Strengths/Needs Based Services Evaluation

FINAL REPORT

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Regional Research Institute for Human Services
and the
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Preface

The System of Care being implemented by the State Office for Services to Children and Families (SOSCF) resulted from an agreement in 1995 between the Juvenile Rights Project and SOSCF that was intended to change the process by which services are delivered to families in the child welfare system throughout Oregon. The Regional Research Institute for Human services at Portland State University, in collaboration with the Child Welfare Partnership, has assumed responsibility for evaluating the implementation of the Strengths/Needs Bases (S/NB) service delivery, a critical practice component of the System of Care.

This report presents the major findings of the final two years of this five year project. Though it constitutes the formal report of findings, we anticipate the production in the coming months of an "Ideas for Practice" series that will examine particular aspects of S/NB service in greater detail.

Throughout the project there has been a constant iterative pattern, as questions were drawn from discussions with workers and administrators, and findings returned to them for discussion. Each year's work has focused on a question identified as particularly important at that time. For example, during the first year of the project, S/NB practice was new and only in the pilot branches, and was principally being used with long-term cases. Workers were excited by the changes they saw in these cases, and interest began to focus on whether this mode of practice was usable at the "front end" of service. The second year of the project focused on initial contacts with protective service, and from that year's work arose questions about the planning and delivery of services. The third year of the project focused on cases open six to seven months, and on the services being used by these families.

There has always been interest in whether the collaborative approach of S/NB services produced better outcomes for children than did more authoritarian modes of service. As a result of federal initiatives, interest in outcomes has grown more intense throughout the field of child welfare. Though this evaluation was not designed with the comparison group that would enable us to examine whether S/NB service was "better," it does permit us to follow children and families through their service and report on their outcomes. This is the focus of this fifth report.

Our data have been collected, throughout, in interviews with families and their caseworkers. In our first four reports, we tried to highlight the ideas of the families receiving services. These

families are often poor, often have multiple problems, and are involuntary clients of a child protective service system where, generally, compliance has been what is required of them. Their ideas have not been thought important enough to merit much attention in the child welfare literature. As the fourth and fifth years came, we became more aware that the voices of caseworkers actually delivering service were also generally unheard. The issues of integrating a highly individualized model of service provision, which demands considerable caseworker creativity and autonomy, into a large public bureaucracy are intriguing. The observations of the caseworkers about the barriers and supports that they encounter in the child welfare system would, we thought, provide insight. Thus the caseworkers are heard more in this fifth report.

In each of the last four years, the sample has been randomly drawn from cases opened for protective services. Sample size is relatively small, since the data collection method is in-depth interviews and much of the analysis is qualitative. Loss of sample has always been a problem, mainly because of difficulties in locating families. In the first two years we worked only in the pilot branches—the Multnomah County branches, Polk, and Deschutes. In the third year we added Clackamas in order to see how what had been learned about the delivery of S/NB services was transmitted to a new branch. In the fifth year we drew some cases from Tillamook, Linn, Hood River, and Wasco/Sherman in order to look at service delivery patterns in a greater number of rural branches. We anticipate that some of the unique features of work in this array of branches may be highlighted in a later report.

Community partners and foster parents are also important members of S/NB practice plans. In the second year, we interviewed (by telephone) community partners involved in some of the cases in our sample, interviewing 34 community partners, generated by 13 cases. In the fourth year we again interviewed community partners, using a snowball sampling technique which yielded 68 interviews before interviews yielded no new information. Findings from this sample were verified in two meetings of other community partners. These data are reported in greatest depth in the June 2000 report.

In 1997-98 a statewide mailed survey of foster parents was conducted. This was not repeated, as the Division was, in subsequent years, carrying out its own foster parent surveys. Interviews with parents fostering a child from our samples, have added depth to the information obtained in the survey. In this report, the ideas of 45 parents who fostered the children in our 1999-2001 longitudinal sample are presented. From these sources, the extent of foster parent work in behalf of the children they foster can be seen, as well as a documentation of their needs for support.

Development of outcome indicators has itself been an interesting conceptual challenge. Child safety, permanency, number of moves in foster care, time to case closure are fairly easy to determine and often cited as outcome measures for child welfare services. We were interested, however, in a more sensitive measure of the child's well-being. We have used standardized scales of well-being to assess the mental health status of the children, though the time frame is short enough that only limited change from intake to closing (or one year after intake) should be expected. We have limited information on school achievement for those children of school age. We asked about children's physical health. We have the foster parent report on positive change in the child, but there is some expectation that foster parents, as part of the validation of their own style of parenting, would be likely to report positive change. Remembering SOSCF Administrator Ramona Foley's question, "Is the family better off after the intervention?" we have also looked at family-focused outcome measures: from the qualitative data, whether

positive changes occurred in the family and the permanency status of the child; and from rating scales completed by family and caseworker, the attainment of family and caseworker goals, and finally the family's rating of their satisfaction with services provided. Together, these allow assessment of the status of children and their families at the end of services.

During the five years, there has been a general consistency of findings concerning the implementation of S/NB services. It is evident that the most difficult part of S/NB services for workers to conceptualize and implement is the identification of children's needs in such a way that (1) parents join with the worker in recognizing the needs of their children, and (2) specific services can be planned to meet these needs. When flexible funding became available, an obstacle to individualization of services was removed, though difficulties in managing the use of these funds have been apparent since their introduction; as one problem is solved, another seems to emerge. As workers have involved families in planning services, families who felt some sharing in decision making have responded with greater engagement and use of services. Increasing use of S/NB service elements was demonstrated at the end of year four; small, consistently positive differences emerged when use of elements of S/NB practice in protective service in this year were compared with year two.

The families in our sample have in each year been impoverished and coping with multiple problems. About a third of the families have had difficulties with domestic violence and substance abuse, and between a third and half with problems of mental illness. Poverty seemed to grow more acute with the passing years. About 40% of the families said poverty was a problem in the 1998 sample; about 60% in the last sample had incomes below the federal poverty line. As this latest sample was drawn from cases expected to stay open, interesting questions about the impact of poverty on the resolution of problems are raised.

As we conclude work on this fifth year of data collection, we realize that there is far more data than can be reported in any meaningful way in a single report. This is, then, our formal report to SOSCF on the findings of the final year of this evaluation. However, there are plans for a series of small reports that will contain more in-depth analysis of data of particular interest. We have named this the "Ideas for Practice" series, a series of easily readable reports on various topics related to specific aspects of practice, with concrete tools and tips incorporated where possible. Topics identified to date for this series are:

- Identifying strengths and needs with families;
- Working successfully with families with substance abuse issues;
- Child well-being; contributing factors;
- Services: patterns of use and helpfulness;
- Barriers and supports to S/NB practice in the child welfare system: worker ideas and suggestions;
- Flexible funds: workers descriptions of their use and worker ideas to improve the process of accessing them, with illustrations of creative uses and their impact on case outcome;
- Promising practices: branch differences and innovations in delivering S/NB services;
- What workers want from training: a report of a study of training for S/NB practice conducted in the winter of 2000;

- Working with foster parents and community partners.

Though our intent is to complete this series, time and budget will dictate the pace of the work. Other questions may arise which are of pressing interest, and which could be answered from these data. The transcribed interviews represent a rich source of information, which we hope will be mined and utilized in the years to come.

Executive Summary

The System of Care being implemented by the State Office for Services to Children and Families (SOSCF) resulted from an agreement between the Juvenile Rights Project and SOSCF in 1995 that was intended to change the process by which services are delivered to families in the child welfare system throughout Oregon. The Regional Research Institute for Human Services at Portland State University, in collaboration with the Child Welfare Partnership, has assumed responsibility for evaluating the implementation of the Strengths/Needs Based (S/NB) service delivery system, the critical practice component of the System of Care.

Strengths/Needs Based practice emphasizes (1) achieving agreement between SOSCF and the family about the needs of the child(ren) as a basis for building a working relationship and for service planning; (2) a collaborative planning process that builds on family strengths and the family's perspective in identifying needs and planning services; (3) services identified or crafted to meet specific needs, supported by flexible funding to ensure that services can be found or created as necessary to meet identified needs. S/NB practice is intended to improve service effectiveness for all families involved with SOSCF.

The principal objective of the evaluation over the five years has been to assess whether the elements of the S/NB model, as described above, are present in casework practice and to what extent. Each year, specific areas of practice have been emphasized, emerging from the previous year's findings and responding to concerns or questions from the field, central office staff, or the Juvenile Rights Project.

Over the five-year span of the study, the study itself has contributed to the implementation process by providing timely observation and feedback year by year. By focusing attention on case-level practice, the evaluation has served to stimulate discussion and collaboration with and among field staff about practice issues and has helped to disseminate field-driven ideas for moving forward with Oregon's reform initiative.

1999-2001 Evaluation Design and Research Questions

This final report spans the fourth and fifth years of the project. The evaluation used a longitudinal study of families in the child welfare system, incorporating elements and questions from previous years. In addition to interviews with workers and families, at the final interview, we also spoke with foster families in cases where children had been in care four months or more. The longitudinal design was chosen to capture data from all phases of a case, revisiting themes from the earlier years and then following a case through to the 12-14 month point (or closure), where we would be able to address preliminary questions about outcomes of service.

We examined S/NB practice in the Phase I pilot branches (East, newly-formed Gresham, Midtown, North/Northeast, and St. Johns branches in Multnomah County, and Polk and Deschutes County) and four Phase II branches (Clackamas, Hood River, Linn, Tillamook, and Wasco-Sherman). Drawing from a randomly selected sample of cases likely to remain open for services in each branch, we began with an initial sample of 148 cases. Families and their caseworkers were interviewed about three months after case opening. Subsequent interviews with families were at about seven months following case opening, and at one year or closing, whichever came first.

Research questions

Specific questions for the study this year were:

1) *Is strengths/needs based practice being implemented throughout all phases of a case?*

2) *A. What is known about safety, permanency, child well-being, and other outcomes at case closure or after one year of SOSCF service?*
   B. In what way are elements of strengths/needs based practice related to outcomes?

3) *What is the pattern of services delivered to families and how do caseworkers and families view them?*

4) *What is the participation and what are the perceptions of community partners and foster parents about strengths/needs based practice?*

5) *What do caseworkers say about the supports and barriers to implementing strengths/needs based practice?*

Sample

As in prior years, the final evaluation was based on a case study methodology involving a detailed examination of a relatively small number of open cases. The core sample for the study of practice consisted of 148 cases, with at least one interview with a family member about three months after case opening; workers were interviewed in 143 of those cases. At 6-8 months interviews were conducted with workers in 112 cases, and with families in 94 cases (some whose cases had already closed). Finally, at 12-14 months after case opening interviews were conducted with workers in 74, families in 54, and foster parents in 45 cases. In all, interviewers conducted 665 interviews.

Data and Analysis

Data came from in-depth interviews with individual caseworkers, family respondents, and foster parents; additional data were drawn directly from case files. A mix of quantitative and qualitative instruments and measures were used in the evaluation.

Major Findings

Implementation of Strengths/Needs Based Services

1) Is strengths/needs based practice being implemented throughout all phases of a case? (Information regarding this question can be found throughout the report, but principally in Chapters 2,3, and 4.)

We interviewed caseworkers and families about dimensions of S/NB practice at all three time points in the evaluation (3-4 months, 6-8 months, and 12-14 months after case opening). Interviews were parallel, asking similar questions at each interval, and comparable questions of workers and families. In each interview, we asked questions about family-caseworker contact, planning and decision-making, identification of needs, worker and family collaboration, and service delivery. In addition, we asked respondents to tell us how they felt the process had gone, whether concerned parties had a say, whether there was agreement, and whether everyone followed through on plans.

In addition to examining the presence of individual dimensions of S/NB practice, using the quantitative scores of these indicators of S/NB service delivery, an overall S/NB "score" was calculated for each case; a high score meant that many elements of S/NB practice were present. This scoring resulted in the categorizing of cases as "high," "mixed," or "low" related to implementation of S/NB practice. This rating was validated with qualitative data from interview transcripts as well as with interviewer judgments and observations recorded in the summaries interviewers wrote for each of their cases. In this way we achieved reasonable surety in identifying families receiving a high level of S/NB services, and those not receiving S/NB services.

Our results indicate that overall, the majority of caseworkers now seem to be using a S/NB service delivery model.

- **In 40% of the cases, most indicators of S/NB practice were present. In another 40% practice was mixed, with high scores on some indicators and low scores on others. In only 20% were few indicators of S/NB practice present. Furthermore, S/NB practice seems to be being used successfully throughout the span of work with families.**

There is no category of family among those in this sample with whom S/NB practice cannot be used. An analysis of the cases identified as especially high and low in terms of S/NB use found that there were a variety of different kinds of cases in both groups. No single factor (such as placement, substance abuse, or differing allegations of abuse) could account for the difference

between the two groups. We saw that in some very serious cases, families were working collaboratively with SOSCF, were active partners in planning and decision-making, and were engaged and motivated.

Individual Dimensions of S/NB Practice

Practice continues to be mixed; it is strong in some dimensions and weaker in others. Among the strongest elements of practice are family-worker contact and collaboration, use of family decision meetings, maintaining attachment between placed children and their parents, and needs identification.

- **At the front end, the majority of families rated initial contact with SOSCF positively and regarded the level of contact as adequate; two-thirds received a return telephone call from their worker within 24 hours. Although telephone contact declines over time, a majority of families continue to rate contact as adequate over the first year of a case.**

- **Family decision meetings were held in 54% of cases, and of those in which no meeting had yet been held, workers planned to have one in almost half. In cases that did employ a meeting, 40% had two or more.**

- **Two-thirds of families reported that they discussed needs with their worker by the time of the front-end interview, and a similar proportion said their worker continued to discuss needs as the case went on.**

- **When families had positive initial contact, received prompt return phone calls, and regarded the level of contact overall as adequate, they were far more likely to see themselves as working collaboratively with SOSCF.**

When S/NB service was not successful, families felt disconnected from their worker, felt little sense of empowerment, and felt their voices weren't being heard in planning and decision-making.

- **Fewer than half of all families felt their opinions counted 'a lot' in the planning process at any stage of the case. The figure was roughly 40% at the first two interviews, and down to 30% by 12-14 months.**

- **In cases where there were two or more transfers, families gave low ratings on worker contact, presence of needs discussions, and collaboration.**

- **At the endpoint interview, just 45% of families described the relationship with their worker as 'good.'**

S/NB Practice and Placement of Child in Substitute Care

Without question, placement of a child in out-of-home care created feelings that made S/NB practice more difficult. However, these feelings were successfully overcome in many instances. Among cases in which an out-of-home placement was made, almost all families had regular visitation and felt that attachment was at least adequately maintained. Visitation, in particular, was accessible to families and frequent.

- **Fifty-nine children (40%) were in placement at the first interview. Out-of-home placement in the first three months of contact was negatively correlated with family satisfaction and with most indicators of S/NB services. Yet, almost half of the families receiving a high level of S/NB services had a child in placement. Over half of families with children in care at the front-end interview had visits more than once a week (52%), and an additional third had weekly visits.**

- **When parents felt the relationship with their child was being adequately maintained, responses to the S/NB dimensions like contact, collaboration, and empowerment look similar to those who had no placement.**

Safety, Permanency, and Child Well-being Outcomes

2) A. What is known about safety, permanency, child well-being, and other outcomes at case closure or after one year of SOSCF service? (Information regarding this question can be found principally in chapters 5 and 6.)

Safety

Both workers and families were asked about the safety of the children.

- **In cases that were still open at 12-14 months, three quarters of families and workers said that all safety issues had been resolved. Some concern or belief of possible future concerns was expressed by 23% of the workers in these cases. In only two cases did workers express substantial concerns about the safety of the children.**

- **In closed cases 92% of the families reported that all safety issues had been resolved. Workers weren't as positive. Two-thirds of the workers in these cases had no safety concerns, 17% had some concerns, and another 17% felt there may be future safety issues. However, in no closed case did workers express substantial concerns.**

Permanency

Permanency status of the child at the final interview (12-14 months after case opening, or at case closing if it occurred before then) was determined by reading all caseworker and family final interviews for the 98 cases in which these were available. Cases were categorized as having achieved permanency if a child was living at home or in an identified permanent placement whether the process of adoption or permanent guardianship had been finalized or not.

- **Permanency had been achieved for 74% of the children in this sample; 56 were with their own families, 7 were with a relative, 10 were in another permanent placement. Two children for whom permanency was imminent were being transitioned home.**

Child Well-Being

Information about the status of children came from parents and foster parents—persons who knew the children from the perspective of having cared for them.

- **Overall, families reported that their children were healthy. Most were receiving regular medical and dental care, whether at home or in foster care at one year.**

- **Mental health was measured through standardized measures, with strength-based measures appropriate to the age of the child used. More than two-thirds of the two to five year olds were in a range of clinical concern on a behavioral concerns sub-scale; about a third of the children six and older scored in a range of clinical concern on an overall strength quotient. Other scores were more positive.**

- **Fifty-seven percent of the school-age children in placement and 35% of those at home at the time of the final interview were having clinically significant difficulties in school functioning.**

- **For 55 children, it was possible to obtain a measure at the start of the case, when the parent provided the necessary information, and at case closure or 12 months after case opening, when the current caretaker provided the necessary information. For these children, small to moderate positive changes of scores occurred.**

Case Closure

Before the end of the year 52 cases had closed.

- **Both workers and families thought that children's needs had been met in 80% of the closed cases for which we had data; they were less positive about meeting family needs.**

Indications of Change in Families

In order to identify change, a qualitative analysis was done of responses to the open-ended questions concerning progress in resolving issues that brought the family to the attention of the Division, how well children's and families' needs had been addressed, and what impact SOSCF's intervention had made on children and families. Cases were examined for indications of change in the family in 7 different areas – substance abuse, communication, relationships, parenting, environment, mental health, and domestic violence.

- **Predominantly positive change indicators were found in 57% of the cases, predominantly negative or lack of change in 29%, and a mix of positive and negative indicators in 14%.**

- **Parenting issues played a central role in change, with positive or negative indicators being found in this area in 86% of the cases.**

- **Change often occurred in more than one area of difficulty.**

Goal Attainment

Families and workers stated goals at the beginning of service and again at the last interview. Progress toward reaching these goals was rated by each.

- **Half of the families at the last interview thought they were making good progress toward their goals. Fifty-five percent of the workers thought the families were making good progress toward the worker's goals.**

- **Worker and family agreement on the main goal at the first interview was associated with good progress toward attaining family and worker goals.**

Family Satisfaction

While we are aware that family satisfaction is not a goal of protective services, it is nevertheless a measure of the experience that the family has had. Family satisfaction was measured with a scale that captured major dimensions of work with SOSCF. As might be expected, family satisfaction was greater in closed cases than in cases still open at 12 months.

Worker Satisfaction

Worker satisfaction is a measure of the worker's satisfaction with the way the case was handled, the services delivered, and progress toward a desired outcome. Workers tended to be more positive than families in their assessments.

Linking Practice with Outcomes

2) B. In what way are elements of strengths/needs based practice related to outcomes?
(Information about this question is contained in chapter 7.)

Scores for the individual dimensions of S/NB practice, as well as the overall S/NB scores, were used in determining association of practice with outcome. While the associations we found between practice and outcomes do not identify a cause and effect relationship, they are quite strong statistically and suggest that S/NB practice may contribute to positive outcomes. Our findings make sense within the framework of the S/NB practice model and are consistent with the way it is believed to work. At the same time, we acknowledge the complexity of practice and of different families' issues and recognize that it is virtually impossible to take into account all of the many variables that enter into and influence the course of a case.

Overall Implementation of S/NB Practice and Outcomes

- **Cases with high overall S/NB scores were more likely to have the following positive outcomes:**
    - **Case closed**
    - **Child in a permanent placement**
    - **Less time in substitute care**
    - **Positive change in family**
    - **Family satisfaction**
    - **Caseworker satisfaction**

Individual Dimensions of S/NB Practice and Outcomes

Generally, findings show a strong relationship between most elements of S/NB practice and case outcomes, with a couple of interesting exceptions.

- **Collaboration, which is a central element of S/NB practice, was strongly linked with each of the outcomes.**

- **Family reports of the caseworker talking to them about needs is believed to be a crucial element of S/NB practice, yet it was related to none of our measured outcomes other than worker and family satisfaction. Further exploration, in order to understand this finding, is recommended. It may be that needs must be talked about in a certain way or at a certain level of specificity in order to effectively contribute to positive case outcomes.**

- **Attending a Family Decision Meeting (FDM) was not associated with outcomes other than family satisfaction and worker satisfaction. However, family ratings of usefulness of FDMs were associated with permanency, positive change, and reduced time in placement. Caseworker ratings of family empowerment in FDMs were also related to these outcomes, in addition to case closure and achievement of worker goals.**

In looking at the relationship between the use of flexible funding (often referred to as flex funds) and case outcomes we looked separately at flex funds used for concrete needs, usually related to poverty, and flex funds used for services, such as therapeutic services for children, special parenting classes, and activities for children. As it turns out, the different use of flex funds are related differently to outcomes. Looking at cases for which we had 7 month closing interviews or 12 month interviews, we found the following:

- **The use of flex funds for concrete needs was associated with children spending less time in substitute care.**

- **Flex funds were more likely to be used for services in cases that were not closed at 12 months, in which children had been in care for 6 months or longer, permanency had not been achieved, and the family had little or no positive change.**

Based on these findings, flex funds may be important for helping children to return home sooner in situations of poverty, and for contributing to children's well-being in cases that appear to be more difficult and involve more serious circumstances.

Service Delivery and Effectiveness

3) What is the pattern of services delivered to families and how do caseworkers and families view them? (Information about this question can be found in chapter 3.)

Offering services is the primary action workers can take to address identified needs. The S/NB model suggests that this must be done on a case-by-case level, crafting each service to meet the individual needs of the child(ren). For this year's research, we created a broad definition of "services" that we hoped would reflect all planning and activity by SOSCF that was aimed at

meeting the needs of children. We asked families and workers to identify every service, action, or referral that had been made in the case, hoping to capture all efforts made in a case.

Workers and families were generally quite happy with the service plans in our sample. Families felt services were well chosen and helpful and workers said that services met families' needs. Flex funds were also used relatively often.

