friend's house as that was not allowed unless the family had passed a background check. The MFM Hub Home offered the children a chance to meet other children, spend a night away from home, and participate in the activities with the other kids.

The foster children were able to attend some activities with the Hub Home parents even if their foster parents did not attend. The Hub Home parents took some kids to a community-organization sponsored fishing day and they caught enough trout to have a fish fry for dinner. The children were having a chance to do what has been termed a normalizing activity. Often foster children have fewer chances to attend events due to the cost or the children could not always socialize in their friend's homes. The Hub Home activities offered most of the children new events and places to see that they had never visited. The children participated in other activities such as attending a baseball game, a football game, a children's play, and the Nutcracker ballet. The hours of activities that were offered monthly to the families are listed in the table below. On average, eight children from four families were at most events.

Table 3.4

MFM Hours of Monthly Activity for Parents and Children 2005										
Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec
0	4	4	3	3	3	5	6	3	11	15

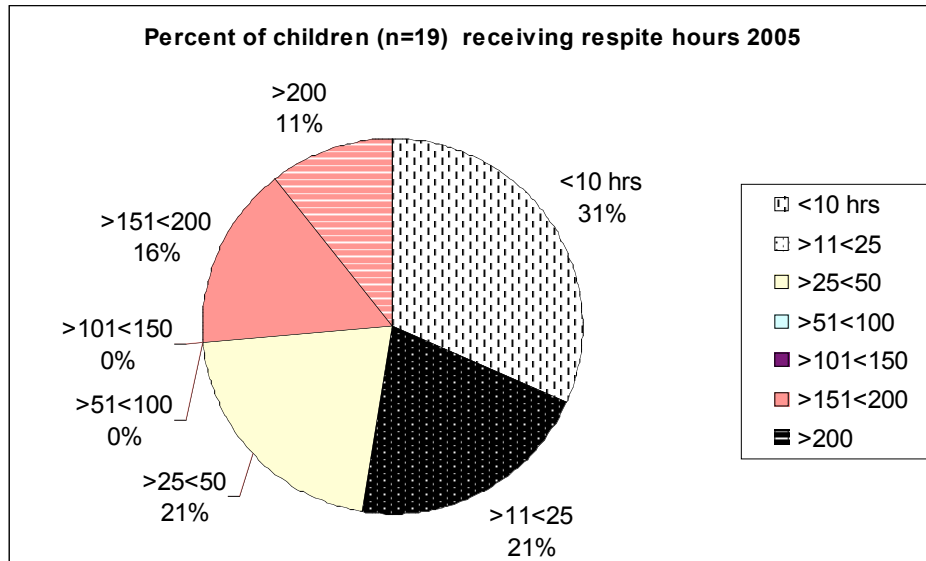
The Hub Home is presenting situations for the children to interact with other constellation family children who were older or younger and these times are similar to having cousins visiting at an aunt's or grandmother's home. The time

that the children have been spending in respite care at the Hub Home has given them opportunities to do activities or play games with the Hub Home parents. The Project has also provided many opportunities for the younger children to interact and to develop their communication skills that are parallel to the ways that members of an extended family are sometimes present to encourage acceptable behavior in a child. The children have seen that rules in the Hub Home were consistent with rules in their own homes. The children enjoyed their time at the Hub Home as evident in their request that they go to the Hub Home and their readiness to spend the night there. The Hub Home parents observed positive changes in the children's behavior.

The MFM has been simulating an extended family network for the children, including those who do not have a chance to visit their own family members. In studies of foster families, the extended family network has become a protective factor to provide care and emotional support, material support, and assistance to family members, especially African American children and youth in the child welfare system. One study involved interviewing caregivers of children who had been identified as resilient or as non-resilient (Johnson-Garner & Meyers 2003). The caregivers of the resilient children tended to draw more on the support of extended family members. The caregivers of children who were less resilient reported having less social support from an extended family network. The MFM project intent is to create a micro community that functions as an extended family in providing support to the adult caregivers. This should contribute to increasing the children's resilience.

Respite care as a positive time for children and youth: Nineteen children participated in respite for some period of time in 2005. Nearly one third of the children attended respite for less than 10 hours over the year (See Chart 3.1). There were two children who participated in respite for at least 200 hours and three children attended respite for more than 150 hours and less than 200 hours.