- **Families found services helpful, assigning a mean of 4 on a five-point scale of helpfulness, and 80% felt referred services were needed.**

- **Overall, caseworkers found that services, actions taken, and referrals made met the identified needs very well, with a mean rating for all services of 4.18. Over 75% received a rating of four or five.**

- **In a separate analysis of a sub-sample of 90 cases from front-end interviews, we found that families tended to give higher ratings of helpfulness to services and material goods purchased with flex funds than to traditional services.**

When trying to individualize service packages to meet the specific, unique needs of each target child, workers often had to overcome a variety of barriers, resulting in little use of nontraditional services. There are a number of reasons for this, most of which appear to be systemic: various issues around funding creative services, liability and certification difficulties for non-traditional service providers, court expectations and requirements, and providing services in a timely fashion all limit more pervasive use of "out-of-the-box" service plans. However, worker inability to individualize case plans due to these systemic barriers presents a threat to the utility of the model. The S/NB service model depends on flexibility to meet the specific, identified needs of children.

Foster Parents and Community Partners

4) What is the participation and what are the perceptions of community partners and foster parents about strengths/needs based practice? *(Information regarding this question is contained in Chapter 8.)*

Forty-five foster parents, caring for children in the sample, were interviewed. Sixty-eight community partners, identified in a snowball sampling technique, were also interviewed.

- **Community partners and foster parents say that the experience with SOSCF "depends on the worker"**

- **Community partners and foster parents value shared decision-making and good communication.**

    - **Two-thirds of the foster parents thought that they had a good deal of input in planning for the child**

- **Communication was generally thought good. Foster parents reported that 72% of the caseworkers returned telephone calls within 24 hours; this is associated with an expressed desire to continue to foster children.**

- **Community partners were aware of changes in SOSCF practice over the last years and valued the greater openness. Family decision meetings as a vehicle for case planning were particularly valued.**

Supports and Barriers of S/NB Practice

5) What do caseworkers say about the supports and barriers to implementing strengths/needs based practice? (Information regarding this question is in Chapter 9.)

In all, 131 workers were interviewed about supports and barriers to the delivery of S/NB services. In a qualitative data analysis, major themes were identified. Supporting the delivery of S/NB practice, five areas emerged as general themes:

- **The positive impact of supportive organizational culture and branch/ SOSCF infrastructure, including helpful supervision, support from fellow workers and other branch staff, and effective training.**
- **The helpful effect of constructive community partner involvement, including actions by the court, the sharing of responsibility with community agencies, and outside agencies' collaboration in planning with the family and providing timely feedback to the worker.**
- **The vital role of flexible funding in accessing resources, and the availability of appropriate services in a given community.**
- **The motivation and clarity that ASFA can provide for workers, community partners, and families.**
- **The good things that can flow out of family decision meetings.**

Workers spoke at much greater length about impediments, hassles, and roadblocks to implementing S/NB practice. Six areas emerged as general themes:

- **Caseload pressures; lack of time for direct work with families**
- **Paperwork, which robs time from direct work with families**
- **Hassles with accessing flex funds**
- **Inadequate, poorly-timed training, with limited access**
- **Inadequate supervision**
- **Less collaborative community providers, and the demands of the legal system**

Workers also commented on what they would do to improve practice:

- **More information on available resources**
- **Training of new workers by "shadowing" experienced workers, a library of training videotapes, and recognition for advanced training and academic degrees**
- **More case-aides and support staff**
- **A system that necessitated fewer case transfers**

Limitations of the Study

The limits of the study are obvious. We have no reason to think that our sample is not representative of those families whose cases are serious enough that they remain open for six months or more, but we do not know this. We have no idea of the characteristics of those families we could not find, and there were a large number of these families. Sample size is small, though without using interviewing to collect data, and qualitative data analysis, we would never have been able to collect data that would show the complexity of the interactions of worker and family.

The study design is such that we do not have a control group, or even a comparison group. Though statistical tests show significant associations or correlations, we cannot know that S/NB practice is producing the outcomes. We have looked at other variables in our data that might be associated with outcome, and found only placement. However, there are doubtless hidden variables having to do with family attitudes, caseworker attitudes, and their interaction that may be important and also need to be studied, probably with an even smaller sample and an even more intensive data collection method.

Chapter 1

Methodology

The System of Care being implemented by the State Office for Services to Children and Families (SOSCF) resulted from an agreement in 1995 between the Juvenile Rights Project and SOSCF that was intended to change the process by which services are delivered to families in the child welfare system throughout Oregon. The Regional Research Institute for Human services at Portland State University, in collaboration with the Child Welfare Partnership, has assumed responsibility for evaluating the implementation of the Strengths/Needs Bases (S/NB) service delivery, a critical practice component of the System of Care.

S/NB service delivery focuses on (1) achieving agreement between the caseworker and the family about the needs of the child(ren) as a basis for work together and for service planning; (2) a planning process that builds on family strengths and the family's perspective in identifying needs and planning services; (3) services identified or crafted to meet specific needs (rather than selected based on categorical eligibility); and (4) flexible funding to ensure that services can be found or created as necessary to meet identified needs. It is intended to improve service effectiveness for all families involved with SOSCF: those referred for the first time because of an allegation of abuse or neglect; those who are receiving services to help ensure that they can provide a safe environment for their children; those who seek assistance on a voluntary basis; and those whose parental rights are being terminated because it appears that they will be unable or unwilling to care for their child(ren).

This report presents findings from the fourth and fifth years of the evaluation of the implementation of S/NB service delivery in protective service at SOSCF. In this report a randomly selected sample of families and children receiving protective services are followed through the first year of work with SOSCF, or until case closing, whichever comes first.*

* In Chapter 2, data from the second year of the project (a study of protective services, using similar methodology) are briefly introduced to assess the progress being made in implementation of S/NB services.

Research Questions

The research questions that focused work during these two years are:

1) ***Is strengths/needs based practice being implemented throughout all phases of a case?*** *Information regarding this question can be found throughout the report, but principally in Chapters 2,3, and 4.*

2) ***What is known about safety, permanency, child well-being, and other outcomes at case closure or after one year of SOSCF service? In what way are elements of strengths/needs based practice related to outcomes?*** *Information regarding the first of these questions can be found principally in chapters 5 and 6. Information about the second question is contained in chapter 7.*

3) ***What is the pattern of services delivered to families and how do caseworkers and families view them?*** *Information about this question can be found in chapter 3.*

4) ***What is the participation and what are the perceptions of community partners and foster parents about strengths/needs based practice?*** *Information regarding this question is contained in Chapter 8.*

5) ***What do caseworkers say about the supports and barriers to implementing strengths/needs based practice?*** *Information regarding this question is in Chapter 9.*

Data Collection

The primary data came from interviews with families and workers, and with foster parents when a child had been in placement. Additional data was drawn from case files. Interview schedules can be found in Appendix C.

Data from interviews

Interviews were semi-structured, using instruments designed to gather both qualitative and quantitative data. Caseworker and family interviews are parallel, covering much of the same material and capturing the perspectives of each respondent, with specific sections devoted to:

- the circumstances that brought families to the attention of SOSCF as well as additional family circumstances that may have an impact on the planning process;
- the first contact between SOSCF and family and early impressions of family members and caseworkers;
- subsequent contacts between worker and family, the extent of contact and the nature and quality of contacts, and the degree of collaboration achieved;
- information about placement and visitation decisions and experiences for families whose children were removed;

- the service planning process and its impact on families, services provided as of the time of the interview, and follow-through in service delivery on the part of SOSCF and the families;
- the degree of engagement of the family in a constructive helping process from the perspective of workers and family respondent;
- assessment of the impact of SOSCF service;
- the decision to close the case, or the current plans if the case is open at one year;
- assessment by the current caretaker of the child's status at case opening and at the final interview; and
- worker ideas about systemic supports and impediments in the delivery of S/NB services, as well as their suggestions for improvement of S/NB practice.

Quantitative ratings on structured items and scales were used to summarize responses, but in all cases are accompanied by open-ended questions designed to elicit context and meaning that is essential to interpret numerical measures. With the consent of families, interviews were taped and transcribed.

Case file data

As in past reports, information from case files has also been used in the current report as a supplement to interviews, providing information on:

- family and child demographics, including age, gender, and ethnicity
- identification of specific target child in the case
- history with SOSCF
- nature of founded maltreatment
- case disposition
- dates of referral, law enforcement contacts, assignment to branch, case contacts
- service agreements
- family decision meeting notes

This information was provided to the evaluation team by Division personnel from each of the branch offices.

Major measures

The major thrust of the analysis is, of course, examination of the extent to which S/NB practice is being used, and a discussion of its relationship to outcome. The measures that were most important in this assessment are summarized in Figure 1. The reader will note the decision to rely primarily on the family's report of the feelings generated through interaction with the worker. Included were items designed to gauge families' sense of involvement in planning and how the process was working, such as how much the family felt their opinion counted, whether the worker had asked for feedback, and whether the family's values had been respected throughout the process. Structural aspects of S/NB work were thought important, but were accorded less emphasis.

Figure 1
Major measures of S/NB practice

Respect for family opinion. *Source of data—family interviews. Interview questions:*
Overall, regarding all the planning and decision making in your case, how much would you say your opinion has counted in the planning process? Do you feel your values and ways of doing things were respected and considered when decisions were being made? While developing goals and plans in your case, did your worker ever ask for your feedback?
Discussion of needs of children. *Source of data: family and caseworker interviews*
Development of a list of the children's needs. Family assessment of whether caseworker talked with them about the needs of the child(ren) and family?
Identification of strengths of family. *Source of data: family and caseworker interviews*
Other than identification of the development of a strengths list, we were able to obtain very little data concerning use of family strengths in planning services.
Adequacy of contact. *Source of data: family interviews*
Family statement of adequacy of contact Family answer to question: When you phone your caseworker, how soon is the call returned?
Use of Family Decision Meetings. *Source of data: family and caseworker interviews*
Collaboration of family and worker. *Source of data: family collaboration scale*
Engagement of family in work with agency. *Source of data: family engagement scale*
Attachment maintained. *Source of data: family and caseworker interviews*
Children not placed, or placement is very short Frequency of visits between parents and children in placement Stability of home while in foster care
Appropriate services. *Source of data: family and caseworker interviews*
Family thought needed and helpful Individualized—use of flex funds an indicator
Overall assessment of implementation of S/NB practice. *Source of data: family and interviewer*
Family responses to key interview questions (see Appendix B for questions) Interviewer judgment based on interview summaries

Though family reports remain a primary source of data in identifying the implementation of S/NB practice, the verification of these reports through comparison with caseworker reports and with the judgments of interviewers was a constant process. In particular, in determining which families had experienced many elements of S/NB services, and which had not, the interviewer's assessments were a critical component of the analysis.

We were not able to obtain equally good measures on all dimensions. Indeed, whether family strengths should be included in a table of important measures is open to question. It is certainly a major component of the S/NB model. But we were never able to really determine whether family strengths were used in planning services. The individualizing of services is another major component of the S/NB model that we were never in five years able to capture adequately. Attempts to use interviewer judgments failed when reliability could not be obtained. Attempts to look for "out of the box" services were denounced by agency staff as misrepresentations of the individualized nature of traditional services, such as parent training. In this final report, we have employed the use of flex funds as a marker for individualized services, recognizing that many creative and highly individualized services may not have been funded through this mechanism. Figure 2 presents the major categories of outcomes used in the report.

Figure 2
Major outcome measures

Child's safety. *Source of data: worker and family assessments; case closure*
Child well-being. *Source of data: family, caseworker, and foster parent*
Health (medical, dental, and mental) Standardized measures of coping capacity and positive behaviors at first and last interviews
Child's attachment and permanency needs. *Source of data: family, caseworker, and foster parent interviews*
Permanency status: Not removed from own home, or returned home or in other permanent home While in placement, stability of foster home maintained Length of time in placement If in placement, frequent visiting with persons important to child and maintenance of relationship
Case Goals attained. *Source of data: interviews with worker and family*
Positive change in family *Source of data: final interviews with worker and family*
Family satisfaction. *Source of data: final interviews with family - Family Satisfaction Scale*
Worker satisfaction. *Source of data: interviews with worker – Caseworker Satisfaction Scale*

Data Analysis

Interviews were transcribed and analyzed using NUD*IST software, which allows for key word and text searches, coding and sorting. The evaluation team worked in subgroups, formed around specific topic areas or research questions, to select pertinent data, to identify patterns or themes with respect to specific questions, and to identify passages or quotations that illustrated salient themes and/or the range of viewpoints expressed. Consensus between multiple readers, debriefing with interviewers and reference to the full text of interviews to provide context, along with triangulation when possible with quantitative data, helped to increase the trustworthiness of the results.

Much of the quantitative data concerning the implementation of S/NB services was derived from family and caseworker responses to pre-coded questions or scales. These scales are described in detail in the sections concerning the findings.

Sampling Procedures and Results

The study design for this final phase of the System of Care Evaluation called for a random sample of cases, stratified by branch, that we hoped to follow for at least two, and possibly three, interview points. The longitudinal sample design we employed staggered waves of initial (front-end or Protective Service practice), mid-point (case status after 7-8 months) and final (status at 12-14 months) interviews with family members and caseworkers over more than a year. Front-end casework interviews began in September of 1999, and the final Time 3 interview was completed in January of 2001. As Figure 3 below illustrates, during the latter stages of the study, the research team conducted all three kinds of interviews simultaneously, and also spoke with out-of-home caregivers (foster parents, or FP on the chart) when appropriate and possible.

Figure 3
Sample Design/Interviewing Pattern

9/99	10/99	11/99	12/99	1/00	2/00	3/00	4/00	5/00	6/00	7/00	8/00	9/00	10/00	11/00	12/00	1/01
PS_1					MID_1				$12mo_1$	FP						
	PS_2					MID_2				$12mo_2$	FP					
		PS_3					MID_3				$12mo_3$	FP				
			PS_4					MID_4				$12mo_4$	FP			
				PS_5					MID_5				$12mo_5$	FP		
					PS_6					MID_6				$12mo_6$	FP	
						PS_7					MID_7				$12mo_7$	FP
							PS_8					MID_8				
								PS_9					MID_9			
									PS_{10}					MID_{10}		
										PS_{11}		PS^*_{12}			MID_{11}	

Sampling was stratified among branches each month, with desired size of the sample set proportionally to the size of the branch. We began by returning to the branches we had included in past reports (the Phase I branches of Deschutes, Polk, East, Midtown, North/Northeast and St.

Johns, along with Clackamas), added the new Gresham branch in the winter of 2000, and rounded out our study with cases from four smaller, non-Metro branches (Hood River, Wasco-Sherman, Tillamook and Linn) beginning in the spring of 2000. We attempted to avoid overburdening individual workers—and to lessen the potential of skewed findings that over sampling of individual workers might cause—by limiting the number of study cases for a given worker to three. Few workers were interviewed for more than two cases. Table 1 shows the distribution of cases among branches.

Table 1
Branch Representation

	Family	Worker
Clackamas	10	10
Deschutes	11	10
East	19	18
Gresham	12	10
Hood River	5	5
Linn	12	12
Midtown	20	20
N/NE	21	21
Polk	11	11
St. Johns	20	19
Tillamook	4	4
Wasco-Sherman	3	3
Total	**148**	**143**

As in past samples, the study's SOSCF management information liaison was instrumental in building the sample. He reviewed the list of cases supplied to the evaluation team by SOSCF each month, using the following specific points as initial screening criteria:

- The case had been open at least 60 days;
- The case was likely to remain open, in the judgment of the caseworker or supervisor, for at least another 2-4 months;
- The case was not a self-referral for respite or homemaker ("supportive or remedial") services.

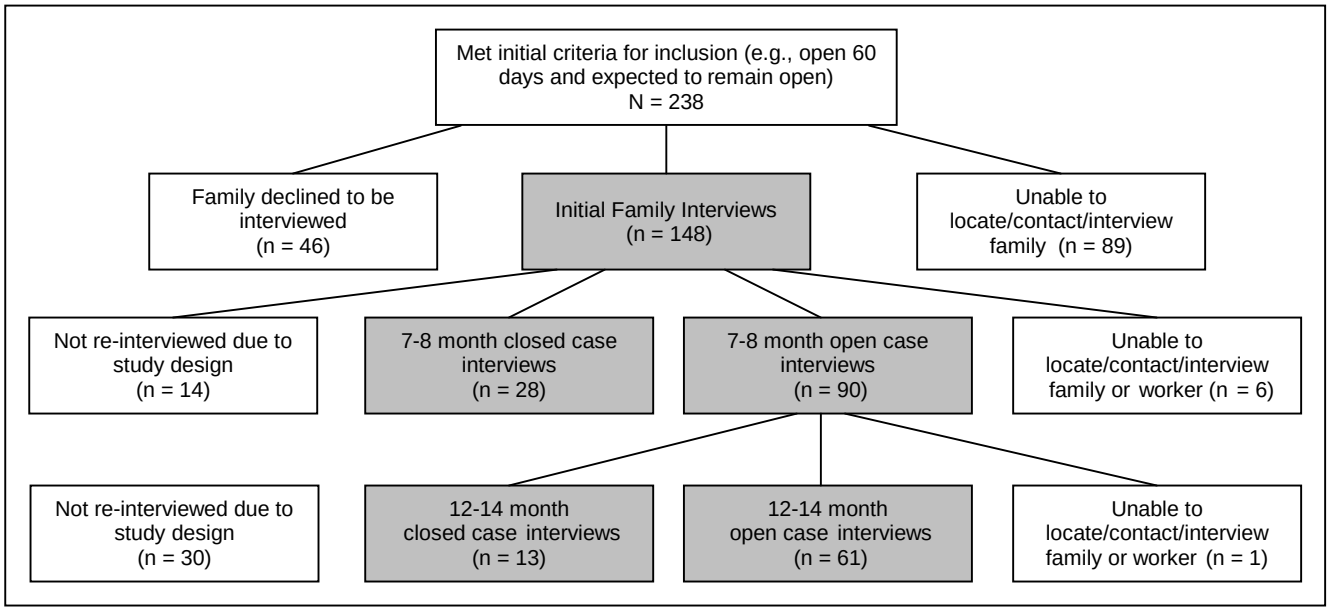
Following screening and stratification, the number of families needed to make the quota for each branch was randomly selected.* Within a few days, letters were mailed from the appropriate

* A notable exception was a unique draw of cases, taken from cases in smaller, rural branches (e.g., Linn, Tillamook, and Hood River). These branches had been under-represented in the study, and we undertook special efforts to look at practice in these "non-Metro" communities by including any protective service case that had

SOSCF branch manager to the list of potential participants, briefly explaining the evaluation, informing them of their selection in the sample, and inviting their participation. The letter gave the telephone number of the evaluation's field coordinator as a contact for further information and to directly indicate a willingness to participate. Letters were followed up by a telephone contact from the SOSCF management information liaison to obtain verbal agreement to participate. Only after the family agreed to participate was an interviewer assigned to contact the family to schedule an interview.

Figure 4, below, diagrams the sample selection process. The three tables which follow provide additional detail.

Figure 4
Flow Chart of Sample Development



remained open at least 3 months. Three of this small group (n = 7) of cases had been open well beyond the 2-3 month point at the time of sampling, and they have been excluded from analyses related to front-end practice.

Table 2
Sample summary at initial interview

Total number of new cases open at 60 days listed by SCF during study time frame	568
Sample frame--cases meeting criteria for inclusion in the sample	534
Drawn for sample	**283**
Not interested	46
Message left, no response	31
Branch could not locate family	27
Out of area/deceased	3
Unable to contact	19
Unable to schedule interview	5
Other	4
Family interviews completed	**148**

The representativeness of the sample is, unfortunately, compromised by the 81 families (28%) with whom we never talked, and the 46 (16%) that refused to participate in the study. Families gave a variety of reasons for refusing to participate, and appeared to have had a variety of experiences with SCF. Of course, we know nothing about those families that we could not reach.

As time went on, and we re-contacted families for interviews after they had been working with SOSCF for 7-8 months, and again at one year, sample attrition continued. After the initial interview, we were not always able to obtain worker or family interviews. However, we continued to pursue cases as long as they were open, as outlined in the original consent. This is outlined in Figures 3 and 4.

Table 3
Sample Summary at 7-8 months

In initial sample	148
Not re-interviewed *	14
Potentially available for 7-8 month interview	**134**
Unable to obtain either worker or family interviews	39
Interviews completed	**118**
closed cases	28
open cases	90

* Case closed a short time after the first interview or was drwan into sample late enough that follow-up interviews were not possible before the end of data collection.

It was not possible in all cases to interview both caseworker and family. Of the 118 cases interviewed, there were 90 cases in which both family and worker were interviewed, 5 cases in which the family was interviewed and no interview with the worker could be obtained, and 23 cases in which only the worker was interviewed. Thus, potentially available for interviews at 12 months, were 105 cases in which the family was still interested in participating in our follow-up interviews.

Table 4
Sample Summary at 12 months

Still open at 7-8 months	105
Third interview would occur after end of project	30
Potentially available for 12 month interview	75
Unable to interview	24
Interviews completed	**74**
open cases	61
closed cases	13

At the 12-month interview point, we spoke to both workers and families in 50 cases. In one instance we interviewed the family and were unable to interview the worker. In 23 instances, we interviewed only the worker.

As the preceding figures show, there was additional attrition over the second and third data collection points. Much of this attrition was due to cases closing over time; other reasons (detailed in Appendix A) included:

- a case opening date (after 12/99) that precluded a final interview;
- no response back from the family;
- a direct expression of disinterest (again, numbers were small; only 5 at the 7-8 month point, and 6 at the 12 month point, declined to participate further in the study);
- occasional prolonged difficulty on interviewers' part in arranging an interview that took the case beyond the desired interviewing "window."

Although family members were free to decline further interview participation, we continued (per the initial consent) to follow their case through caseworker and foster parent interviews whenever possible. In almost all cases, the same interviewer who spoke with the family and caseworker at the initial interview was assigned the case at the 7-8 month, 12 month, and foster parent interview points.

The reader should see Appendix A for a breakdown by branch of reasons for attrition, numbers of individual caseworkers interviewed, number of interviews by branch, and other sample-related data.

For "target" children (the child who was the focus of greatest concern in the family, per the Protective Service allegation and investigation) who had been placed in out-of-home care, information about their out-of-home caregiver was obtained from SOSCF management information system data by the study's SOSCF liaison. Only caregivers—whether relative or

regular foster care providers—who had cared for the child for at least 2 months were considered eligible for a foster parent interview. This time frame was chosen because we were interested in monitoring child well-being using instruments that called for a minimum of 2 months' close observation of a child, as well as our interest in exploring the involvement of foster parents in ongoing planning to meet children's needs over a significant period of time.

A letter from the study's principal investigator was mailed to foster parents prior to their being contacted by an interviewer. As noted above, whenever possible the same interviewer who had followed the case for family and caseworker interviews was assigned to speak with the foster parent(s). Interviewers contacted foster families by phone to further explain the study and arrange an interview. Sample loss among foster parents was minimal; in only 6 (12%) of a potential 51 cases were we unable to conduct an interview. Table 5 provides a branch-by-branch breakdown of the foster parent sample.

Table 5
Foster Parent Sample Summary

	Clackamas	Deschutes	East	Gresham	Midtown	N/NE	Polk	St. Johns	Hood River	Linn	Tillamook	Wasco/Sh.	Totals
Eligible for Interview	6	4	8	8	7	9	2	4	0	2	1	0	51
Foster Parent Attrition	0	0	1	1	1	3	0	0	0	0	0	0	6
Completed Interviews	**6**	**4**	**7**	**7**	**6**	**6**	**2**	**4**	**0**	**2**	**1**	**0**	**45**

Chapter 2

Strengths/Needs Based Practice at 2-4 Months

In the final phase of the five-year S/NB evaluation, we followed 141* cases longitudinally, from roughly three months after case opening until case closure or the 12-14 month point in open cases. This chapter is an addendum to last year's findings on an initial group of 60 cases for which we had data.

Key Findings: S/NB Service Delivery at the Front End

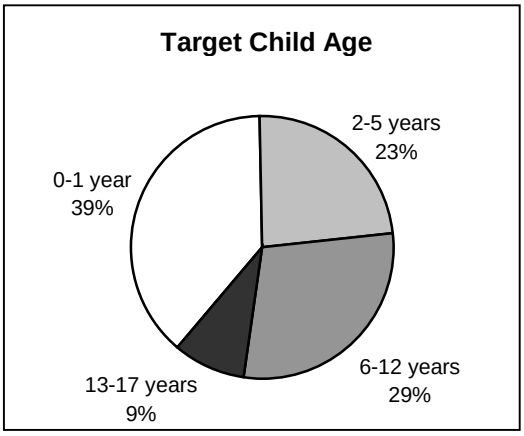
- **Based on a group of questions measuring dimensions of S/NB practice, in roughly 40% of cases practice was high among these indicators; in another 40% it was mixed or neutral, and in 20% practice was low.**
- **When families had positive initial contact, received prompt return phone calls, and regarded the level of contact overall as adequate, they were far more likely to see themselves as working collaboratively with SOSCF.**
- **Over half of families with children in care had visits more than once a week (52%), and an additional third had weekly visits.**
- **When parents with children in placement felt the relationship with their child was being adequately maintained, responses to the strengths/needs based dimensions like contact, collaboration, and empowerment look similar to those who had no placement.**

Family, Case, and Practice Characteristics

* The entire sample contained 148 cases. However, five of this number were taken from smaller, rural branches to supplement small sample sizes in those branches and were interviewed a single time; two more were assessment-only.

In the sample of 148 cases examined at the 2-4 month point of the evaluation, the majority of respondents were mothers (86%, n=127), with about 11% (n=16) of the interviews conducted with both parents, and 3% with fathers only (n=5). About half of the respondents (49%, n=73) reported that they had prior experience with SOSCF, some as a child only, more often as an adult or both.

Family size was generally consistent with prior samples. Two-thirds of families had one (42%, n=62) or two children (26%, n=38). Only 9% (n=14) had four or more children. The age of the target child (the child considered the victim or the focus of the protective service allegation) fell into age groups ranging from infancy to 17. Broken into age categories corresponding to the normed measures of child well-being, 39% of children were a year or younger (n=57), a quarter were 2-5 (n=35), 29% were 6-12 (n=43) and 9% were 13-17 (n=13).



Broken roughly into quartiles, target children were infants (n=38), 1-3 years old (n=39), 4-8 years old (n=34), or 9-17 years old (n=37). At the time of the interview, 41% (n=87) of the target children were out of the original caregiver's home. Two were with another parent; the rest were in foster care.

Just over 60% (n=91) of the families had been referred to SOSCF at least once prior to the current case opening. In their current open case, 85% had been founded for maltreatment; 45% for threat of harm, 22% for neglect, 19% for physical abuse, 15% for sexual abuse, and a small number for other categories of abuse (founded maltreatment in multiple categories accounts for a sum greater than 100%). In more than half of the cases, the mother was named as the perpetrator, while the father or other father figure was identified as the perpetrator in about 36% of the cases. The primary caretaker named in the case had a mean age of 30 (s.d. 8.3).

In most instances this primary caregiver was European American (74%), while 11% were African American, and about 5% Latino and Native American. More girls (61%) than boys were identified as target children in this sample. Fourteen percent were African American, 73% were European American, and the rest were Latino, Native American, or unknown.

Approximately 38% of the family respondents said they were currently employed and could rely on income from their employment; another 32% said they 'sometimes' could rely on having work, and 29% said they could rarely count on employment for income. About 60% had incomes below the federal poverty line.

Characteristics of the Sample

Respondent (n=148)	
Mothers	86%
Two or fewer children	68%
European American	74%
African American	11%
Able to rely on income	38%
Target Children (n=148)	
Girls	61%
European American	73%
African American	14%

In addition to income and employment, interviewers asked both caseworkers and family respondents about a wide range of other circumstances pertaining to adults or children in the

family that might affect the caregiver's ability to parent or that were likely to influence case planning. The most prevalent challenges included medical conditions, homelessness, domestic violence, substance abuse, need for child care, involvement in the criminal justice system, and mental health concerns for adults and/or children. Caseworkers reported these family factors somewhat more often than did family respondents, as indicated in Table 6.

Table 6
Prevalence of Selected Family Factors
Caseworker and Family Reports (n=148)

	Caseworker Reports (n=143)*	**Family Reports** (n=146)**
Domestic violence	27% (n=39)	13% (n=19)
Substance abuse	34% (n=48)	10% (n=14)
Medical condition	17% (n=24)	27% (n=39)
Child care need	27% (n=38)	20% (n=29)
Housing crisis	35% (n=50)	27% (n=39)
Justice/legal problems	19% (n=27)	16% (n=23)
Mental health issue (adult)	44% (n=63)	34% (n=50)
Mental health issue (child)	24% (n=34)	24% (n=34)

*worker reports available on 143 families only; a family may have multiple factors
**family reports available for open cases only

Strengths/Needs Based Service Delivery

A key principle in the S/NB service delivery model is achieving agreement between SOSCF and the family about the needs of the child(ren) as a basis for service planning. Elements of casework practice that may contribute to achieving agreement include regular and sufficient contact with families, collaboration and power sharing in the process of identifying needs and planning services, and an attitude of respect and care on the part of workers. Throughout the course of our evaluation, we have found a consistent association between these practice elements and the extent to which families report themselves to be positively engaged in services as well as the extent to which their workers report them to be following through on case goals and expectations.

Building on these findings, in this year's sample of families with cases recently opened with SOSCF we looked at:

- Indicators of S/NB practice
- Contact between worker and family
- The planning process
- Goals
- Client engagement and follow-through

- Collaborative casework practice
- Service delivery
- The status of the target child at case opening.[*]

Cases Rated High and Low for Strengths/Needs Dimensions

As an entry point into data analysis, we decided to determine which families had experienced many elements of S/NB practice, and which had experienced fewer. In order to separate our sample into "high" and "low" groups, we examined quantitative variables from the family interviews. These were items specific to the model such as whether a caseworker had discussed needs or whether the family had attended a family decision meeting. They also included items designed to gauge families' sense of how the process was working, such as how much the family felt their opinion counted, whether the worker had asked for feedback, and whether the family's values had been respected throughout the process. The score on the collaboration scale was also used. For an expanded description of the process for determining high and low cases, see Appendix B.

A database was created that contained the scores of each case by variable. Then individual items were summed to arrive at a cumulative score for each case of zero to 21. Low cases scored 0-5, high cases 16-21. There were 58 high cases (40%[**]), 27 low cases (18%) and 61 mixed or intermediate cases.

In order to verify these findings, we looked at case summaries prepared by interviewers at the conclusion of every case. In them, interviewers identified major factors that influenced cases. The findings of this layer of analysis closely matched what we discovered from the quantitative data.

One of the first things that presented itself in looking at the two groups was the distribution of family factors and initial allegation within each. While there are some slight variations among the groups, and more substantial variation with regard to allegations of sexual abuse and threat of harm, for the most part they are quite similar. Thus, these factors may affect the way in which a worker might approach a case, but the factors alone don't determine whether or not S/NB can be used. For a comparison of the distribution of family factors (as reported by caseworkers), and allegations from the case files, see Tables 7, and 8 below.

[*] Because our primary interest with this measure is in change from case opening to the final interview, data concerning child well-being are reported in the outcomes section.

[**] N=146; two assessment-only cases not analyzed.

Table 7
Quantitative Findings: High and Low S/NB Cases by Allegation and Placement

	High S/NB (n=58*)	Low S/NB (n=27*)
Allegation		
Physical abuse	12 (21%)	4 (15%)
Sexual abuse	4 (7%)	5 (19%)
Neglect	15 (26%)	7 (26%)
Threat of harm	22 (38%)	16 (59%)
Placement		
Placed at referral	30 (52%)	18 (67%)
In placement at first interview	19 (33%)	15 (56%)

*Missing data account for sample disparity on selected items.

Table 8
Qualitative Findings*: High and Low S/NB Cases by Family Factors and Practice Issues

Family Factors		
	% of high S/NB cases n=50**	% of low S/NB cases n=24**
Alcohol & Drug issues	44%	46%
Mental health issues	22%	13%
Cognitively low functioning	6%	17%
Domestic Violence issues	26%	13%
Prior terminations/relinquishments	12%	8%
In child welfare system as child	18%	13%
Special needs child(ren)	28%	8%
Extended family support/involvement in planning	22%	17%
Practice Issues		
Good communication/frequent contact	50%	4%
Poor communication/inadequate contact	4%	38%
Family involvement in case planning	42%	8%
Lack of collaboration/planning w/family	6%	54%
Parent unhappy with visitation plan	2%	25%
FDMs were positive influence	36%	4%
Good CW/ family relationship	84%	0%
CW is disrespectful	2%	50%
Parental distrust of CW &/or agency	4%	63%
CW relationship changed at case transfer	20%	21%
Family Support Team case	16%	0%

* Taken from researcher summaries of case interviews.

** Initial qualitative review with slightly fewer cases than ultimately identified high and low.

Placement circumstances: A high percentage of families with low indicators had experienced removal of their children at some point prior to the interview. However, *almost half* of the families with high S/NB indicators had also experienced a removal. Status of the children's placement at the time of the interview should also be noted. For 22% of families with high S/NB indicators, the target child had been returned, compared with only 4% of those with low S/NB indicators.

Family characteristics that could be factors contributing to responses do not differ significantly between the groups. In fact, researchers identified mental health and domestic violence issues as salient characteristics in a higher percentage of families with high indicators than of those with low indicators, and nearly equal percentages of each group are characterized by interviewers as having substance abuse issues. Interestingly, a higher percentage of families with high indicators had experienced prior terminations or relinquishments than of those with low indicators, and higher percentages of families with high indicators were involved in the child welfare system as children than of those with low indicators.

Relationship/Casework/System Issues: Not surprisingly, researchers identified good communication and/or frequent contact with caseworkers as present among a much higher percentage of families with high indicators of S/NB practice than of families with low indicators. A very high percentage of the families with high indicators were identified by researchers as having a good relationship with their caseworker, while good caseworker relationships were not identified as present in any of the families with low indicators. For nearly equal percentages in each group, there was a change in the casework/family relationship (for better or worse) at the point of case transfer. Differences between groups were found in case planning and collaboration, with over half of the families with low indicators perceived by researchers as having a lack of involvement in the planning process, and nearly half of those with high scores perceived as having notable involvement in case planning.

We were pleased to find that S/NB practice can be conducted with any type of case, without respect to the external factors that might influence a case. We saw successful examples of S/NB practice among complex cases with serious allegations. While it is true that many of the cases with low S/NB indicators were also complex and serious, this merely underscores the need for careful application of the model among these cases. This is especially important in light of our findings that use of the dimensions of S/NB practice can positively affect case outcomes.

Caseworker Contact

The pattern of contact for families varies. Most families had regular phone and face-to-face contact with their worker. We asked families how often they had seen their worker in the month prior to our interview; face-to-face visits ranged from none to 15, with a mean of 1.7 (s.d. 2.0). We asked a similar question related to telephone contact. These ranged from none to 24, with a mean of 3.6 (s.d. 4.1). However, 19 families (13%) had had no phone or face-to-face contact in the month before our interview, and another 18 (12%) had only a single phone call (n=9) or visit (n=9).

Families were generally positive about the first contact they had with their workers. When we asked them about their initial contact with SOSCF, 51% percent of families rated that contact positively (n=75), assigning a 4 or 5 on a scale of one ('terrible') to five ('wonderful').

For the most part, caseworkers were responsive to family concerns and questions. Families were asked, 'When you phoned your caseworker, how soon was the call returned?' Of those families who had called their caseworker by the time of our interview, 65% (n=89) reported that the worker returned calls within 24 hours, and another 11% (n=15) within 48 hours. Finally, in describing all types of contact, families were generally positive; 55% of families described all types of contact as 'just the right amount.'

Throughout the course of this study, families have told us that the level and quality of contact they are able to maintain with their worker has a substantial effect on the way they view the case. The relationship seems to be particularly strong between regular contact and the families' rating of collaboration. When families had positive initial contact, received prompt return phone calls, and regarded the level of contact overall as adequate, they were far more likely to score highly on the Collaboration Scale (for a larger discussion on the Collaboration Scale and the items it contains, see below). To see the relationship between contact and Collaboration, see Table 9 below.

Table 9
Relationship Between Contact and Collaboration

	Low Collaboration∗ n=23	High Collaboration* n=67
Initial contact rated positive	22%	75%
Phone calls returned in 24 hours	26%	81%
Contact 'just the right amount'	26%	87%

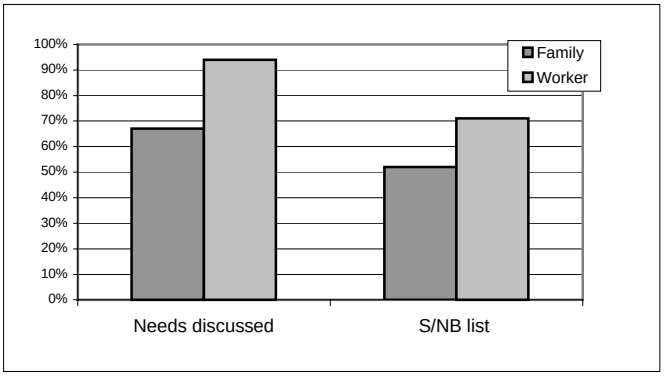
Involvement in Planning and Decision-making

The central component of S/NB planning is working collaboratively with families to identify child(ren)'s needs. In this year's sample, workers reported that they had discussed needs with families nearly all the time (94%, n=132), and that in nearly three-quarters of cases, a Strengths/Needs list had been developed (71%, n=100). Families were less likely to identify discussions with workers as involving needs identification; still, two-thirds said that their caseworker had discussed family needs with them (69%, n=101), and slightly more than half recalled developing a Strengths/Needs list.

Families are generally positive about how much their workers respected their values and elicited feedback. When asked 'Do you feel your values and ways of doing things were respected when decisions were being made,' 62% (n=88) answered affirmatively. A similar proportion said their worker asked for feedback during planning and decision-making.

∗ The collaboration score was created by summing the total of the Collaboration Scale (18-72). Scores were broken into four categories, corresponding to the 4-point scale items. For scores containing missing data, an average of the scores was substituted. "Low" collaboration is the lowest score, "high" the highest.

However, families were not as positive when discussing their power in the planning process, or the degree to which their voices were heard. When asked who has the most power in the case, families identified themselves in only 18% of cases (n=26). And when asked how much their opinions counted in the planning process, only 39% (n=56) of families said 'a lot'; and almost a quarter (n=32) said 'not at all.'



Family Decision Meetings

Though families and caseworkers didn't always agree about what constituted a family decision meeting (FDM), by either report their use was widespread in our sample. According to families, half the cases used at least one FDM, and of these, 30% had two or more. Workers reported FDM use in 54% of cases, with 40% having two or more. Of those cases where no FDM had been held, workers reported that nearly half (45%) would have one at some point. Finally, the use of family decision meetings differed from branch to branch. Metro branches (East, Gresham, Midtown, N/NE, and St. Johns) were only half as likely to use FDMs as non-Metro branches (35% to 76%).

Families were positive about family decision meetings overall, rating them as helpful (a 4 or 5 on a five-point scale) in 58% of cases (n=42). Workers likewise found them useful in planning in the case, rating them positively in 80% of cases.

Overall, families were positive about different dimensions of the meeting. In a series of questions, families were asked whether they invited or suggested people who should be invited; whether they received adequate preparation for the meeting; whether the goal was clearly stated; and if they were satisfied with how the meeting was run. Table 10 below illustrates these results.

Table 10
Dimensions of the Family Decision Meeting, Family Reports

	Percent answering 'yes' n=73
goal clearly stated	90%
Satisfied with how the meeting was run	84%
suggested whom to invite	75%
received adequate preparation	64%

Power-sharing and Collaboration

Another dimension of engaging families involves the quality of the relationship that was established between workers and clients, and the degree to which families felt they had a say in planning, were listened to, and were respected. Using the Collaboration Scale developed for the project, families were asked to rate four aspects of workers' practice: the focus on strengths rather

than deficits, shared decision making, personal support, and helpfulness. Each item consisted of a statement beginning with, *'Considering your experiences with SOSCF since your case opened, how much has your worker...'* followed by a phrase such as *'been supportive of you personally?'* For each item, the family rated the level of collaboration from 4 ('*very much*') to 1 ('*not at all*').

Individual item responses are presented in Table 11, along with average responses on individual items. They range from a high of 3.42 to a low of 2.55. Items are listed below in order of the magnitude of these mean scores.

Table 11
Collaboration Scale Items

Considering your experiences with SOSCF since your case opened, how much has your worker…	mean (s.d.) n=144
...believed that you really care about your children	3.42 (1.0)
...talked about your children in a positive way?	3.33 (1.0)
...listened to you?	3.10 (1.1)
...believed that you understood your child's needs best?	3.07 (1.0)
...recognized your strengths as an individual?	2.99 (1.2)
...been supportive of you personally?	2.94 (1.1)
...believed that you and your family would solve the problems that you were having?	2.93 (1.1)
...cared about you as a person?	2.90 (1.2)
...considered your opinions important in deciding what your children need?	2.88 (1.2)
...thought your ideas were important in deciding what services were or weren't needed?	2.85 (1.2)
...made you feel as comfortable as possible in the situation?	2.81 (1.2)
...encouraged you to say what you thought?	2.81 (1.2)
...understood your point of view?	2.80 (1.2)
...helped you get things you really needed?	2.80 (1.2)
...seemed like someone you could talk to?	2.71 (1.2)
…helped you discover good things about yourself and your family*	2.59 (1.2)
...was someone you came to trust?	2.55 (1.3)

*item dropped in previous samples due to missing data

Client Engagement and Follow-through

Throughout the course of this evaluation we have wanted to make a distinction between compliance (simply following the service agreement, attending or even completing services) and an internalized state of engagement, since workers and family members alike have been clear that some clients are just "going through the motions" to "get the agency out of my face," while

others are genuinely invested in making changes in their lives. We felt that, while engagement might contribute to compliance or follow through, it was not synonymous with it.

The Engagement Scale (Yatchmenoff, 2001) used in the three previous years of the evaluation formed a basis for a longer scale used in this last phase. Informal discussions with SOSCF staff (caseworkers, supervisors, branch managers, and central office administrators) and current and former child welfare service consumers about the nature of engagement produced four theoretical aspects of engagement and the identification of a fifth conceptual dimension. The expanded Engagement Scale used in the last phase of evaluation includes subscales measuring each of the five dimensions. This expanded scale contained 38 items, but after thorough analysis, was parsed to 19 items. Each dimension is thus a composite score of three to four items. The dimensions of engagement, as envisioned in the scale, are:

Receptivity: openness to receiving help, characterized by the recognition of problems or circumstances that resulted in SOSCF intervention and by a perceived need for help.

Expectancy: the perception of benefit; a sense of being helped or of receiving help through the SOSCF's involvement; a feeling that things are changing (or will change) for the better.

Investment: commitment to the helping process, characterized by active participation in planning or services, goal ownership, and initiative in seeking and utilizing help.

Working relationship: interpersonal relationship with worker characterized by a sense of reciprocity or mutuality and good communication.

Mistrust: the belief that SOSCF and/or worker is manipulative, malicious or capricious, with intent to harm service recipient.

Families rated items on the Engagement Scale from 5 ('strongly agree') to 1 ('strongly disagree'), with 3 being 'not sure.' Items were positively and negatively worded, but for the purposes of using the Scale, all negative items were reverse scored, so that higher scores represent positive engagement. The mean response on each item is provided, ranging from a high of 3.76 to a low of 3.33 (indicating that the average response fell between neutral and 'agree'—or, because some items have been reverse-scored, between neutral and positive). See Table 12 for mean scores, and Table 13 for individual item responses, by dimension, with percentages of agreement and disagreement.

Table 12
Engagement Subscale Means
n=139

Dimension	mean, s.d.
Receptivity	3.45 (1.0)

Expectancy	3.33 (1.1)
Investment	3.76 (.8)
Working Relationship	3.45 (1.2)
Mistrust*	3.36 (1.2)

*Mistrust dimension: mean score represents moderate trust.

Table 13
Dimensions of Engagement*
n=139

Dimension and items	strongly agree, agree	strongly disagree, disagree
Receptivity	%, (n)	%, (n)
I realize I need some help to make sure my kids have what they need	76% (106)	17% (23)
I was fine before SOSCF got involved. The problem is theirs, not mine.	61% (85)	18% (25)
There's a good reason why SOSCF is involved with my family.	59% (82)	29% (40)
There were definitely some problems in my family that SOSCF saw	54% (75)	27% (38)
Expectancy	%, (n)	%, (n)
I believe my family will get help we really need from SOSCF.	52% (72)	22% (30)
Working with SOSCF has given me more hope about how my life is going to go in the future.	53% (73)	29% (41)
I think things will get better for my child(ren) because SOSCF is involved.	49% (68)	32% (45)
I believe SOSCF is helping my family get stronger.	57% (79)	23% (32)
Investment	%, (n)	%, (n)
I really want to make use of the services (help) SOSCF is providing me.	79% (110)	9% (13)
I'm not just going through the motions. I'm really involved in working with the agency.	78% (109)	13% (18)
What the SOSCF wants me to do is the same as what I want.	58% (80)	26% (36)
SCF is helping me take care of some problems in our lives.	71% (99)	17% (24)
Working Relationship	%, (n)	%, (n)
It's hard for me to work with the caseworker I've been assigned.	24% (34)	63% (87)
I think my worker and I respect each other.	61% (85)	20% (28)
My worker and I agree about what's best for my child.	56% (78)	23% (32)
My worker doesn't understand where I'm coming from at all.	27% (38)	54% (75)
Mistrust	%, (n)	%, (n)
Anything I say, they're going to turn it around to make me look bad.	25% (35)	55% (77)
I feel like I can trust SOSCF to be fair and to see my side of things.	50% (69)	29% (41)
I put a lot of time and effort into working with SOSCF.	60% (84)	19% (26)

* Discussion of the development of the Engagement Scale and its dimensions can be found inYatchmenoff, D., *Measuring Client Engagement in Non-Voluntary Child Protective Services*, Portland State University, 2001.