Chart 3.5



The children have been very positive about going to respite and this is prompting a change in the name so respite is referred to as “Away time” or something that is positive without any connotation that it is a necessary break. One parent explained how positive respite was for her two young boys, “The kids learn to interact with other children.” The MFM has been the means for the children to have typical experiences of interacting with other children and spending a night away from home during respite at the Hub Home. For most foster children, those opportunities had been limited prior to the MFM. The parents have recognized that the MFM is increasing the children’s perceptions of being “like other kids” and sharing experiences with other children.

Chapter 4

Factors influencing the success of the Mockingbird Family Model

In this chapter, we identify selected conditions that contributed to the Mockingbird Family Model success and discuss the factors that impeded the Mockingbird Family Model progress.

Conditions or Factors that contributed to the MFM success

There were several factors that contributed to the project success:

- Consistent vision and drive of the MFM Project Director
- Communication between the Director and the Hub Home parents
- Parent readiness to move forward on project services and to request the services they needed
- Hub Home parents' capabilities to consistently carry out project activities
- Proximity of the families that supported their peer support

The consistent vision and drive of the Project Director set a constant pace for this project during the first two years of the project. The Project Director who is the Executive Director of the lead agency, the Mockingbird Society, worked to make this a cooperative endeavor among the families and the Mockingbird Society to contribute to the MFM's success.

Parent Readiness: In 2005, the foster parents were more ready to attend activities than the first group of parents had been in 2004. They hesitated for a shorter period of time before using respite and they were encouraged by the parents who were active in 2004. There are more occupations represented among the parents in 2005 and there were more fathers who were active at the

monthly events. The parents have identified topics of interest and have asked for tutoring for their foster children. They attended the monthly dinners and the picnic, fish fry, and holiday party and started networking with each other. The parents were seeking sources for school supplies and for Christmas gifts for their children. The parents became very comfortable in coming to the Hub Home for support and for tangible resources such as children's clothing that one Hub Home parent was able to make available to the foster parents. The parents became supportive of each other and decided as a group to express their concerns about poor communication with their caseworkers.

Hub Home parents' capabilities: The project kept its momentum because the Hub Home parents were very organized and consistent in planning and holding events and encouraging the parents to attend. The hub parents were skilled and experienced caregivers and offered a welcoming home and a caring, age-appropriate approach to meet the individual needs of each child. The hub parents also made access to respite care readily available, without the need for the satellite home parent to complete paperwork for approval or to broker the respite care through a case manager. Access to crisis respite was immediate when the families needed it as they called and the Hub Home parents were accommodating to meet the needs of the families.

The Hub Home parents' special combination of communication and interaction skills and their commitment to the MFM goals, made a very significant contribution to the success of the MFM in 2005. The constellation/satellite parents acknowledged how comfortable they felt while in the Hub Home, how appreciative they were of the monthly social activities that were prepared for them, and how the Hub Home parents' style of parenting supported their parenting. The Hub Home parents' willingness to identify their role, to work independently as well as to seek appropriate approval through the MFM Director was essential in this year's implementation as it was in 2004.

Families proximity to Hub Home: The Mockingbird Family Model has been successful in South Seattle, where the driving distance between the homes was generally under ten miles. This is a relatively close proximity to each other that should be considered as the distance to the Hub Home did not limit the parents

from driving to the monthly social events and it did not deter the Hub Home parents from driving the children to and from school or tutoring as needed.

Factors that impeded the success of the Project

The Mockingbird Society Executive Director initiated a working alliance with UJIMA Community Services to recruit the foster families and to provide case management to the families. UJIMA Community Services has an established position in the local Seattle area in promoting more effective and culturally appropriate model for interactions with African American families. UJIMA is recognized for its efforts to address the issues of disproportionality of African American children and youth in the foster care system. UJIMA has also increased the recruitment of families to provide kinship care for African American children and youth placed in the foster care system.

UJIMA Community Services recruited the families to participate in the Mockingbird Family Model and each family has a caseworker through UJIMA. As the parents came to know each other through attending the monthly project activities they shared their experiences that they repeatedly tried to get timely information from their caseworker. The parents reported spending time trying to contact their caseworker to get resources or their monthly checks to help them care adequately for their children. The parents found they were experiencing delays in their communication and they shared their frustrations. The Hub Home parents arranged for a time when the MFM parents could meet with the UJIMA Community Services coordinator and express their concerns. The families discussed ideas to solve their problems but following this meeting the families did not feel that they had successfully resolved their concerns.

The MFM foster parents' experiences in communication delays with their caseworker were also commonly expressed by other foster parents. In a resource on foster parent burnout, former foster parents identified that poor communication with the caseworker was the second most common reason for quitting as a foster parent (Albert 2004).