Out-of-home Care

The sample of cases in our current longitudinal evaluation were selected based on the likelihood that they would stay open for at least some services or SOSCF involvement. As such, we expected to see a higher rate of placement among cases than in previous samples. In the 1998 sample of protective service cases, 43% of cases had a target child removed as a result of the referral, and in the current sample, 57% (n=84) had an initial placement. However, by the time of the interview, 40% of the cases still had a target child in placement (n=59),

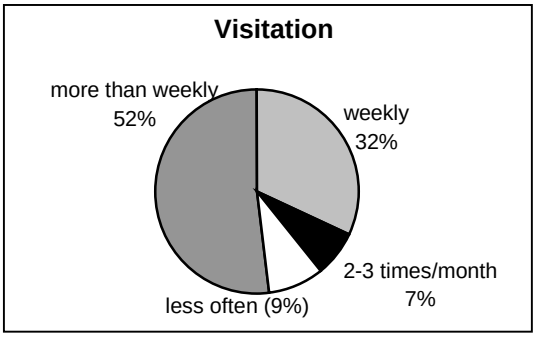
Placement Pattern

Placement (n=148)	
Cases with an initial placement	57%
Placement at time of interview	40%
Type (n=59)	
Regular foster care	37%
Relative foster care	31%
Medical foster care	19%
Other types of foster care	13%

Approximately two-thirds of the target children who were removed had a single placement (64%, n=54). Of the remaining placed children, 30% (n=25) were placed twice, and the rest had three (n=4) or four (n=1) placements. Of the target children who were in care at the time of the interview, 37% were in regular foster care, 31% relative care, 19% medical foster care, and the rest in other types of care (with certified family friends, with a parent in residential treatment, in neighborhood foster care, drug and alcohol center, and so on).

Visitation

Of the families who had children placed at the time of our interview, most had access to regular visitation. Over half had visits more than once a week (52%, n=30[*]), and an additional third (n=19) had weekly visits. Visitation for the remaining families was 2-3 times a month (7%, n=4) or less often (9%, n=5). For the families with a child in placement at the time of our interview, over half (54%, n=31) were able to see their child within one week of placement, and a third of these (29%, n=9) saw their child within 48 hours.



Visits occurred most often at an SOSCF branch office (49%); less frequently they took place at the home of the family respondent (18%), the foster care home (7%), or other locations (25%). Visits were described as 'really good' by 44% of respondents, but 'difficult' for another 19%.

Families were positive about the homes in which their children were placed; two-thirds described them as okay or good. And of the children with siblings, 59% were able to maintain these relationships.

[*] Data available on 58 of 59 placed target children.

Overall Satisfaction Ratings of Placement and Visitation

The two explicit goals of SOSCF in its function as a child protective agency are ensuring the safety of children and their attachment with their primary caregiver(s). We asked a series of questions of parents to gauge whether they felt that, given the difficulty of having a child removed, they had minimally adequate contact with their placed children.

We asked families to respond to a very general question, 'Do you feel the visitation plan is adequate for you and your children to maintain your relationship with each other?' A minority of families answered affirmatively (42%, n=24, 2 missing cases). However, to the broader question 'How well are you able to maintain a healthy relationship with your children overall on the following scale?', families were more positive; over two-thirds responded 'somewhat' or 'very well' (70%, n=39, 3 missing cases).

When asked whether they felt their child was safe from harm in the placement, only 78% (n=45) of the current sample said yes, and six of those with children in regular foster care. In 1998, all but two families felt their children were safe in care (93%).

Placement and Family Satisfaction

When children were removed from their parents' home as a result of a referral to SOSCF, the cases tended to be more complex. According to worker reports these families had a higher reported incidence of substance abuse (41% of cases with a placement, 28% of cases without), developmental delay (22% of cases with a placement, 11% of cases without), and mental health issues (52% of cases with a placement, 39% of cases without). Moreover, cases with an initial placement were more likely to still be open at the time of our final interview (38% of all cases with a closing interview; 50% of cases with no initial placement had closed by the final interview).

It is perhaps not surprising then that these families consistently rated casework lower across a number of S/NB dimensions. But while having a child removed from the home is an understandably upsetting event, a placement alone isn't the sole factor in making a family feel antagonistic to SOSCF involvement. Even when a child was placed, if the parent felt the relationship with the child was being adequately maintained, responses to the same dimensions look similar to those who had no placement. See Table 14 below for comparison.

Table 14
Strengths/Needs Based Items by Placement

	Placement (n=59)	No placement (n=89)	Placed and relationship maintained with child (n=20)
initial rating of SOSCF (mean of a five point rating)	2.86	3.64	3.40
able to reach CW within 24 hours	54%	63%	65%
Values respected in decision-making	49%	70%	60%
Your opinion counted “a lot” in planning and decision-making	27%	49%	50%
Worker asked for feedback in developing plans and goals	49%	68%	55%
Caseworker had most power in decision making	70%	34%	60%
Collaboration Scale mean total	2.53	3.03	3.09

Chapter 3

Strengths/Needs Based Practice at 6-8 Months

At 6-8 months following case opening, interviewers usually contacted families and caseworkers by telephone for an update on the case. Interviews were brief, and focused mainly on placement status, visitation, and services. If the case had closed since the previous interview, a face-to-face interview was arranged if possible, and questions about closure became a primary focus. Although some cases were lost to attrition, interviewers were able to stay in touch with a high percentage of the cases (in some cases, interviewers were not able to interview families at the midpoint but did do a final interview). Of the original 141 cases* that formed the longitudinal sample, we interviewed 94 families (77 open and 17 closed) and 112 workers (87 open and 25 closed). In this chapter of the report, we detail the major service activity in the longitudinal cases, as well as a brief update on other relevant dimensions of case practice. For analysis of cases that closed by the midpoint interview, see Chapter 5, "Closed Cases."

Key Findings: S/NB Service Delivery at the Mid Point

- **Case transfer did not affect families' perception of worker contact, needs discussions, or collaboration, unless the case had transferred two or more times.**
- **By the midpoint interview, the percentage of children in regular foster care had gone up from 37% to 62% among all placements.**
- **Families found services helpful, assigning a mean of 4 on a five-point scale of helpfulness, and 80% felt referred services were needed.**
- **Despite this, when trying to individualize service packages to meet the specific, unique needs of each target child, workers often had to overcome a variety of barriers, resulting in little use of nontraditional services.**

* The entire sample contained 148 cases. However, five of this number were taken from smaller, rural branches to supplement small sample sizes in those branches and were interviewed a single time; two more were assessment-only.

Strengths/Needs Based Service Delivery

Transfer

By the midpoint interview, according to worker reports 77% (n=72) of open cases had transferred at some point in the case. Of those that had transferred, 82% (n=59) had had two workers and 15% (n=9) three. First contact with a new worker most often came in person (75%, n=42), and workers reported that the case plan had changed in two-thirds of cases (n=36).

In our 1999 Biennial Report on cases sampled at a similar time period, we wondered if the process of case transfer from a protective service worker to an ongoing or permanency worker was contradictory to the relationship-based casework that S/NB emphasizes. Particularly in light of state and federal permanency timelines, delays in the transfer process seemed liable to rob both workers and families of needed time. In fact, we discovered that regular contact and a "feedback loop" were the important indices of the worker-family relationship, not whether a case had been transferred. However, when there were multiple transfers, families didn't feel as connected to their workers. See Table 15 for these findings.

Table 15
Transfer Effect, Family Reports
n=77

	No transfer n=15	Single transfer n=51	Two or more transfers n=11
return phone calls in 24 hours	53%	49%	27%
amount of contact with worker 'just right'	68%	68%	45%
worker discussed needs	80%	69%	54%
Collaboration Scale means	3.12	3.01	2.46

Contact, Planning, and Decision-Making

Predictably, face-to-face contacts are not as frequent at the midpoint; other patterns of contact, however, remain similar to those at front-end. Among families with open cases, a third hadn't seen their worker (n=25) in the past month. Of those who had seen their worker in the past month, 79% had one, two, or three contacts, while four had seen their worker ten or more times.

We didn't ask about the pattern of telephone contact at the midpoint; however, of those who called their worker, three-quarters received a call back within 48 hours (52% in 24 hours). Finally, when families rated the level of contact overall, 57% described it as 'just the right amount.'

Within the model of S/NB service delivery, continuing to focus on the needs of the children remains a centerpiece of planning. As case plans and circumstances change, new needs arise. In this sample of families, half (n=38) reported that new needs had arisen. Still, needs discussions

happened in an identical proportion of cases as in our first interview—69% at both points. Families also felt their opinion counted 'a lot' in just 42% of cases, nearly identical to the 39% of families in our first interview.

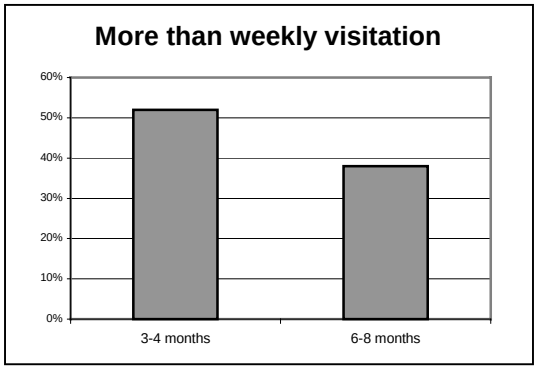
Because the midpoint interview was done on the telephone, we tried to administer the Engagement Scale via mail. Response rates were low, however, and the questionnaire, when completed without an interviewer, proved confusing. We did administer the Collaboration Scale over the telephone. While individual item responses varied slightly, response means were statistically indistinguishable from the means taken at the first interview.

Out-of-home Care

According to workers interviewed at the midpoint, 54% of open cases had a target child in some kind of placement, up from 40% at the first interview. However, the number of target children placed from the original sample had declined in absolute numbers from 59 to 47. Of the target children in foster care, 62% (n=29) were in regular foster care, 28% (n=13) were in relative foster care, 6% (n=3) were in residential care, and two target children were in other types of care.

A change in placement from our first interview was common for both placed target children (57%, n=27) and those not placed (63%, n=25) at the time of the midpoint interview. An equal number of target children were placed (n=13) and returned home (n=13) since the first interview, and a small number changed placement (n=2). Of the target children in placement at this midpoint interview, three-quarters (n=35) had been in care six months or longer; only one child had been in placement less than a month.

Regular visitation declined from the first interview to the midpoint. Eighty-five percent of families saw their child at least weekly according to data collected in the first interview; at the midpoint the figure was 79%.[*] Further, while over half of families saw their children more than weekly at the front end, only 38% of families at the midpoint did.



Service Delivery

For this year's research, we created a broad definition of "services" that we hoped would reflect all planning and activity by SOSCF that was aimed at meeting the needs of children. We asked families and workers to identify every service, action, or referral that had been made in the case. The resulting list might contain traditional services such as parent training, provisions for basic needs purchased with flexible funding (primarily System of Care dollars, but also Foster Care Prevention and other non-categorical funds), or supportive services like arranging for an extended family member to provide child care.

We asked several questions pertaining to each service, action or referral of families and workers. Of families we asked:

[*] Information available from caseworkers only; five cases had missing data.

- why it was chosen,
- whether the respondent felt it was needed,
- whether it had begun or was scheduled and, if not, why, and
- how the respondent would rate helpfulness on a one (low) to five (high) scale.

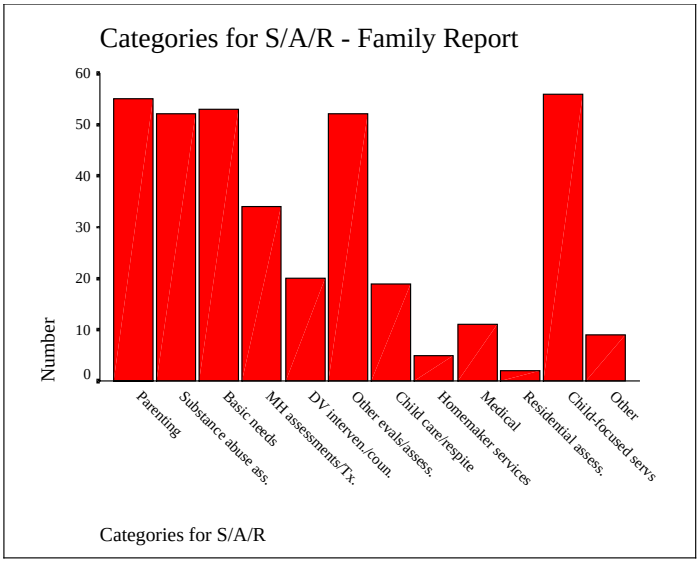
Of workers we asked:

- which need the service is designed to meet,
- whether flex funds were used to pay for the service, and
- whether the service had begun, and if not, why.

We continued to follow the services throughout the life of the case, monitoring the progress of early services and noting new services. Because the package of traditional services had not generally been completed by the first interview, we analyzed the data gathered at this midpoint interview.

Family Reports

At the mid-point interview, 82 families* reported that they had completed or were still participating in a total of 368 services, actions, or referrals. These services, actions, and referrals (hereafter referred to as services), were divided into twelve categories for analysis (see Table 16, below).



Child-focused services, including tutoring, counseling, and the provision of school supplies, were provided most often, followed closely by parenting-related referrals, which include parenting classes and in-home, "hands-on" mentors for new parents. SOSCF also provided basic needs like rent or utility assistance and infant car seats through individual branch flexible funding accounts.

Of the 368 services, actions, or referrals, family respondents gave 341 a helpfulness rating based on a scale of 1 to 5 (where 1 is low and 5 is high). Overall, families found services to be more than moderately helpful, with a mean rating for all services = 3.96. Families reported that assistance with basic needs was most helpful, with an average rating of 4.5 on the helpfulness rating scale. services related to domestic violence assessments, anger management, and domestic violence counseling were rated as second most helpful, followed closely by the provision of child care and respite services. (see bar chart for complete list of services).

Families were also asked if they felt that the service, action, or referral was needed; respondents answered this question with 'yes,' 'no,' or 'don't know/not sure.' For this analysis, the 'don't know/not sure' responses have been recoded as missing data, leaving a total of 349 responses. Overall, families felt that over 75% of the services provided were needed. See Table 16 for

* Missing data account for the sample disparity.

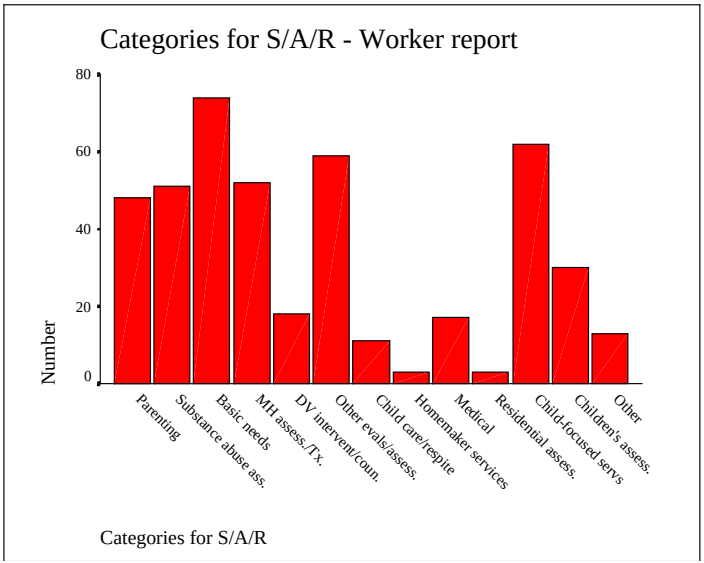
breakdown of families' perception of need by category. There is a statistically significant relationship between the families' perception of need for the service and their rating of helpfulness for that service. As might be expected, families that felt the service was needed tended to rate it as more helpful ($t = -7.841$, $p < .001$, equal variances not assumed).

Table 16
Families' Perception of Need for Services, Actions, or Referrals

Service, action, or referral	Family felt SAR was needed %, n
Child care/respite	100% (17 of 17)
Homemaker services	100% (5 of 5)
Basic Needs	90% (46 of 51)
Other	88% (8 of 9)
Child-focused services	86% (44 of 51)
Substance abuse assessments and treatment programs	82% (42 of 51)
Other evaluations, assessments, and counseling	82% (42 of 51)
Domestic Violence Interventions/ counseling	80% (16 of 20)
Medical needs	80% (8 of 10)
Parenting-related services	70% (37 of 53)
Mental Health Assessments and treatment programs	68% (23 of 34)
Residential assessments and treatment programs	50% (1 of 2)
Total	82% (289 of 354)

Caseworker Reports

At the mid-point interview, caseworkers reported that 94 families participated in a total of 441 services, actions, or referrals. Child-focused services, which included tutors, counseling, and individualized services like camps and sports activities, were provided most often; slightly over 20% of all services, actions or referrals provided fall into this category. The provision of basic needs, which included rental or utility assistance and other necessities, was reported as the second most utilized service referred through SOSCF workers. Just over half of families (52%) received basic needs provisions; 54% of these services were provided with flexible funding.



During the mid-point interview, caseworkers were asked to describe the needs that were intended to be addressed by each of the services provided. In response to the question: "How well did this service meet the

need?" caseworkers responded using a scale rating between one (low) and five (high). Of the 441 total services, caseworkers gave 401 of these a rating on this scale. Overall, caseworkers found that services met the identified needs very well, with a mean rating for all services of 4.18. Over 75% of services received a rating of four or five. Medical and homemaker services were judged to be most effective at meeting needs, followed closely by basic needs provisions, and those services focused specifically on children. There is no statistically significant relationship between the use of flex funds and the effectiveness rating.

Service Individualization

As in past years, in this sample we found that families found services a great benefit, rating them as both needed and helpful. In addition, overall assessments at the 12-14 month interview confirm this; on a scale containing ten items about their involvement with SOSCF, families gave the most positive rating to a question about the helpfulness of services.

"The process to develop a plan, present a plan, and try to get a plan funded for individualized services is very daunting …. I need things to happen yesterday for most of the families that I work with. So the process of sitting down with the family, having family decision meetings, identifying the needs and strengths, what the needs of the kids are, and then finding the service that we think might fit for that, meeting the service provider, developing a treatment plan with the service provider that we think is going to work for the family. Then going to committee, then maybe getting turned down and having to go revise it and refresh it and reword it some way, and then going back to the committee—all of these things take a tremendous amount of time."

—**caseworker**

That said, we found very little evidence of non-traditional services specifically crafted for specific children or family members. In the past, we wondered if the way we asked about services missed other actions that workers and families took in meeting the needs of children. This led to the new service, action and referral instrument, and interviewers were asked to really probe about any other possible creative planning that might have been missed in a discussion of "services." But again, we were not able to find evidence of general use of these other kinds of actions.

Rarely, however, was it the case that the caseworker was unaware of this dimension of S/NB practice. In discussions with workers, we learned that there are a variety of barriers to creative service planning:

- Accessing the resources to fund individualized services and/or having the freedom to work outside larger umbrella contracts;
- Meeting the threshold of legal liability in approving non-traditional service providers eliminates options;
- Having courts agree to service plans already crafted by families and workers, either by adding new services or removing planned services;
- Getting an individualized service package arranged in a timely fashion; workers describe the length of time it takes to bring together concerned parties, complete paperwork, and get the action funded, all of which may be counter to meeting the needs of the target child or might run counter to new case timelines.

Individualizing case plans begins when workers and families identify specific needs of the child(ren) in each case. From that list of needs, the case plan should reflect a full package of actions and services specifically crafted for the child(ren). It is clear that in many cases,

traditional services are adequate to meet these needs. In fact, many services, such as in-home parent training, are geared to the special needs of the client. However, the unique needs of some children will require a specially-crafted service or group of services not readily available from traditional service providers. That workers don't have full flexibility to individualize case plans to this level presents a threat to the utility of the model. In the absence of this flexibility, the question arises as to whether practice is genuinely serving the needs of children. It is a question for SOSCF and concerned partners to explore.

Flexible Funding

In a separate analysis of the entire sample across all three stages of the interview process, we found that flex funds were used in 91 out of 145 cases (68%). Flex funds were used more frequently to meet concrete needs related to poverty (76% of the cases using flex funds) than to purchase services (54% of the cases using flex funds). The most common concrete needs met by using flex funds were related to housing and utilities, transportation, and clothing and baby supplies. The most common services purchased with flex funds were therapeutic services, parenting classes and skill building, tutors, sports, and activities for children. See Tables 17 and 18 below for a description of use of flexible funding.

Table 17
Use of Flex Funds
n=145 cases

Cases* in Which Flex Funds were used for:	Count	% of total sample	% of flex fund cases
Concrete needs	69	48%	76%
Services	49	34%	54%

* Flex funds were used in 91 cases (63%)

Table 18
Flex Fund Distribution Among
Concrete Needs and Services

Concrete Needs	N=138*	% of flex fund cases
Housing/utilities	49	36%
Transportation	31	23%
Clothing/baby supplies	21	15%
Furnishings	10	7%
Phone/phone cards	8	6%
Cleaning/dumpsters	7	5%
Medical supplies	5	4%
Food	3	2%

Miscellaneous	4	3%

Services	N=74*	% of flex fund cases
Therapeutic services	19	26%
Parenting-classes and skill building	14	19%
Tutors, sports, activities for child	11	15%
Parenting-visitation	9	12%
Evaluations and assessments	9	12%
Respite/day care	6	8%
Interpreters	3	4%
Miscellaneous	3	4%

*Individual services; a case may have multiple services using flex funds.

In a separate analysis, we looked at a subsample of 90 cases from the PS interviews, and found 141 services for which families had provided ratings of the degree of helpfulness for each service. Families tended to give higher ratings of helpfulness to services and material goods purchased with flex funds than to traditional services. ($t = 3.905$, $df = 74.473$, $p < .005$). The data also revealed that material goods purchased with flex funds tended to be rated as more helpful by the family than services purchased with flex funds.

Chapter 4

Strengths/Needs Based Practice at 12-14 Months

Our final interviews were conducted at 12-14 months following case opening. We spoke with families, workers, and, in cases where a child had been in a sustained placement, foster parents. Interviews were detailed case follow-ups; we asked about case status, placement and visitation, worker-family relationship, goal attainment, service delivery, closure (where applicable), and questions about the impact of SOSCF's involvement.

As a result of our staggered sampling procedure (see Chapter 1, "Methodology"), a number of cases never reached the 12-month point (n=27) as data collection ended before they had been open for a year, accounting for substantial sample attrition. We were also unable to find a number of families for this interview—particularly in those cases where the family seemed likely to lose or relinquish their parental rights. Of the original 141 cases[*] that formed the longitudinal sample, we interviewed 51 families, 74 workers, and 45 foster parents. This chapter concerns mainly those cases still open at one year, concludes the longitudinal look at the dimensions of placement and visitation and case planning, and gives a report on family and caseworker overall assessments of the case. Cases which closed prior to one year are reported in the next chapter, "Closed Cases." For a look at various measures of case outcomes, see Chapter 6, "Outcomes of Service."

[*] The entire sample contained 148 cases. However, five of this number were taken from smaller, rural branches to supplement small sample sizes in those branches and were interviewed a single time; two more were assessment-only.

Key Findings: S/NB Service Delivery at One Year

- **Cases still open at 12-14 months look similar to all cases at PS with regard to allegation, family factors, and placement rates.**
- **Workers at 12-14 months are less responsive on the telephone, though families are about as satisfied with contact overall as compared to the first interview.**
- **At 12-14 months, two-thirds of families report their children's needs are well met.**
- **Workers and families thought that all safety issues were completely resolved for three-quarters of the open cases.**

Characteristics of the Final Interview Sample

According to workers at the time of our final interview, 18% (n=13) were closed, and 82% (n=61) of cases were open, (of the open cases, closure appeared imminent in an additional four cases or 5%). When asked what the likely outcome of the case would be, workers reported that cases had varied courses. The largest group of families had their children at home and their cases were open for monitoring or services (30%, n=22). Nearly a quarter (n=17) were closed or about to close, but another quarter (n=18) were headed toward relinquishment of parental rights, either by court order (n=10) or voluntarily (n=8). Other cases were headed toward reunification (n=4) or children would likely remain in long-term foster care (n=5). In other cases (n=8), the worker wasn't sure what would happen. See Table 19 below for the status of the cases at our final interview.

Table 19
Case Status at Final Interview
N=74

Status	N, %
Termination of parental rights	10, 14%
Voluntary relinquishment of parental rights	8, 11%
Closed	13, 18%
About to close	4, 5%
Child at home, case open for monitoring or service	22, 30%
Long-term foster care	5, 7%
Headed for reunification	4, 5%
Unknown or unable to predict	8, 11%

The cases that we interviewed at the one-year point looked remarkably similar to those in the first interview. In both samples, similar proportions of the cases had been referred for threat of harm (51% of PS cases, 42% of cases at 12 months) physical abuse (26%, 20%), neglect (16%, 21%), and sexual abuse (16%, 14%). An initial placement had been made in 57% of all front end cases and 61% of open cases at 12 months, and in both groups, the child was back at home with the family in over half the cases (60% of PS cases, 53% of cases at 12 months).

The proportion of circumstances that affect cases such as substance abuse issues, mental health concerns, domestic violence, and so on, were likewise nearly identical among cases at 12 months as they were in our first sample.

Strengths/Needs Based Service Delivery

Contact

As cases evolve with SOSCF, it appears that the pattern of contact changes. By this later point in a case, some families have been lost to the Division due to a variety of factors. In our own attempts to locate families for interviews, we also found this to be true. An example is the pattern of contact in the month prior to our interviews. Among families with open cases, a proportion comparable to our first interview had seen their caseworker within the past month (67% n=29). But reflecting the number of families that couldn't be contacted, workers reported that they had seen the family in the past month in only 55% of cases.

In one area, contact declined substantially. At our first interview, families reported that in two-thirds of cases, their worker returned phone calls within 24 hours. At 12 months, however, only half (n=22) received a call within 24 hours. Nevertheless, families described the overall pattern of contact as 'just the right amount' in 51% (n=26) of cases; again, comparable to our first interview.

Workers were more responsive to foster families at this point in cases. Nearly three-quarters (n=31) of foster families received a call back within 24 hours. They also had more frequent telephone and face-to-face contacts with the worker in their case.

Ongoing Case Planning

A major priority of the S/NB model is on using specific needs of children to focus case planning. As evidence that needs continue to evolve with the case, over half of families (n=26) reported that new needs had arisen since our last interview. Ongoing and permanency workers are good about continuing to have discussions about these needs with the families. To the question 'Did your current caseworker ever talk with you about the needs of your child(ren) and your family?', 75% of families responded 'yes,' a slight increase over the proportion at the first interview. Family decision meetings likewise continue to be used throughout the life of the case; a third of families (37%, n=19) reporting having attended one since our midpoint interview.

On other measures of planning, families were less positive. Rating involvement in planning and decision-making, over half (53%, n=27) gave a one or two (low) on a 5-point scale. Further, only a third of families (n=16) felt their opinions counted 'a lot' in planning, compared to more,

38%, (n=19) who felt theirs didn't count at all. The proportions of these items are more negative than at the first interview.

Finally, when we asked 'How would you describe your relationship with your current caseworker?', only 45% (n=20) of families with open cases described it as 'good.' A third called it 'fair' and 21% (n=9) 'poor.' This item is closely related to involvement in planning and contact: for those answering they had a poor relationship with their worker, almost all (89%) felt their opinion didn't count in planning; only one person (11%) described their contact as 'just the right amount.'

Out of Home Care

According to workers interviewed at the final interview, 48% (n=39) of open cases had a target child in some kind of placement. This is down from the midpoint (54%), but higher than the first interview (40%). Of the target children in foster care, 74% (n=26) were in regular foster care, 23% (n=8) were in relative foster care, and one child was in residential care.

By the final interview, placement changes had become more infrequent. Of the 74 families for which we have caseworker reports, only eight (11%) had a change in placement since the midpoint interview. Five other children (7%) were returned home. Of the children in care at the time of the interview, 77% (n=27) had been in care six months or longer. Only one had been in care less than three months.

Placement Pattern

	3-4 months	6-8 months	12-14 months
Placement at time of interview	40%	54%	48%
Regular foster care	37%	62%	74%
Relative foster care	31%	28%	23%
Medical foster care	19%	N/A*	0
Other types of foster care	13%	10%	3%

*Medical foster care not distinguished from "other"

Regular visitation continued to decline as a percentage. Only two-thirds of families (n=23) were still seeing their children at least weekly (down from 85% at the first interview, and 79% at the second). Families who saw their children more often than weekly was a similar to the proportion at the midpoint interview, 37% (n=13). That visitation continued to decline over the course of the case is consistent with case status, however; according to workers, in 10 cases families were headed toward termination of parental rights.

Final Assessments

In the final interview, we asked some parting questions of workers and families about how they felt the experience had gone. For the most part, these questions were open-ended, designed to elicit general comment about the case and SOSCF. However, we also asked respondents two status questions about safety and met needs.

Among families with cases still open, 76% (n=31, three missing responses) said that all safety issues had been resolved. Twelve percent (n=5) felt that they had been resolved somewhat, and another 12% felt they had not been resolved at all. Though answer categories for workers differed slightly, they agreed with families. Workers had no safety concerns in 74% (n=43) of open cases. They had some concern in 9% (n=5) of cases and felt that there might be future safety issues in another 14% (n=8) of cases. In only two cases did workers express substantial concerns.

We also asked families and workers whether needs were being addressed at this final interview. Because the model suggests that the case focus be on the target child's needs, we broke the question into two parts. There was little agreement between the two reports; workers were far more optimistic than families.

Families reported that their children's needs were being well addressed in 66% (n=27[*]) of cases and somewhat well in another 22% (n=9). In only 12% did parents feel their children's needs were being poorly met. They were less positive about their own needs, describing them as well addressed in 44% (n=19) of cases and somewhat well in a third. They were being poorly addressed in 23% (n=10).

Workers, by comparison, felt that the needs of all children were being met at least somewhat, and were being well addressed in 83% (n=49[*]) of cases. Workers, too, were less positive about how well needs were being addressed for families, but were still more positive than family respondents. Among open cases, needs were well addressed most of the time (58%, n=34[*]), somewhat in 27% (n=16) and poorly in only three cases.

Overall Assessments

Interviews with families and caseworkers concluded with a series of items designed to capture respondents' overall satisfaction with different aspects of the case. The respondent was asked to consider how much he or she agreed or disagreed with each statement on a scale from 1 (*'strongly disagree'*) to 5 (*'strongly agree,'* where 3 was *'not sure'*). The family items included overall ratings of SOSCF and services received, relationship with their worker, and usefulness of services. The worker items included comparable global ratings of SOSCF involvement and services received, as well as ratings of the appropriateness of services, degree to which needs were met, and the risk of future maltreatment.

[*] Missing data account for discrepancies in numbers.

Family Satisfaction

Individual item responses are summarized below, indicating the percentages of families who said they *'strongly agree'* or *'agree'* with the statement as well as the percentage who said they *'disagree'* or *'strongly disagree'* with the statement. Neutral responses are not presented. The mean response on each item is provided in the final column, ranging from a high of 3.58 to a low of 2.62; items are presented in order of magnitude from the highest to lowest mean score. In past years, the majority of families rated most items positively. In this sample of open cases, the majority rated only three items positively, and on one item were more negative than positive. It is perhaps not surprising that family satisfaction would be less when cases were still open after a year.

Table 20
Overall Family Satisfaction
in Cases Open at 12-14 Months
(n=43)*

Family Items	Agree or Strongly Agree	Disagree or Strongly Disagree	Mean (s.d.)
Overall, the services we've received have been helpful.	74% (n=32)	21% (n=9)	3.58 (1.2)
There was a good reason why SOSCF was involved in my family	63% (n=27)	23% (n=10)	3.47 (1.4)
I think my children have been helped by the agency's actions.	56% (n=24)	28% (n=12)	3.28 (1.4)
All things considered, it was a good thing that SOSCF got involved with my family.	49% (n=21)	28% (n=12)	3.16 (1.4)
When I needed information about my case or just to talk with my caseworker, I could get a hold of her/him.	47% (n=20)	37% (n=16)	3.09 (1.4)
I would be likely to call my caseworker if I needed help in the future	49% (n=21)	35% (n=15)	3.00 (1.5)
Overall, how would you describe your feelings about your involvement with SOSCF?**	36% (n=13*)	33% (n=12*)	2.97 (1.3)
Our family has gotten stronger as a result of SOSCF's actions	42% (n=18)	42% (n=18)	2.93 (1.5)
I have felt fairly treated by the agency.	44% (n=19)	37% (n=16)	2.88 (1.4)
I felt I could trust SOSCF to be fair and to see my side of things	32% (n=12*)	46% (n=17*)	2.62 (1.3)

*Missing data account for slight variation in sample size.
**Answer categories on this items: (1-5) not very much; a little; not sure; somewhat; a lot.

Caseworker Satisfaction

As consistent with past findings, a higher percentage of caseworkers indicate satisfaction with the progress of the cases. Individual items and mean responses are reported below, along with the percentage of workers that agreed and those that disagreed. Neutral responses are not shown. In each case, the mean response is also reported, ranging from 3.48 to 4.48, suggesting average responses above the midpoint on the scales. The items are ordered from highest to lowest mean score.

Table 21
Overall Caseworker Satisfaction
in Cases Open at 12-14 Months
(n=59)*

Worker Items	Agree or Strongly Agree	Disagree or Strongly Disagree	Mean (s.d.)
I believe the child(ren)'s needs were well served in this case.	95% (n=55)	(n=0)	4.48 (.6)
I believe that the services this family received were well-chosen in light of the family's needs.	95% (n=54)	2% (n=1)	4.39 (.7)
I am satisfied with how our agency handled this case.	86% (n=50)	5% (n=3)	4.17 (.8)
Since this case opened, I think the risk of maltreatment in this family has gone down.**	81% (n=47)	9% (n=5)	4.16 (1.1)
I felt good about my casework with this family.	89% (n=51)	4% (n=2)	3.98 (1.1)
Overall, I think we helped this family.**	82% (n=47)	14% (n=8)	3.98 (1.1)
The services this family has received have been helpful to them.	72% (n=41)	9% (n=5)	3.86 (1.0)
I am satisfied with the outcome of this case.	71% (n=39)	16% (n=9)	3.87 (1.2)
I believe the needs of the parents were well served in this case.	66% (n=39)	7% (n=4)	3.79 (.9)
I believe the family felt they were treated fairly by our agency in this case.	58% (n=34)	26% (n=15)	3.48 (1.4)

*Missing data account for slight variation in sample size.
**Answer categories on these items: (1-5) not very much; a little; not sure; somewhat; a lot.

Chapter 5

Closed Cases

In both the second and third phases of our interviewing, we spoke with families whose cases had closed, their workers, and in some cases, foster parents. In many cases, the status of the case was well-established; both the family and worker participated in steps leading to closure, there was a final, closing meeting, and the case was listed as closed in the state's tracking database. In other cases, status was not as obvious. In some instances, the case had not officially closed—final paperwork was outstanding on the case, but there had been a final meeting. In others, the case was ostensibly closed, but the worker hadn't been able to find (or contact) the family to inform them of the closure.

The criteria for calling a case "closed" in our sample was 1) the report of the worker; we used cases that were considered closed by SOSCF, whether or not final paperwork had been filed, but not those where services were complete and the case was open for monitoring; or 2) a report from the SOSCF database on case status, obtained by our liaison to the Division. Based on this source, 52[*] of the 148[**] original cases in our sample closed. In many cases, families were not available for a final interview; in others, families were not aware of the closed status of the case when we interviewed them, or the case closed after we interviewed them. Of the 52 cases that closed during the period of our study, eleven did not have a closing interview, either with the family or worker (although 3 did have foster parent interviews). Throughout the course of the final phase of the study we conducted closing interviews with 35 workers and 26 families in 41 total cases (one or both interviews).

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[*] Does not include two assessment-only interviews conducted at the first point.

[**] Of this larger sample, five of this number were taken from smaller, rural branches to supplement small sample sizes in those branches and were interviewed a single time; two more were assessment-only. In addition, due to the way our sample was drawn, we were unable to follow 30 cases to the 12-month point.

Key Findings: Closed Cases

- **Among closed cases, 92% of families and 66% of caseworkers reported that all safety issues had been resolved.**
- **Target child needs were well met in 80% of cases, according to families and workers.**
- **Overall satisfaction with SOSCF involvement was positive according to family members.**

Characteristics of Closed Cases

We specifically chose a sample of cases that were likely to stay open for services. In general, these were complex cases with a higher level of risk to the target child than the larger group of SOSCF cases as a whole. As we reported in the 2-4 month section of this report, these families often had a number of factors that affected the case such as substance abuse, mental health problems, housing crises, and so on. We wondered if a lower incidence of such factors might lead to an earlier closure. But, in comparing the group whose cases did close with the sample as a whole, we found that the closed cases had similar proportions of these factors, though slightly lower in allegations of threat of harm and factors of substance abuse, housing crises, and parental mental health issues. See Table 22 below for a comparison of closed case and all case factors and allegations.

Table 22
Prevalence of Selected Family Factors at Case Opening in Open and Closed Cases

	Full Sample n=148	Closed Cases n=52
Allegations		
Physical	19%	23% (n=12)
Sexual	15%	21% (n=11)
Neglect	22%	19% (n=10)
Threat of Harm	45%	31% (n=16)
Other Factors, Worker Reports		
	n=143	**n=52**
Domestic violence	27% (n=39)	29% (n=15)
Substance abuse	34% (n=48)	21% (n=11)
Medical condition	17% (n=24)	13% (n=7)
Child care need	27% (n=38)	27% (n=14)
Housing crisis*	27% (n=39)	17% (n=9)
Criminal justice/legal probs	19% (n=27)	15% (n=8)
Mental health issue (adult)*	34% (n=50)	21% (n=11)

* Family reports, n=148 full sample, n=49 closed cases (three with missing data)

Child removal and placement rates show a more marked difference, which likely speaks to the greater complexity and level of risk among those cases that stayed open. In cases that closed, a target child was removed as a result of the allegation in 42% (n=22) of cases; among the overall sample, children were removed in 57% of cases. Likewise, children were in an out-of-home placement when we interviewed the family in only 21% of cases as compared with 41% in the larger sample.

Circumstances of Case Closure

We were only able to interview half the families (n=26) whose cases had closed, but of these, three were not aware of the closure. Thus we have information about case closure from only 23 families. Of the families we interviewed, 17 (74%) had their cases close by our 6-8 month interview, and another 6 (26%) by the 12-14 month point.

Over half the families (61%, n=14) told us their case had closed because they had completed services or necessary resources had been developed. Others told us the case had closed at their request (n=3); because there had been significant improvement in family functioning (n=2); or for other reasons (n=2). In two cases, family members weren't sure why the case had closed.

In three quarters of cases (n=17), families were involved in the decision to close the case, although there was a final face-to-face meeting in only one quarter of cases (n=6). Families were generally ready for the case to close; 70% (n=16) were ready for closure and 17% (n=4) had mixed feelings. Only 13% (n=3) weren't ready for the case to close.

We interviewed 38 workers in cases that ultimately closed, but in three of these, the worker didn't anticipate closure. Thus we have information about case closure from 35 workers. Of these cases, 24 (69%) had closed by the midpoint interview, and 14 (31%) closed by the final interview.

According to these respondents, almost half the cases closed because the family had completed services or necessary resources were developed (46% n=16). For an account of other reasons for closure, see Table 23, below

Table 23
Reason for closure

	Worker response n=35	**Family response** n=23
Completed services/ Resources developed	46%	61%
Family requested closure	23%	13%
Significant improvement in family functioning	11%	9%
Other	20%	9%*

*Does not include "don't know"

According to workers, families were informed of the case closure in face-to-face meetings (at the home, in court, or in an FDM) in a third of cases (n=12). Another third (n=12) informed the family by telephone, and the rest in a letter or by other means. A surprising number of families—57% (n=20)—continued to receive services after case closure, according to workers.

Strengths/Needs Based Dimensions

Contact and Relationship

As cases near closure, contact becomes far less frequent. Only a quarter of families reported that they had seen their worker in the month prior to closure. For others, it was longer: 30% (n=7) saw their worker within two months of closure, but for another 40% (n=9) it was 3 months or more (and a final family had never met the worker who closed the case). Families said the level of contact overall was the right amount in only 38% (n=8) of cases.

However, workers reported more contact[*]. According to their reports, they had seen the family within the last month of the month of the case in half of all cases (n=14), though five of these were at case closing. Another quarter (n=7) saw them within two months, and 18% (n=5) had seen the family more than two months ago. Two workers never met the families. Workers were likewise more positive about contact overall, calling it just the right amount in two-thirds (n=19) of cases.

Families and workers were generally positive about their relationships with one another. Families described them as 'good' in 59% of cases, and 'poor' in only 18%. Workers called it 'good' in 69% of cases, and 'poor' in only one case.

Empowerment in Closed Cases

	12-14 months (n=43)	Closed cases (n=23)
High rating on planning involvement	37%	67%
Opinion counted 'a lot' in planning	31%	67%

Even as cases draw toward closure, planning remains an important part of the case. Of the small number of cases that were reported as closed in the final interview (n=9), a third had had a family decision meeting since our last interview. Families in cases that closed felt their opinions were more valued than any other group we looked at. Among these families, two-thirds felt their opinions counted 'a lot' in planning when decisions about their cases were made. Similarly, when asked to assess their involvement in planning in the case, two-thirds rated it high, assigned it a four or five on a five-point scale.

Community Partners

According to the S/NB practice model, services are planned by the family, worker, and partners in the community—those who will actually be providing the services. In this way, community partners become a resource to the Division as well as the family.

According to the workers we spoke to, that process is working well. When asked how well community partners in cases shared responsibility in working with the family, in 78% (n=29) of cases, workers felt they worked well together. The process was a failure in only one case, though workers said community partners could have done better in 19% (n=7) of cases. When asked 'Did you receive adequate information from community partners about the services being provided and the family's responsiveness to services?', workers responded in the same proportion: 78% were quite adequate, 19% gave some, but not enough, and in only one case did the community partner fail to give information.

Community partners are important in helping families as well, according to workers. Over two-thirds (71%, n=24[**]) contributed 'a lot' toward the successful case outcome. A quarter (n=8) contributed somewhat, and only in two cases did the community partners fail to contribute to case closure. Community partners continued to offer support to families even after the case had closed. Workers reported that over half continued to receive services.

[*] N=28; for cases that closed shortly after the first, 2-4 month interview, some questions were not asked.
[**] N=34; missing data account for the remainder.

Final Assessments

In the final interview, we asked some parting questions of workers and families about how they felt the experience had gone. For the most part, these questions were open-ended, designed to elicit general comment about the case and SOSCF. However, we also asked respondents two status questions about safety and met needs.

According to family respondents, safety issues were resolved in 92% (n=24) of cases. Interestingly, although they had closed the cases, workers weren't as positive about safety. In only two-thirds (n=19*) of cases did workers say they had no concerns. They had some concern in 17% (n=5) of cases and felt that there might be future safety issues in another 17% (n=5) of cases. However, in no cases did workers express substantial concerns.

We also asked families and workers whether needs had been fully addressed by case closure. Because the model suggests that the case focus be on the target child's needs, we broke the question into two parts.

Families reported that their children's needs had been well addressed in 81% (n=21) of cases and somewhat well in another case. However, they felt their children's needs had been poorly met in 15% (n=4) of cases. They were less positive about their own needs, describing them well addressed in 73% (n=19) of cases and somewhat well in a two cases. Their own needs were described as having been poorly addressed in 19% (n=5).

Surprisingly, at case closing workers felt that all the needs of children were being met in only 80% (n=28*) of cases. They were met somewhat in 17% of cases (n=6), and in one case, were poorly met. Workers were slightly less positive about how well needs were being addressed for families. According to workers, needs were well addressed more than two-thirds of the time (71%, n=25), somewhat in a quarter (26%, n=9) and poorly in one case.