The foster parents indicated that they expected to see a UJIMA representative manager at MFM monthly activities but this happened only at the end of the year. The Hub Home parents functioned independently in talking with

the MFM Project Director, but did not receive consistent communication or direction from UJIMA Community Services. In the first year of the MFM, the parents who were attending the events discussed among themselves that they had anticipated that UJIMA might have offered topics for trainings for foster parents but they were not hearing of these opportunities. As the months passed, the parents noted there was less visibility of UJIMA at the project events. The individuals at UJIMA who were involved in the MFM Project also had other projects, so they might have had schedule conflicts that kept them from attending MFM activities.

The Mockingbird Society did not renew the agreement with UJIMA Community Services beyond the 2005 contract. The Mockingbird Society has initiated new partnerships with the Department of Social and Health Services, Division of Child and Family Services Region 4, Ryther Child Center, and Youth Advocates to develop new constellations and recruit families in 2006.

The impact of the project was limited to the eight constellation/satellite families and the Hub Home. The project could expand to serve more families-- through the development of additional constellations as well as the addition of one or two families to a constellation. The Hub Home parents' interpersonal skills and their approach in interacting with the other parents contributed positively to the parents' participation. In 2005, the constellation grew to have more than the initial five families. The number of the families in the constellation should also be based on the number of children in the families. There were 10 children in satellite families in 2004 and the Hub Home had the capacity in scheduling respite care to provide respite care for additional children in 2005. It may be reasonable to expect that Hub Home parents provide services for 12-20 children, depending on the level of the needs of the children and the request for respite care.

The outcome of the families coming together and supporting each other while also receiving some direction and focused discussion was determined to a large extent by the Hub Home parents' interests and willingness to work at their job. There would have been fewer positive outcomes reported by the parents and fewer positive reactions from the children if the hub parents were not so solicitous and hospitable in hosting the MFM families. This year's results suggest that achieving the intended goals of the MFM partially rested on the Hub Home parents' capabilities and efforts. The constellation activities such as tutoring and

parent discussions would have been very limited if the Hub Home parents had relied on communication and training for the participating families to have been provided by UJIMA. This indicates that the results of the MFM might well be limited or restricted by the Hub Home parents' capacities so to maximize the results, the Hub Home parents should receive support, guidance, and resources for planning and implementing project activities such as monthly family socializations, tutoring, respite, and child centered activities.

Selected implications for project replication or expansion

There are several implications for project replication or expansion that are identified in this section that include recommendations for: (1) the administration of the project and (2) the implementation of services for families.

Recommendations for Project Administration: In terms of administering the project, the agency partners might discuss and achieve some agreement upon the following recommendations.

- Recruit four to six families for each constellation and identify if families will be replaced if they do not wish to participate. The agency that recruits families should identify reasons why families do not wish to participate in the MFM. The host agency that recruits families should also maintain contact with the families to provide a means for the parents to ask questions or receive information about the services offered through the MFM. The number of children in the families should be considered in arriving at the total number of families in each constellation. The intensity of the services that the children need as well as their behavior should be considered in planning and offering services including respite.
- Continue to conduct the group orientation with the families to explain how services will be offered including parent peer support, informational meetings, social gatherings, counseling services, tutoring, and children's activities. Provide time for the families to consider their participation in the project and arrange for a family from the first constellation to speak with potential participants in the project expansion or replication.
- Explain to the families that their cooperation in completing some monthly information about their participation will assist in assessing the impact of the MFM. This will help to improve the MFM in the future.
- Reach agreement on what information the Project Director communicates to the participating constellation/satellite families and the Hub Home parents regarding project services. Agree on the information and case

management services that are offered to families by the partner agency that recruits families.

- The lead agency and partner/host agency will want to agree on the amount of guidance and support as well as who is responsible to provide this support to the Hub Home parents to plan and implement activities.

Recommendations for Implementing Services:

- Collect data on attendance and participation at the social activities as well as other services including tutoring, respite, parent education, or other family events. Review the data quarterly with the host agency to assess if changes should be made in service delivery.
- The lead agency and host agency will also want to agree on how often and in what way the Hub Home parents meet with project management team to have an opportunity to review attendance and participation in planned services including respite and tutoring. The Hub Home parents should also have a means to receive some consultation, as needed, to affirm or to support their interactions and communication with the constellation/satellite families.
- Develop a schedule for meetings of the Lead Agency Project Director or Project Manager and the partner agencies' Program Managers to review the services being planned and delivered, reformulate project objectives if needed, and reinforce and support the activities that are going well.

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