Overall Assessments

Interviews with families and caseworkers concluded with a series of items designed to capture respondents' overall satisfaction with different aspects of the case (the same scale as reported in Chapter 4, "Strengths/Needs Based Services at 12-14 Months"). The respondent was asked to consider how much he or she agreed or disagreed with each statement on a scale from 1 (*'strongly disagree'*) to 5 (*'strongly agree,'* where 3 was *'not sure'*). The family items included overall ratings of SOSCF and services received, relationship with their worker, and usefulness of services. The worker items included comparable global ratings of SOSCF involvement and services received, as well as ratings of the appropriateness of services, degree to which needs were met, and the risk of future maltreatment.

Family Satisfaction

Individual item responses are summarized below, with means compared with cases open at 12-14 months. For closed cases, mean responses range from a high of 4.00 to a low of 2.92. All but

* Missing data account for discrepancies in numbers.

two of the mean scores for closed cases is higher than for open cases, most by substantial margins. Among family respondents of closed cases, all but one of the items is rated above the midpoint. Interestingly, the two items that scored lower for closed cases relate to the families' relationship with their worker.

Table 24
Overall Family Satisfaction in Closed Cases
(n=26)*

Family Items	Open at 12 Months Mean (s.d.) n=43	Closed Cases Mean (s.d.) n=26
Overall, the services we've received have been helpful.	3.58 (1.2)	3.88 (1.4)
There was a good reason why SOSCF was involved in my family	3.47 (1.4)	4.00 (1.3)
I think my children have been helped by the agency's actions.	3.28 (1.4)	3.62 (1.4)
All things considered, it was a good thing that SOSCF got involved with my family.	3.16 (1.4)	3.69 (1.4)
When I needed information about my case or just to talk with my caseworker, I could get a hold of her/him.	3.09 (1.4)	**3.00 (1.6)**
I would be likely to call my caseworker if I needed help in the future	3.00 (1.5)	**2.92 (1.7)**
Overall, how would you describe your feelings about your involvement with SOSCF?	2.97 (1.3)	3.62 (1.3)
Our family has gotten stronger as a result of SOSCF's actions	2.93 (1.5)	3.73 (1.3)
I have felt fairly treated by the agency.	2.88 (1.4)	3.88 (1.3)
I felt I could trust SOSCF to be fair and to see my side of things	2.62 (1.3)	3.52 (1.5)

* Missing data account for discrepancies in numbers

Caseworker Satisfaction

As consistent with past findings, a higher percentage of caseworkers indicate satisfaction with the progress of the cases than families. As with family respondents, comparable mean responses from open cases at 12-14 months are shown alongside mean responses in closed cases. Means range from 3.86 to 4.50, suggesting average responses above the midpoint on the scales. As with family responses, means among closed cases are higher on all but two questions. Note that one of the lower scores is on the item: 'I believe the child(ren)'s needs were well served in this case.'

Table 25
Overall Caseworker Satisfaction in Closed Cases

Worker Items	**Open at 12 Months Mean (s.d.) n=59**	**Closed Cases Mean (s.d.) n=35**
I believe the child(ren)'s needs were well served in this case.	4.48 (.6)	**4.19 (.8)**
I believe that the services this family received were well-chosen in light of the family's needs.	4.39 (.7)	4.50 (.6)
I am satisfied with how our agency handled this case.	4.17 (.8)	4.22 (.6)
Since this case opened, I think the risk of maltreatment in this family has gone down.	4.16 (1.1)	4.44 (.7)
I felt good about my casework with this family.	3.98 (1.1)	**3.86 (.9)**
Overall, I think we helped this family.	3.98 (1.1)	4.19 (1.0)
The services this family has received have been helpful to them.	3.86 (1.0)	4.08 (1.0)
I am satisfied with the outcome of this case.	3.87 (1.2)	3.97 (1.1)
I believe the needs of the parents were well served in this case.	3.79 (.9)	3.95 (.9)
I believe the family felt they were treated fairly by our agency in this case.	3.48 (1.4)	3.97 (1.0)

Chapter 6

Outcomes of Service

This year we made a special attempt to identify case outcomes that we could examine with our data. In previous years we have looked at such outcomes as client engagement and follow-through, child well-being, resolution of safety issues and concerns, goal achievement and the degree to which family and child needs were being addressed 6-8 months after a case was opened. This year, we had a sub sample (n = 98) of cases with data collected either at 12-14 months after the case opened or earlier if the case was closed at the time of the 7-month interview. Thus, we were in a better position to look at some later-stage outcomes. Outcomes were identified and measured through the quantitative data as well as the qualitative data collected by open-ended questions in the interviews with family and caseworkers. The following outcomes are discussed in this section.

- Case Closure
- Safety of the child
- Permanency status of the child
- Child well-being
- Indications of change in the family
- Goal achievement (family goals and caseworker goals)
- Length of time child was in placement
- Family satisfaction
- Caseworker satisfaction

Descriptive findings for case closure, length of time child was in placement, family satisfaction, and caseworker satisfaction are presented and discussed in previous sections of the report. Findings on the remaining outcomes follow.

Key Findings: Outcomes of Service

- **Permanency was achieved for 74% of the children in our sample.**
- **When standardized scores measuring children's coping capacity were compared at the start of a case and at the last interview, there was a pattern of small positive changes**
- **Fifty-seven percent of school age children in placement and 35% of children at home at the final interview were having clinically significant difficulties in school functioning.**
- **Predominantly positive change in multiple areas was found in 57% of the cases analyzed, negative or no change in 29%, and a mixture of positive and negative change in 14%.**
- **Parenting issues played a central role in change, and change often occurred in more than one area of difficulty.**
- **Half of the families at the last interview thought they were making good progress toward their goals. Fifty-five percent of the workers thought the families were making good progress toward the worker's goals.**
- **When workers and families agree on case goals at the beginning of a case they report greater progress in achieving those goals than they do in cases where the worker and family had different goals.**

Permanency Status of the Child

Achieving permanency for children in a timely manner is mandated by ASFA and S/NB practice is believed to be an effective way of reaching this goal. By working with the family collaboratively to identify their children's needs and to craft an individualized service plan to meet those needs, children should be able to either remain in their homes or be returned home as quickly as possible. In cases where reunification is not possible, ideally a potential permanent placement will have been identified early in the case through the formulation of a concurrent plan, in which an alternative permanent placement resource was identified and in which the child was placed if substitute care was necessary.

Permanency status was determined by reading all 12-month and 7-month closing interviews with family members and caseworkers for all 98 cases for which these were available. Each case was classified as falling into one of the following three categories: permanency had been achieved, permanency was imminent, or permanency was unresolved. A case was classified as having achieved permanency for the child if the child was with a parent or in a placement with a relative or non-relative that had been identified as a potential permanent placement and reunification was not likely. Permanency was considered imminent if the child was to be returned home or moved to another identified permanent placement in the very near future. Cases were classified as

unresolved if reunification was uncertain or if parental rights were being relinquished or terminated and no potential permanent placement had been identified.

As illustrated in the sidebar, permanency had been achieved in 74% (n=73) of the cases, was unresolved in 24% (n=23) of the cases and imminent in 2 cases. In cases where the target child was in a permanent placement, 56 were with a parent, 7 were with a relative, and 10 were in some other permanent placement. In both cases where permanency was imminent, the child was being transitioned home through progressively longer home visits and reunification was believed to be certain by the caseworker.

Permanency Status n=98	
Permanency Achieved	**74%**
with parent	*57%*
with relative	*7%*
with other	*10%*
Reunification Imminent	2%
Permanency Unresolved	24%

Child Well-being

As part of the initial interview, family members and caseworkers were asked to provide information about the "target child" in the case. For this analysis, the family's perspective will be taken in most instances, however, since the parent or guardian was assumed to be the most knowledgeable reporter of their child's functioning.

Physical Health

Overall, families reported that their children were healthy: 91% were reported to be healthy "most of the time," while 6.9% were healthy "some of the time," and only 2.1% (n = 3) were healthy "very little of the time." Children were reported to have regular and preventative health care in 90.3% of cases; only one child (< 1%) was reported to have no health care, while eight (5.6%) had intermittent health care. Five parents (3.5%) of children placed out of the home stated they had not had enough contact with their child since removal to know what kind of health care she or he was receiving.

Family members were also asked if the child in question had any medical or physical problems, including chronic health conditions, mental retardation, or birth defects, that had affected his or her development and ability to take part in daily activities. For most children, this was not the case; however, nearly a quarter (23.9%, n = 34) were reported to have such chronic difficulties. Problems cited by families ranged in severity from autism and cerebral palsy to well-controlled asthma. For these children, caregivers were asked to rate how severe the impact on the child had been. Nine children (6.2% of the overall sample) were seen as "severely" affected; 13 (9%) were seen as "moderately" affected; six (4.1%) were rated as being affected "a little bit;" and six (4.1%) were seen as "not at all" affected by their organic disability.

When children were old enough to receive dental care (53.8%, n = 78), families reported that their child's dental health status fell into the following categories: Fifty-five (71% of 78) had regular dental check-ups; 9 (12%) had no untreated dental problems; 7 (9%) had no preventative dental care; and 6 (8%) had untreated dental concerns. Only one parent didn't have enough information to report the child's dental care status.

Other Child Circumstances and Characteristics

Additional information was obtained from parents regarding other child characteristics and circumstances that might affect their behavior and development. Table 26 illustrates how frequently a given characteristic or circumstance was reported to be present, and expands upon the "organic disability" category noted above.

Table 26
Child Circumstances and Characteristics
N=145

Circumstance/Characteristic	n (%)
Serious Behavior Problem	31 (21.4%)
Developmental Delay	17 (11.5%)
Medical Condition	30 (20.7%)
Drug/Alcohol-affected Infant	7 (4.8%)
Learning Disability	14 (9.7%)
Delinquency	7 (4.8%)
Substance Abuse	6 (4.1%)
Sexual Acting Out	13 (9.0%)
Mental Health Issue	27 (18.6%)
Other	13 (9.0%)

When caregivers indicated that a mental health issue was present for their child, follow-up questions were asked regarding whether a formal diagnosis had been made, and if so, what diagnosis(es) had been given. Seventeen of the 27 children noted above had been given a diagnosis or diagnoses. The most common diagnosis was Attention-Deficit Hyperactivity Disorder (n = 11, or 7.6% of the sample as a whole); other diagnoses included Depression/Anxiety Disorder (n =4, 2.8%), Posttraumatic Stress Disorder (n = 3, 2.1%), Adjustment Disorder (n = 3, 2.1%), Conduct Disorder (n = 2, 1.4%), Attachment Disorder (n = 2, 1.4%), and other disorders (n =3, 2.1%). Caregivers' reports of mental health status are in line with an expected higher rate of prevalence of behavioral and emotional issues among children who have come to the attention of the child welfare system (cf. Trupin, Tarico, Low, Jemelka, & McClellan, 1992).

Cross-Sectional and Longitudinal Findings Regarding Standardized Measures of Child Well-Being

The following standardized instruments were used as part of measurement of child well-being in interviews with parents, guardians and foster parents. Each was normed on a representative national sample, and each has a "clinical level" or "concern" range of scores that indicates a need for further assessment and/or planning in a given area of functioning.

The **Vineland Social Emotional Early Childhood (SEEC) Scales** (Sparrow, Balla, & Cicchetti, 1998) were used with the very youngest children (ages 3 months to 23 months). For these children, two of the three available scales were scored, per the developers' recommendation (all three scales are used when assessing children over the age of 2). The 88 items making up the *Interpersonal Relationships* and *Play and Leisure Time* scales are arranged in developmental progression to reflect the full range of expected milestones from infancy and toddler years through the preschool years. Several items in the Interpersonal Relationships scale are indicative of the frequency of a very young child's attachment-related behaviors; in general, this scale assesses an infant or toddler's usual competence in the skills of responding to others, expressing and recognizing emotions, imitating, communicating in social contexts, and for toddlers, developing friendships. The Play and Leisure Time scale's items describe the skills of playing with toys, playing with others, sharing and cooperating with others, and (for toddlers, again) participating in make-believe activities. A *Social-Emotional Composite* score, based on the combined scale scores, offers an overall estimate of an infant or toddler's personal and social well-being.

The **Devereaux Early Childhood Assessment (DECA;** LeBuffe & Naglieri, 1999**)** was used in rating preschool-aged children's (ages 2 years through 5 years) well-being. The DECA is based on research on children's resiliency and the within-child protective factors (e.g., strengths that are related to more positive outcomes in the face of adversity) identified by that research, and thus was particularly attractive to this evaluation of strengths/needs-based practice. The 27 items of the DECA are grouped into three scales: *Initiative*, which rates the child's ability to think independently and act to meet his or her needs; *Self-control*, which evaluates the child's ability to experience and appropriately express a range of feelings; and *Attachment*, which measures the strength of a child's relationships with significant adults. A *Total Protective Factors* score, created by summing the three scale scores, gives an overall indication of within-child protective factors. In addition to the items measuring positive behaviors and attributes, a 10-item *Behavioral Concerns Scale* provides a brief assessment of the severity of a range of problematic behaviors in preschool children.

The **Behavioral and Emotional Rating Scale (BERS**; Epstein & Sharma, 1998) was used in ratings of school-aged children (ages 6 through 18 years). The BERS has 52 items describing specific, observable and measurable behavioral and emotional strengths of children and youth; individual ratings are grouped into five subscales:

- ***Interpersonal Strength-*** how well children control their emotions and behaviors in social situations (examples of items include "respects the rights of others" and "reacts to disappointments in a calm manner").

- ***Family Involvement-*** children's participation in and relationships with their families ("interacts positively with parents" and "complies with rules at home").

- ***Intrapersonal Strength-*** the general sense of children's outlook on their competence and accomplishments ("is self-confident" and "requests support from peers and friends").

- ***School Functioning-*** children's competence in school, study skills and classroom tasks ("completes school tasks on time" and "reads at or above grade level").

- ***Affective Strength-*** the degree to which children accept affection from others and express feelings toward others ("shows concern for the feelings of others" and "accepts a hug").

A composite score, the *BERS Strength Quotient,* provides an overall rating of children's strengths (or their relative absence).

Investigation of ratings of child well-being involved multiple "views" of questionnaire information:

- Cross-sectional analyses, by measure, based on an examination of caregivers' ratings of children at the first (e.g., 2-3 months after case opening) and final interview (either 7-8 months or 12 months after the case opening) points for all available cases. These figures will provide a "status report" on child well-being at each time point.

- Analysis of children in care at the second measurement point versus those who had remained at home (or been reunited with their parent). This analysis will explore whether differences are present between groups based on placement status.

- Analysis of just "matched cases" where longitudinal data was available from both the initial interview and the final family or foster parent interview in a given case. This analysis will investigate change over time for this smaller subset of cases.

Cross-sectional Findings

Table 27 gives a "snapshot" of children's ratings on measures of well-being at two separate points in time: one early in the life of their families' cases with SOSCF, the other several months to a year later.

Table 27
Cross-sectional Child Well-Being Findings, by Measure

	Time 1 (total n = 121)			Time 2 (total n = 81)		
		Score Ranges	% in "Clinical" or "Concern" Range		Score Ranges	% in "Clinical" or "Concern" Range
Vineland SEEC	**Time 1 (n = 40)**			**Time 2 (n = 29)**		
Interpersonal Relationships	*M* = 107.2*	60-126	5% (n=2)	*M* = 102.5	70-121	14% (n=4)
Play and Leisure Time	*M* = 89.2	57-115	45% (n=18)	*M* = 90.4	40-108	21% (n=6)
Social-Emotional Composite	*M* = 98.6	68-126	12% (n=5)	*M* = 96.5	61-117	21% (n=6)
DECA	**Time 1 (n = 35)**			**Time 2 (n = 21)**		
Initiative	*M* = 46.7**	28-69	31% (n=11)	*M* = 44.6	28-70	29% (n=6)
Self-Control	*M* = 47.3	28-70	34% (n=12)	*M* = 45.0	28-72	38% (n=8)
Attachment	*M* = 49.9	28-72	23% (n=8)	*M* = 48.9	28-72	10% (n=2)
Total Protective Factors	*M* = 46.4	28-70	37% (n=13)	*M* = 44.1	28-72	29% (n=6)
Behavioral Concerns	*M* = 61.5	42-72	51% (n=18)	*M* = 62.9	35-72	62% (n=13)
BERS	**Time 1 (n = 46)**			**Time 2 (n = 31)**		
Interpersonal Strength	*M* = 8.9***	3-16	41% (n=19)	*M* = 8.0	1-13	52% (n=16)
Family Involvement	*M* = 10.0	3-15	33% (n=15)	*M* = 9.7	2-14	26% (n=8)
Intrapersonal Strength	*M* = 10.2	1-16	20% (n=9)	*M* = 9.8	3-16	23% (n=7)
School Functioning	*M* = 8.2	2-14	44% (n=20)	*M* = 8.3	2-15	45% (n=14)
Affective Strength	*M* = 11.5	4-17	13% (n=6)	*M* = 10.1	3-16	26% (n=8)
BERS Strength Quotient	*M* = 98.1	59-130	37% (n=17)	*M* = 94.9	60-128	42% (n=13)

* Standard Score where mean of norming sample = 100, SD = 15
** T-score where mean of norming sample = 50, SD = 10
*** subscale standard score mean of norming sample = 10, SD = 3; Strength Quotient standard score mean = 100, SD = 15

For the youngest children in the sample, mean scores on the Vineland SEEC composite rating of well-being at time 1 were near the average of the norming sample, with a wide range of scores for individual children. Twelve percent fell into the "concern" range. The two subscale scores offered contrasting levels of well-being, with the Interpersonal Relationships subscale mean

approaching high average, while the Play and Leisure Time subscale mean was in the low average range.

The percentage of children in the "concern" or "clinical" range for each area of functioning reflects this pattern as well; only 2 infants or toddlers (5%) scored in the "concern" range for Interpersonal Relationships, while for Play and Leisure Time 18 (45%) scored below the cutoff (1 standard deviation, or a standard score of 85). At the second measurement point, the mean of composite well-being scores had dropped slightly (although still above the average of all children in the norming sample), and 21% were rated as falling into the "concern" range. A striking increase in the elements of well-being measured by the Play and Leisure Time scale was evident at the second measurement point: only 21% (contrasted with 45% at time 1) now fell into the "concern" range (although the mean scores are nearly identical, one child's extremely low score brought this figure down appreciably.) Scores on the Interpersonal Relationships Scale at time 2 also dropped slightly, with 14% falling into the "concern" range.

Preschool-aged children's status at each interview point, as measured by the DECA, presents a somewhat different pattern. All scores, both subscale and composite, on measures of resiliency were in the just below average to low average range at time 1. Moreover, proportions of children scoring in the "concern" range on a given subscale or the composite score, indicative of a need for further assessment and planning, ranged from 23% to 37% at time 1. This pattern held true for the second measurement point as well. While the percentage of children scoring in the concern range dropped on three of four resiliency measures, all of the mean scores were slightly below the time 1 average. Preschoolers' scores on the Behavioral Concerns subscale were high (that is, indicative of more challenging, difficult behaviors) at both measurement points; the mean score actually rises above the clinical cutoff, and 51% (time 1) to 62% (time 2) of these children were rated by caregivers as being in the "concern" range.

School-aged children also were reported to have a wide range of scores on the BERS at both time 1 and time 2. At the first interview point, the mean score of ratings of Interpersonal Strength and School Functioning was in the low average range, while mean scores on the Family Involvement, Intrapersonal Strength, Affective Strength and BERS Strength Quotient (the composite score) were average to above average. Proportions of children and youth falling into the "concern" category ranged from 13% (Affective Strength) to 44% (School Functioning). At time 2, every subscale score but one, as well as the composite score, decreased. The sole exception was School Functioning, where the mean score was essentially unchanged. Similarly, percentages of school-agers and teens whose scores fell into the "concern" range all increased or remained effectively unchanged, with the one exception of Family Involvement, where the proportion changed from 33% to 26%.

Two individual items on the BERS of particular interest relate to school achievement. Regarding literacy, at the first interview point caregivers in 54% of the cases responded to the statement "reads at or above grade level" with a rating of "like" or "very much like" the child. At the second interview point, 58% responded affirmatively. On the parallel item assessing competency in math, the corresponding figures were 65% at time 1 and 61% at time 2.

These cross-sectional findings, taken as a whole, suggest that infants and toddlers are faring the best, as well as showing the most dramatic differences in ratings at time 2. The sharp decrease in the proportion of very young children falling into the "concern" category on the Play and Leisure

Time scale of the Vineland SEEC is encouraging, and may reflect more stabilized environments -and stabilized caregivers- with more developmentally appropriate playthings and the opportunities to use them.

The finding of most concern for preschool-aged children is the high proportion at both measurement points of young children falling into the "concern" range on the DECA's Behavioral Concerns subscale. Although this portion of the DECA is designed to serve as a brief screening, not a diagnostic tool, and results should be viewed with caution (or ideally, followed up with further assessment), nevertheless the average scores suggest a high degree of troubled, challenging behavior in this age group as a whole. As noted above, this is consistent with the typical profile of children whose families are involved with the child welfare system, and with the likely effects of the neglect, abuse, or within-child behavioral and emotional problems that brought these children to the attention of SOSCF.

For school-aged children and youth, findings present a mixed picture of relative strengths and weaknesses, ranging from encouraging scores on a measure of acceptance of other's, and expression of one's own feelings (Affective Strength), to discouraging ones on a measure of competence in school (School Functioning) and ratings of ability to control one's emotions and behavior in social situations (Interpersonal Strength). These findings also are consistent with theory and prior research; struggles with school and self-control are common among children involved with the child welfare system.

Finally, for this cross-sectional analysis as well as those that follow, it is also important to consider the raters themselves. At time 1, biological parents (or in a few cases, a guardian within the extended family) gave their assessment of their child's well-being, and even at this relatively early date (2-4 months into the life of the case), when children were living in an out-of-home placement there may have been some loss of accuracy of perception. At time 2, about half of the children were rated by their current (or very recent) foster caregiver, whose perceptions of the frequency of a given behavior may have differed qualitatively from the previous rater. As we did not systematically acquire ratings from both the biological parent and the foster parent at the same point in time, we have no reliable way of testing this notion; it simply calls for additional caution in interpreting these findings. In any case, given foster parents' role as primary caregivers, we felt their views would provide the most accurate update on child well-being when children were still in care.

Children in Out-of-Home Care

The well-being of children in out-of-home care is of particular interest to policymakers, advocates, parents and practitioners, since SOSCF is legally responsible for meeting the needs of children when they are removed from their parents' care. Table 28 illustrates our findings when we broke out the group of children in care from those living at home at the second data collection point. All children in out-of-home care were rated by their current (or very recent) foster parent, while all children who had remained in or been returned home at time 2 were rated by their biological parent or guardian.

Table 28
Comparison of Status of Children in Out-of-Home Placements and at Home at Time 2

	Out-of-Home (total n = 41)			At-Home (total n = 40)		
		Score Ranges	% in "Clinical" or "Concern" Range		Score Ranges	% in "Clinical" or "Concern" Range
Vineland SEEC	**Out-of-Home (n = 15)**			**At-Home (n = 14)**		
Interpersonal Relationships	*M* = 98.0*	70-120	27% (n = 4)	*M* = 107.3	95-121	0% (n = 0)
Play and Leisure Time	*M* = 90.7	71-108	27% (n = 4)	*M* = 90.1	40-106	14% (n = 2)
Social-Emotional Composite	*M* = 93.9	68-117	33% (n = 5)	*M* = 99.4	61-115	7% (n = 1)
DECA	**Out-of-Home (n = 12)**			**At-Home (n = 9)**		
Initiative	*M* = 41.3**	28-50	33% (n = 4)	*M* = 48.9	28-70	22% (n = 2)
Self-Control	*M* = 42.2	28-59	42% (n = 5)	*M* = 48.8	34-72	33% (n = 3)
Attachment	*M* = 44.9	34-56	8% (n = 1)	*M* = 54.1	28-72	11% (n = 1)
Total Protective Factors	*M* = 40.2	28-54	42% (n = 5)	*M* = 49.2	28-72	11% (n = 1)
Behavioral Concerns	*M* = 62.8	42-72	67% (n = 8)	*M* = 63.1	35-72	78% (n = 7)
BERS	**Out-of-Home (n = 14)**			**At-Home (n = 17)**		
Interpersonal Strength	*M* = 6.9***	1-13	71% (n=10)	*M* = 8.9	3-13	35% (n = 6)
Family Involvement	*M* = 9.4	4-13	21% (n = 3)	*M* = 9.9	2-14	29% (n = 5)
Intrapersonal Strength	*M* = 8.6	3-13	36% (n = 5)	*M* = 10.8	6-16	12% (n = 2)
School Functioning	*M* = 7.5	2-15	57% (n = 8)	*M* = 9.0	3-14	35% (n = 6)
Affective Strength	*M* = 8.6	3-15	36% (n = 5)	*M* = 11.3	6-16	18% (n = 3)
BERS Strength Quotient	*M* = 88.5	60-113	50% (n = 7)	*M* = 100.2	73-128	35% (n = 6)

* Standard Score where mean of norming sample = 100, SD = 15
** T-score where mean of norming sample = 50, SD = 10
*** Subscale standard score mean of norming sample = 10, SD = 3; Strength Quotient standard score mean = 100, SD = 15

On virtually every measure, for every subscale or composite score, children in care are reported to be more lacking in competencies, strengths, or factors associated with resiliency. They account for a greater proportion of children scoring in the "concern" range on most measures. Interestingly (and somewhat counter-intuitively), a greater percentage of school-aged children living at home had scores in the "concern" range on the subscale measuring family involvement,

and more preschoolers living at home fell into the clinical range on the Behavioral Concerns subscale. With these two exceptions, children of all ages who were still in, or had recently returned from, out-of-home placement were seen as more troubled. As noted above, caution is in order in interpreting these findings, since different raters were used at Time 2; it is reasonable to propose, however, that children who remained in care for longer periods of time were either more disturbed at the onset of placement, came from more difficult home environments, or both.

Longitudinal Findings from a Matched Set of Cases

In order to provide the most accurate picture of children's well-being over time, a separate analysis of just "matched cases" where data for an individual child was available at two interview points was conducted. This subsample is smaller than the cross-sectional sample reported above, since we were not always able to obtain well-being questionnaire data from parents. It is also important to restate that while all data at time 1 is from parents or guardians, about half the data at time 2 comes from foster parents; thus, results should be interpreted cautiously. Table 29 summarizes scores at two points in time for this group of children:

Table 29
Longitudinal Cases (Matched Data from either Bio or Foster Parent)

	Time 1 (total n = 41)			Time 2 (total n = 40)		
		Score Ranges	% in "Clinical" or "Concern" Range		Score Ranges	% in "Clinical" or "Concern" Range
Vineland SEEC (n=19)	**Time 1**			**Time 2**		
Interpersonal Relationships	*M* = 111.9*	92-126	0% (n = 0)	*M* = 108.5	77-121	5% (n = 1)
Play and Leisure Time	*M* = 86.2	74-115	53% (n = 0)	*M* = 96.3	40-108	16% (n = 3)
Social-Emotional Composite	*M* = 99.7	81-122	5% (n = 1)	*M* = 96.5	61-117	16% (n = 3)
DECA (n=12)	**Time 1**			**Time 2**		
Initiative	*M* = 41.5**	28-61	42% (n = 5)	*M* = 46.3	28-70	17% (n = 2)
Self-Control	*M* = 44.8	28-66	33% (n = 4)	*M* = 46.9	34-72	25% (n = 3)
Attachment	*M* = 46.0	36-61	33% (n = 4)	*M* = 47.0	28-72	17% (n = 2)
Total Protective Factors	*M* = 42.2	28-63	42% (n = 5)	*M* = 45.3	28-72	17% (n = 2)
Behavioral Concerns	*M* = 62.8	48-72	67% (n = 8)	*M* = 63.8	35-72	67% (n = 8)
BERS (n=24)	**Time 1**			**Time 2**		
Interpersonal Strength	*M* = 8.5***	3-13	42% (n =10)	*M* = 8.0	4-13	54% (n=13)
Family Involvement	*M* = 9.5	3-14	37% (n = 9)	*M* = 9.6	2-13	25% (n = 6)
Intrapersonal Strength	*M* = 9.8	4-16	25% (n = 6)	*M* = 9.7	3-13	21% (n = 5)
School Functioning	*M* = 7.8	2-13	50% (n =12)	*M* = 8.2	3-15	46% (n=11)
Affective Strength	*M* = 10.8	4-17	21% (n = 5)	*M* = 10.3	3-15	25% (n = 6)
BERS Strength Quotient	*M* = 95.0	59-126	42% (n = 0)	*M* = 93.9	60-128	42% (n=10)

* Standard Score where mean of norming sample = 100, SD = 15
** T-score where mean of norming sample = 50, SD = 10
*** Subscale standard score mean of norming sample = 10, SD = 3; Strength Quotient standard score mean = 100, SD = 15

When compared with the cross-sectional views presented above, this "matched" view gives a different, more positive perspective on differences across time. On most measures, small to moderate increases, or findings of no clinically significant difference, are apparent (again, with the exception of the DECA Behavioral Concerns score, higher is better). On most measures, a lower percentage of children score in the clinical or concern range. This contrasts with the

nearly across-the-board decreases in scores, and increases in children in the concern range, that the cross-sectional view depicts.

It is likely that some of the children with more concerning scores were only rated once, and were excluded from this grouping of children; it is also evident, however, that meaningful positive change and improvement in well-being occurred for some children. Answers to the question "Why did some children improve?" cannot be clearly stated from these findings alone, as it is beyond the scope of this report to look even more closely at changes or persistence in individual children's scores over time, the needs that were identified for them, and the actions or services put in place to address those needs.

Indications of Change in Families

In our interviews with families and caseworkers at all points in time, we asked open-ended questions to allow individuals to provide an account of their experiences in their own words, and to better understand the context of caseworker-family interactions. At the end-point interview, be it at twelve to fourteen months or around the time of case closure, we were interested in how much progress had been made toward resolving the issues that brought the family to the attention of SOSCF, how well children's and families' needs had been addressed, and what impact the Division's intervention had made on children and families.

> "[The Family Decision Meeting facilitator] made the comment and a couple of other people did, that they don't really get to work with people, with married couples a lot. It is most usually people who are split up. So it was kind of interesting for them to see how much we had changed from before to now, and watching how our family was a lot closer. We had a good outcome. We had a good outcome with them."
>
> —a family at an end-point interview

In an attempt to understand outcomes of SOSCF intervention, we undertook a qualitative analysis of responses to the open-ended questions in these areas, looking particularly for responses that indicated positive changes in the lives of children and families, or those that indicated that a lack of change or even negative change had occurred. We identified seven areas where we found evidence of change or lack of change or negative change that seemed relevant to child welfare issues and child safety and well-being: substance abuse, communication, relationships, parenting, environment, mental health, and domestic violence.

A description of each of these areas, along with examples of indications of change, follows the summary of overall findings. As will be seen, there was often overlap between change in one area and change in another (e.g. indication of positive change in substance abuse was often accompanied by indication of positive change in parenting or relationships or mental health).

An Overview of Findings on Change Indicators

Transcripts of end-point interviews were available for 98 of the cases in our sample, with some cases having both caseworker and family transcripts, and some having only a transcript from either the caseworker or family interview. A total of 151 transcripts of family and caseworker end-point interviews for these 98 cases were read in their entirety to identify references to changes in parental behaviors or circumstances that impacted children. Indicators of change

were identified in 90 of these cases. In 8 cases we were unable to find evidence of change or lack of change. This was due either to the quality of the interview (e.g. short or incomplete answers to questions) or because of individual case circumstances. These cases were treated as having missing data in this area of our analyses.

Overall, we found predominantly positive change indicators in 57% (n=51) of the cases, predominantly negative change or lack of change in 29% (n=26) of the cases and a mix of positive and negative indicators in 14% (n=13) of the cases (see Figure 5).

Figure 5

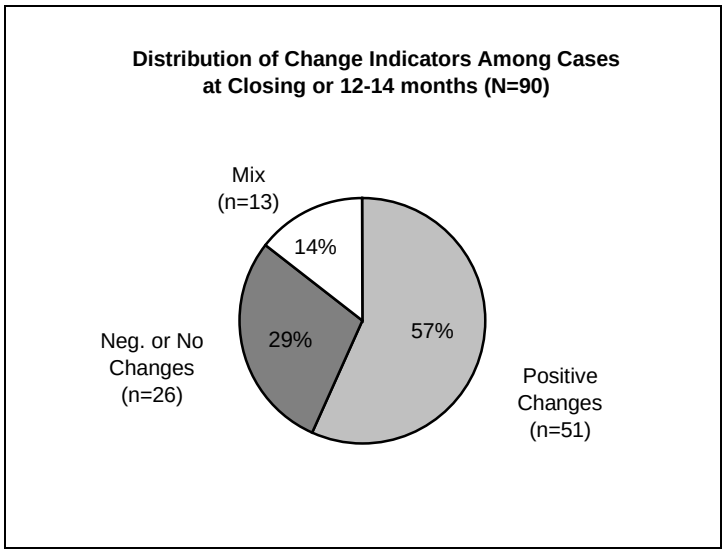
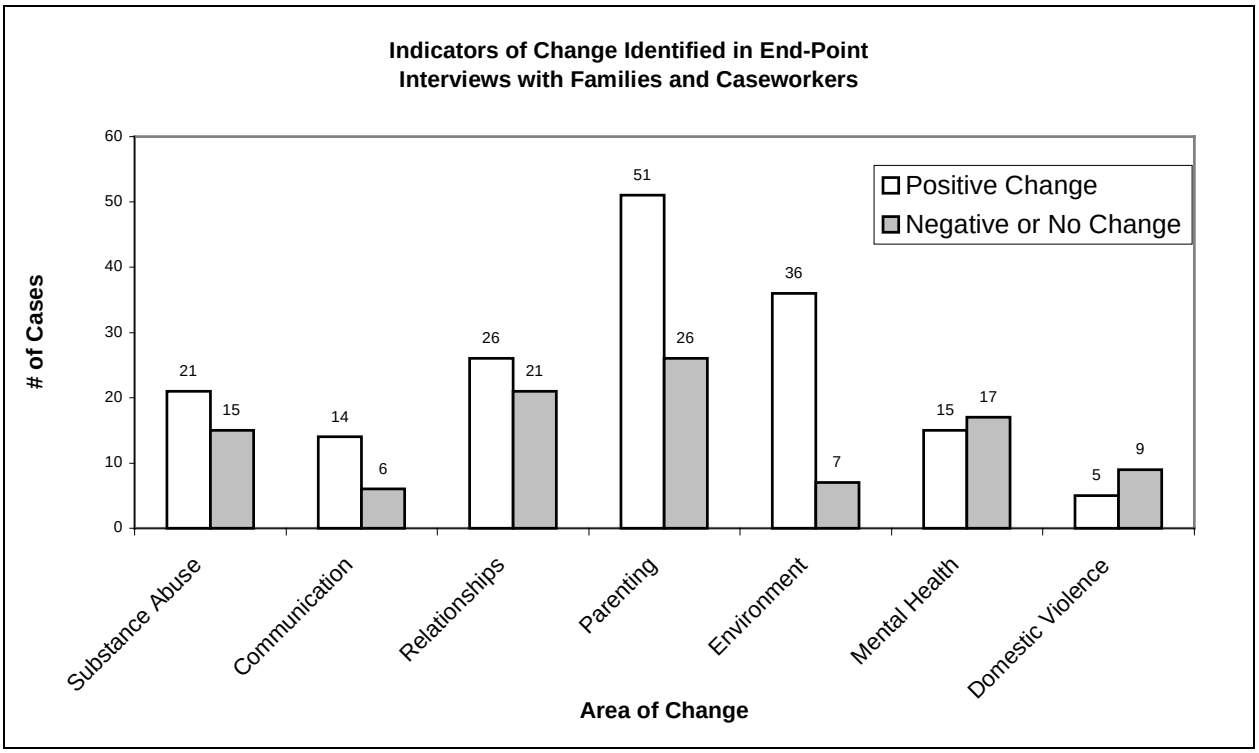


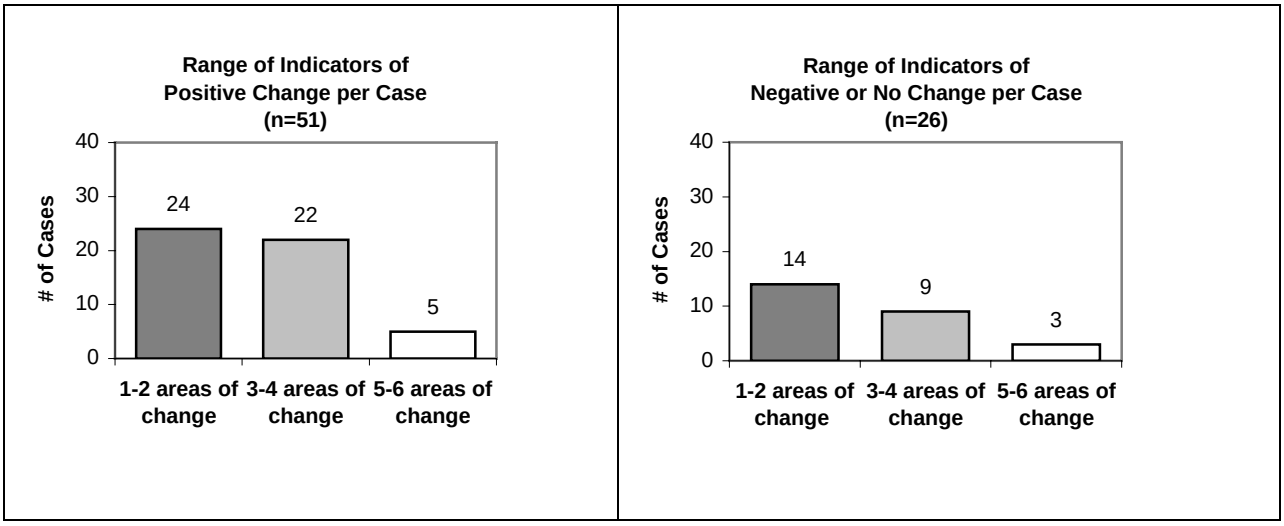
Figure 6 illustrates the number of cases where positive change or negative/lack of change was identified in each of the different areas of change. Appropriately, parenting issues seemed to play a central role in the discussion of change in the interviews, with 86% (n=77) of the cases providing evidence of positive or negative/lack of change in this area.

Figure 6



Change in one area was often accompanied by change in another area. This was especially true in positive cases where change was most commonly evidenced in 3 areas. In the predominantly negative cases, indicators of change or lack of change was most commonly found in 2 areas. Figure 7 illustrates the distribution of these cases according to number of areas in which indicators were found.

Figure 7



Description and Examples of Change Indicators

Following is a description of the nature of the indicators we found in each area of change accompanied by examples of change as described by family members and caseworkers in their interviews.

Substance Abuse

In 36 of the 90 cases for which change indicators were found, substance abuse had been identified as an issue for at least one family member by the caseworker during the initial interview. In 58% of these cases, positive change in substance abuse was indicated, with the remaining 42% showing indications of negative change or no change in this area. The effects of substance abuse are pervasive and so change in this area was often accompanied by change in other areas as well. This overlap will be evident in the examples provided in the different areas. Predominantly positive changes overall were present in 53% of cases with substance abuse issues, while predominantly negative changes overall were present in 30%. Table 30 summarizes these findings.

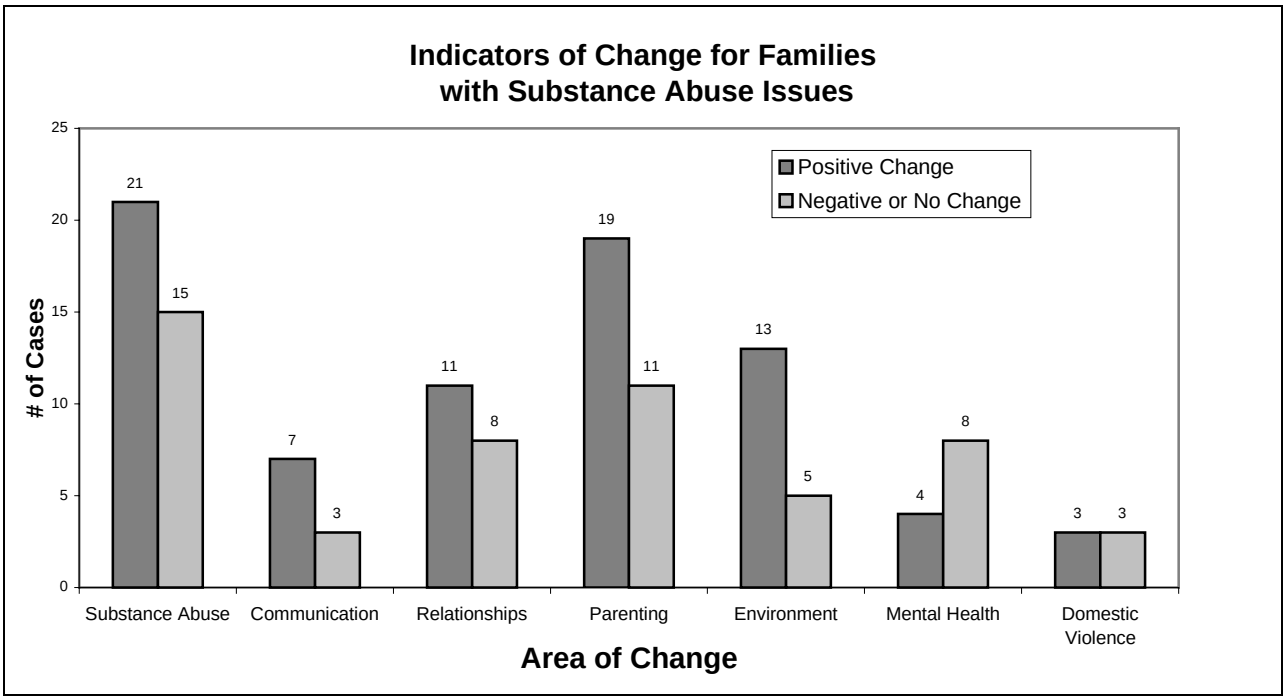
> "[My son] has been back with me since June. He was gone for two days short of 3 months. And it was really hard. It was the first time we were ever separated since he was born. And it was real rough. Everything happens for a reason, and I am very grateful to be where I am at today, in that I have only myself and my life back, but I can be there for my son and he doesn't have to remember his mom as a drunk. And I can fully enjoy his growing up and be involved and be there."
>
> — a family quote

Table 30
Change Indicators For Families with Substance Abuse Issues
(n=36)

Substance Abuse Indicators	
Positive Change Indicated	21, 58%
Negative or No Change	15, 42%
Overall Change Indicators	
Positive Change Indicated	19, 53%
Negative or No Change	11, 30%
Mixed Change Indicators	6, 17%

Looking at the subsample of cases with substance abuse issues, distribution of change indicators in the other areas was quite similar to that of the 90 cases included in our larger analysis. Figure 8 summarizes findings for all areas of change among cases where substance abuse issues were identified.

Figure 8



Following are examples of how change in the area of substance abuse were expressed in our interviews with families and caseworkers.

Positive change

…you know, in the beginning when I went to the drug treatment program I was doing it just to keep custody of my daughter. But after being there for a month, I realized that I was not doing it for her, I was doing it for me. Because I really didn't want to be in that world anymore.

–Family quote

Well, they got me out of the life I was living, because I wanted to get out of the whole drug life and stuff. Granted, it could have been a happier way to do it, but it happened, so it is important. So their intervention put a brake on the life that I was living, and gave me the opportunity to change, which is what I wanted.

–Family quote

I think over the last 4 or 5 months I think they are beginning to be aware of more of the safety concerns that SOSCF has. Whereas in the past, they thought they were addressing, she was getting fed, they weren't leaving her in places. They are just now beginning to understand some of the emotional impact that the drug use has on a family. I think dad is slower to understanding that, but he is beginning…

–Caseworker quote

Negative or no change

No, it is nothing [SCF has] done [to slow down case progress]. It has been me not working through as fast as I should with the A & D classes. If I had stayed clean, I'd be done. I was supposed to be out in April of this year. I was only supposed to be in there for 3 months, but it has been a year.

–Family quote

Looking through her history and seeing the amount of times that she has gone through a program and relapsed, gone through a program and relapsed, gone through a program and relapsed. And the diagnosis from the psychological was that she would need at least a year of being clean and of intense like outpatient or inpatient treatment. And she just can't maintain. … So she did really well while she was in inpatient. But the day after she got out of in-treatment, she started using again. So it didn't look very promising.

–Caseworker quote

Communication

One indication of change that might be expected to occur after interventions have been in place is an improvement in how family members communicate with one another, and with others. Conversely, when such interventions are ineffective, changes in this area may not occur, or communication may deteriorate.

Positive change

[During counseling, step-dad] kind of got some things out of the way he wanted to, like [kids] being more helpful around the house and what he expected. And they got to express how they felt about different issues with us. Like I said, seeing it is a blended family, they kind of didn't communicate what they should. Instead you heard things like, "Well, you are not my dad." …So I guess [Options counselor] really helped there by teaching, "He is not trying to be your dad, but he is putting a roof over your head, so you have to be kind of helpful there."

–Family quote

[Infant daughter] is getting healthier parents, they are able to co-parent, they are communicating better with one another. Her mom is clean and sober. …[Mom] was using, so she benefits from that.

–Caseworker quote

… [mom] now leaves her home, she goes out for walks, she takes the buses, she knows how to call up and get services accessed. She can speak to people without being so demanding where they want to walk away from her. We all work on that together, kind of like a team effort …I've kind of gotten people together to help her work on that. I think there has been a lot of great progress.

–Caseworker quote

Negative or no change

…As long as there are these people between us [during visits], I don't see a positive solution. I don't see any chance of just talking regularly to my [teenage] daughter… With the best intentions, I just don't see it happening. Every time, like last time I came with [my other children], God, [visiting] is so unpleasant. I am not going to go through it again…

–Family quote

… the family meeting went as fine as they normally did with [mom], who always kind of comes across as a little passive-aggressive. You can't quite decide if she's agreeing just because she

thinks that's what you want to hear, or if, it's hard to pull out of her what she would like to see as part of the plan. Just in terms of, we were prioritizing what she thought was most important for her to focus on, whether it was her parole and probation requirements, or her treatment, or her visits, or whatnot. And it was very difficult to pull out of her what she felt the most important thing was.

–Caseworker quote

Relationships

Another area where we expected to find indications of change among families was in their relationships with others, including their children, their partners and other family members, and various important people in their lives. Sometimes families had experienced destructive or abusive relationships that contributed to the problems that brought them to the attention of SOSCF, and in such cases the end of that relationship would be considered a positive change. Sometimes their relationships with their children and with others improved because of changes they had made in various areas of their lives. On the other hand, some families found it hard to break away from a pattern of destructive relationships, and in other cases relationships with those they cared about were seen to have deteriorated after their involvement with SOSCF.

Positive change

I think [6 year old girl] and her mom have the opportunity to spend more time together, and her mom is more mentally and emotionally available to her. They have a cuddle day on Sundays where they just kind of sit around and hang out together and do things and watch TV, [mom] never took the time to do before. I think [daughter] senses more stability and safety in her life and more predictability. She has always been very resilient, so I don't think behaviorally much has changed for her. She has always been very consistent. But I think what has changed is that her and her mother have had the opportunity to be mother-daughter.

–Caseworker quote

That is another thing, too, that I found out in this last year, that I was somewhat codependent, I am a caretaker. And I've always been in a relationship and always put everyone else before myself. And my own needs got neglected. And today it is time for me and my son. And I am loving it.

–Family quote

Negative or no change

That has been interesting, and this is where I really could have used some really regular contact from SOSCF, because I ended up on Labor Day, I was sitting here and all the children were gone, and I just got this terrible pang of loneliness and depression, and I ended up reaching out to [abusive boyfriend], which resulted in us having a pseudo-relationship, up until about a week and a half ago, …actually which in retrospect is just highly inappropriate…

–Family quote

…she had this terrible encounter with her mom. She called her mom for Mother's Day and told her, "You don't know this, but you have another grandchild." And I guess her mom called her back,… and she just reprimanded her for bringing another child into the world.

–Caseworker quote

Parenting

Our broadest category for indicators of change was parenting, and we found many examples of both positive and negative/lack of change in this area. Positive and negative changes in parenting can be seen in a variety of ways, including how families care and provide for their children, methods of discipline, and patterns of interaction during visits when children are in care.

Positive change

It never hurts to be refreshed on different things. And the different parenting classes that you take, they tell you different things … they have different structures and different things that they actually teach. Like the whole thing with HALT, when your child is throwing a fit, the first thing you should think of is HALT, are they hungry, angry, lonely or tired. I never knew that before [latest parenting class]. It is like [infant daughter] will throw a little whining fit, and it is like why is she doing that? …I say, OK, is she hungry, angry, lonely or tired, or anything like that. It is almost always obvious.

–Family quote

That is basically what [Options counselor] described to me. That they had indeed cleaned up the place and they were demonstrating different parenting techniques than she saw when she originally had contact with them. That the children seemed better behaved, more stable, etc. … The parents gained information that they needed and learned how to more easily and more effectively handle the children. They learned about safety issues, … you could see the rebound effect on the kids. The kids were able to be less anxious and more in control of themselves and less apt to act up and interrupt and do all those kid attention getting types of things, so that is beneficial to the parents, too.

–Caseworker quote

I look back on my lifestyle before, and what I was offering my kids, and what I do now. In a way I hate to say it, but it is better. They have a better quality of time spent with me, that part is all better. I wish I would have done it on my own, but I didn't, so I am glad [SCF] did. …I would have to say that it kind of forced me to kind of take a better look at myself as a parent. And when I did that, there was a lot of room for improvement. With the parenting classes, those offered a lot of suggestions and stuff like that.

–Family quote

The parents seem more active in the visits. They used to just kind of hold him and not really interact much. They, I think, have picked up parenting skills and are able to use those parenting skills during visits. They talk more to him, and they play with him and encourage him to crawl. So they are definitely more active in what he is doing.

–Caseworker quote

Negative or no change

Emotionally it has made me feel completely incompetent. It made me less useful as a person. It made me a worse mother, because when you hear something often enough, you start to believe. I

used to be a really wonderful mother. Now I have less patience. I've become what people thought or expected of me. I've lost my confidence as a person and as a mother.

–Family quote

[Boy, age 4] wants to go home, of course he does. This is a kid who is very bonded to his parents. I think it is an anxious bond. They don't show up every week. [Mom], one of her main gripes when [her son] was in the home and [his dad] was there, he didn't help with parenting. [Boy] has said to [relative provider], "Why do they have to go through classes. It is not going to help, they are still going to fight." This is a kid who clearly knows what's going on. …He knows what happened between his parents. … And his parents give him nothing. They have the opportunity to speak with his therapist and they don't. [Mom] has spoken to her once.

–Caseworker quote

Environment

Considering that many of the families who come into contact with SOSCF are struggling with issues of poverty, and that children's safety is closely linked to their environment, we expected that environmental changes might be in evidence for many of the families in our sample. The availability of flexible funds to assist with meeting some basic needs that allow families to stay together or be reunited has provided caseworkers with the means to assist in this way, and indeed we found many examples of positive change in this area among families in our sample. There were actually few examples of negative or no change indicators in environmental issues, and these often referred to the chaotic nature of life among these families.

Positive change

…me and [caseworker] got really close, because we were really intense when we were trying to get me out of that trailer. …I don't know if you remember it or not, but that trailer, the square footage was less than this whole living room. So when I moved in here, I went from a matchbox to a palace.

–Family quote

… I live by myself. I've been by myself since I have been back in July. I don't have any kind of relationships. And if I do choose to get involved with somebody, I am definitely never bringing him to my apartment or bringing him around my son. I have a two-bedroom, too. He can have his own bedroom, his own bath, we have a basketball around, swimming pools. Our apartment is nice. They have patrols, safety, security people on the grounds. So that is good.

–Family quote

…when I had heard that they split up and she took off and got out of there and took the two younger kids, in a sense to me, that is a success. . .Because she has kind of taken responsibility of that situation. Like, "I don't want to live like this anymore, I don't want to be isolated out here in the boonies anymore." She moved closer to… [extended] family and there is a lot more access to employment and transportation.

–Caseworker quote

Negative or no change

The home always has something going on. There are always incidents, there are police coming out because someone is trying to steal stuff from her shed. She had a schizophrenic neighbor who was always harassing her, and the police were out for that. There is something always going on that is not exactly positive, but she reacts in the appropriate way.

–Caseworker quote

…our old caseworker helped us pay our rent and electric bill when we were first trying to get our lives together. That was nice. Of course, we still got evicted anyway, because [the children's father] just couldn't go to work. It was all very hard back then. It is still hard. …[the children] need new clothes. This is where we are living so [our daughter]'s room is not ideal. And we don't have a bedroom.

–Family quote

Mental Health

Because mental health issues are often present among families who come to the attention of SOSCF, and many of the services directed toward these families are in the area of mental health assessment and treatment, we looked for indications of change in this area. It should also be noted that some of the other change indicators we examined, like communication, relationships, and parenting, are also often evidence of change in the area of mental health. We found specific references to changes in parents' mental health in a relatively small number of cases, in both positive and negative directions.

Positive change

I think definitely in the long run that [involvement with SOSCF] was a good thing. You look just personally for me, just mentally and emotionally, where I am at, then they have done a great deal for me. Just for the fact that I got rid of [abusive partner], and in the long run that will always benefit [my daughter].

–Family quote

Well I have a little over a month sober, and I feel I am more productive because I am finally addressing my mental health issues. So that is pretty productive.

–Family quote

For a long time nobody would give her medication [for ADHD], and that was really frustrating for her, because they didn't feel like she could be trusted with it. I don't know why they wouldn't. And she finally found this person who was willing to listen to why she needed it. And now that she is on it, it is just an amazing difference.

–Caseworker quote

[Mom's] counseling is reporting her participation and feedback in group is a lot higher. She seems to be at least learning something there. I think that she is having more self confidence that she might be able to be independent of her family and that everyone isn't necessarily out to get her.

–Caseworker quote

Negative or No Change

[Mental health treatment] is something that I haven't checked out yet. I said I was just going to wait and see until I go through all this stuff. I was like that would be something else on my plate to deal with that mentally right now, I would rather deal with it after they take the kids or whatever, and then go get the help that I need for depression and all that. Because it has done took a toll on me already. I know it is really going to hit hard once reality sets in and stuff.

–Family quote

For a short period of time she was stable on her medications. We still had concerns about the mental health issues in general; now she's quit taking her meds, she's not doing any mental health treatment.

–Caseworker quote

It was not that she was just drinking, she was hanging out with criminally active men, she was hanging out and being involved in domestic violence in front of [toddler aged son] when she was drinking, and she was out of control regarding her mental health. She was threatening to kill herself in front of him.

–Caseworker quote

Domestic Violence

By caseworker report during initial interviews, more than a quarter of families in our sample were currently experiencing issues with domestic violence. We looked for indications of change in this area, though again, it should be noted that indicators of change in other areas, especially relationships and communications, provided evidence of positive change, or of negative or no change for families with domestic violence issues. Though the number of cases with indicators of change for the specific area of domestic violence was small, there were some compelling examples of both positive and negative change in this area.

Positive change

When I started that group, I went to two of the support groups, and they gave us this little wheel of domestic violence and on the spokes it said all the different ways of how a man would abuse you or a woman to a man… And the only one on there that I really thought applied to me was the coercion… But none of the rest of them I believed. And it is like now that he is gone, I got that paper again on my last parenting class, and I looked over it and I almost wanted to cry and scream and laugh and just run away, and I didn't know what to do. Because I knew that every one of those spokes had affected me. And the thing that angered and hurt me the most was that I let them affect [our daughter], even though she doesn't know it. That is the one thing that I am blessed for, was that she was too young to actually realize most of those.

–Family quote

I think that [mom] was able to understand that because [dad] had victimized her before, that she didn't need to be a victim, that there were resources in the community for her, and she was able to separate herself from that. Where before she would kind of put up with it. She wasn't a victim any more.

–Caseworker quote

Negative or No Change

… I had went over there one time to pick up [my daughter] and one thing led to another, and anyway, [ex-husband, child's father] ended up grabbing me by my hair, in front of [our daughter] and he said, "I could snap your neck right now, you little [expletive]." And then he pushed me away and slapped me, and my daughter is sitting there freaking out.

–Family quote

Domestic violence is horrendous on children, we know that. So there are a lot of impediments to getting this child home. And I just don't know, given [the mother's] denial of anything that's happened is negative. [The father]'s very fake, superficial disclosures. "I'll tell you people what you want to hear." He has said that to me, "I'll tell you what you want to hear."

–Caseworker quote

Goal Attainment

Both workers and families have goals as they begin to work together. As the case progresses these goals may change, and as the case concludes both assess the extent to which the final goals have been met. We asked both workers and families about their goals as they began work together, and about progress toward meeting these, and additional goals, as the case closed, or after one year.

Reaching goals

The major goal of a third of the families in the last interview was the return of a child or children from foster care; another third expressed a goal of maintaining their child(ren) in the home without the presence of SOSCF. The remaining third wished to continue working with SOSCF, three families because they wanted to be part of arranging an open adoption, two because they wanted residential treatment resources for a child, and 16 (27%) because they wanted continued SOSCF support and assistance as they cared for their children.

Table 31
Family Goals at Closing or Twelve Months
N=60

Goal	Getting child back	Keeping child without SOSCF	Keeping child with SOSCF help	Therapeutic placement for child	Planning adoption or foster care
# of cases	20	19	16	2	3

Worker goals followed a similar pattern. Only about a fifth of the worker goals reflected a clear statement of seeking a permanent foster or adoptive home for children. One case had contradictory primary goals of reunification and adoption. The remaining worker goals were

those of maintaining children in their own homes, returning children, or of wanting families to use services so that it would be possible to reunite families.

Table 32
Caseworker Goals at Closing or Twelve Months
N=85

Goal	Safety with own parents	Family use of services	Permanency in new home	Contradictory primary goals
# of cases	41	24	19	1

Because such a high percentage of both workers and parents wanted to establish children with their own families, for the most part, worker and family goals agreed as cases closed or reached one year. Seven families after twelve months maintained a goal of getting their children back from foster care, while worker goals had shifted to planning for adoption. Two parents wanted their children in therapeutic placements, and one family's goal was permanent out-of-home care, while worker goals were to support parents in caring for the children themselves. Other than for these ten cases, though there may not have been complete agreement of necessary services and conditions, there was agreement on the end goal.

Table 33
Family and Worker Goals at Closing or Twelve Months

Family goal at closing or 12 months	Worker goal at closing or twelve months			
	Permanency in new home	Safety with own parents	Family use of services	Total
Getting child back	7	9	4	20
Keeping child without SOSCF	0	12	6	18
Keeping child with SOSCF help	0	6	9	15
Therapeutic placement for child	0	2	0	2
Planning adoption or foster care	2	1	0	3
Total	9	30	19	58

Families rated their progress toward achieving their major goals. As is seen in Table 33, 50% (30) thought they were making good progress toward achieving their goals. Families whose goals were to maintain their children in their own homes rated their progress most positively, with 25 thinking they were making good progress and only 4 thinking there was little progress.[1] However, of the 20 families whose goal was the return of their child from foster care, only 4 families thought they were making good progress toward the goal.

[1] A technical note. Families who wished to maintain their children in their own homes with continuing SOSCF help did not usually rate their progress toward this goal. Rather, they rated progress in using needed services. The average of these ratings was used to obtain a "progress" score for these 16 families.

Table 34
Family Ratings of Goal Attainment
N = 60

Family's major case goal at 12 months	Family estimate of progress			
	Little or no progress	Some progress	Good progress	Total
Getting child back	9	7	4	20
Maintaining child in home without SOSCF	2	2	15	19
Maintaining child in home with SOSCF	2	4	10	16
Therapeutic placement	2	0	0	2
Planning adoption or long-term foster care	2	0	1	3
Total	17	13	30	60

Eighty-five workers also rated progress toward meeting their goals in the case at closing or 12 months. Workers tended to be more optimistic than did families. Fifty five percent (n=47) thought families were making good progress toward the worker's goals. Ninety percent (n=40) of the 47 workers who were optimistic about achieving their goals were working toward maintaining or returning the child to its original home.

Table 35
Worker Rating of Goal Attainment
N = 85

Worker's major case goal at 12 months	Worker estimate of progress			
	Little or no progress	Some progress	Good progress	Total
Achieving permanency outside of the home	5	8	6	19
Achieving safety with own parents	11	5	25	41
Service goals with implied reunification upon completion	2	7	15	24
Contradictory primary goals	0	0	1	1
Total	18	20	47	85

As is shown in Table 36, worker and family tended to agree about the progress that was being made, particularly if it was good progress (or the goal had been achieved). Among the six families who were discouraged—while workers thought good progress was being made toward goals—are those families whose goal is return of the child to their home, while the worker's goal has become adoption.

Table 36
Family rating of goal attainment by worker rating of goal attainment
N = 58

Worker's rating of achievement of major goal	Family's rating of achievement of major goal			
	Little progress	Some progress	Good progress	Total
Little progress	7	3	2	12
Some progress	4	6	3	13
Good progress	6	4	23	33
Total	17	13	28	58

Forty-eight workers also had sub-goals; half of these were goals related to service delivery. A higher proportion of parents (n=54) had sub-goals, the goals of 22 parents related to accessing or completing services, and 15 to "getting life in order"—such activities as finding a job, a new apartment, completing education. Neither for workers nor parents was the nature of the sub-goal related to assessment of progress toward reaching it.

Factors associated with reaching goals

It seemed to us that if family and worker agreed on goals at the start of their work together, the probability of attaining that goal was greater. We thus coded the agreement of the worker and family on goals, and the family perception of the worker goals.[2] Of the 135 families whose agreement or disagreement on goals was coded at the third month of contact, 64% agreed on the overall goal, though there may have been different services thought necessary to reach the goal. Almost 60% of the parents perceived the worker's goals accurately.

Agreement on goals at the beginning of work seems modestly related to achievement of family goals. As is shown in Table 36, in 80% of the cases where there is agreement on goals in the beginning, achievement of the family's goals is rated as moderate or high while only 61% of the cases without agreement received moderate or high achievement ratings[3]. the family agreed with the worker about what the goals for the case were in the beginning while only in approximately two-thirds of the cases where there is agreement on goals in the beginning, the family's goals are achieved; when there is no agreement, goals are achieved less than half the time.[4] As is evident in Table 38, the same patterns are evident in looking at achievement of the worker's goals, and the association is even stronger.[5]

Table 37
Family and worker agreement on goals at three months, by attainment of family goals at closing or one year

[2] Inter-rater reliability for agreement or disagreement on goals was 82%, and inter-rater reliability concerning family perception of worker goals was 76%.
[3] This difference is statistically significant at the .10 level. Chi-square=2.75, 1 df, p=.097.
[4] This difference is statistically significant at the .10 level. Chi-square = 2.75, 1df, p=.097
[5] This difference is also statistically significant at the .10 level. Chi-square = 3.37, 1df, p=.066

N = 59

Agreement on goals	Family ranking of attaining goals			
	High	Moderate	Low	Total
Agreed	19	10	7	36
Disagreed	11	3	9	23
Total	30	13	16	59

Table 38
Family and worker agreement on goals at three months, by attainment of worker goals at closing or one year
N = 82

Agreement on goals	Worker ranking of attaining goals			
	High	Moderate	Low	Total
Agreed	33	12	8	54
Disagreed	11	8	9	28
Total	44	20	17	82

We asked about the parents' perceptions of the workers' goals, thinking that it was important not only that they be agreed, but that the parent know there was agreement. Thirty seven parents were mostly accurate in their perception of worker goals; 21 misperceived them. Those who perceived worker goals more accurately were more likely to achieve their own goals though the differences were not great.

Interestingly, accurate perception of worker goals was, as shown in Table 39, more strongly linked to good progress toward achieving the worker goals.[6] One might speculate that accurate perception of worker goals increases the possibility of family compliance with worker goals. However, there is no association of accurate perception with progress toward meeting worker sub-goals, many of which goals about attending or completing specific services.

Table 39
Parent perception of worker goals and attainment of worker goals
N = 58

[6] This difference was statistically significant at the .10 level; Chi-square=3.211, 2df, p=.073

Parent perception	Attainment of worker goals			
	Good progress	Moderate progress	Poor progress	Total
Accurate	19	11	7	37
Inaccurate	11	2	8	21
Total	30	13	15	58

If attainment of goals is one aspect of successful case outcome, one would expect that a higher proportion of families receiving services which had the characteristics of S/NB work would be making good progress toward completing goals by the final interview, or that certain characteristics of S/NB services would be associated with goal attainment. This will be explored in the section on linking outcomes with practice.

The importance of goals

Though goal-setting is not stressed in the model of S/NB practice, it is a hallmark of good casework practice. Sixty-four percent of the workers were able to establish goals which predominantly reflected case outcomes, rather than simply use of services. Three quarters of the workers expressed goals related to reunification of child with family, or maintaining a child in a family. Only a fifth of the workers thought that they were making poor progress toward achieving their goals at the final interview (when the case was closed or had been opened one year), while more than half (55%, n=46) thought they were making good progress or had accomplished their goals. Accurate parental perception of the worker's goals at the start of work together was associated with successful completion of those goals.

Parents also had goals, with two-thirds of the parents setting goals for the return of children to their homes, or maintaining children in their homes. There was good agreement among these goals at the final interview, with the notable exception of 7 families who still hoped to get children returned to their care, while the worker was planning adoption. The theory base of casework practice suggests that agreement on goals at the beginning of work together will be associated with successful work. This was true for this sample, with those workers and parents who agreed on goals at the start being more likely to make good progress toward both worker and parent goals.

Other Outcome Indicators

The reader will remember two other important outcomes, family satisfaction with experiences with SOSCF, and worker satisfaction with the management and outcome of the case, have been discussed in the preceding two chapters because of their linkage with open or closed case status. Case closure is also discussed in preceding chapters. These are included in the outcomes discussed in the following pages. Because there were serious concerns about the safety of almost none of the children, safety has not been included in the analyses of the interaction of practice factors and outcomes.

Chapter 7

Linking Practice with Outcomes

In past reports and earlier chapters of this report we have identified relationships amongst the various elements of S/NB practice, such as collaboration, family engagement, asking the family for feedback, the importance given to the family's input and opinion, and family compliance. This year we have attempted to link some of the later end outcomes with elements of practice. Linking outcomes with practice in child welfare is very challenging and difficult because of the complexity and wide variety of different families' issues and circumstances as well as the complexity and intricacies of practice. Many variables enter into and influence the course of a case and it is virtually impossible to take them all into account when doing research.

Key findings

- **Outcomes are associated with S/NB practice: cases scoring high in S/NB practice were more likely to be closed and to have achieved permanency for the child before 12 months; children in these cases tended to spend less time in substitute care; families were more likely to have experienced positive change; and families and caseworker tended to be more satisfied.**
- **Negative outcomes and lower implementation of S/NB practice were associated with placement of a child in substitute care.**
- **Use of flexible funding for concrete services was associated with shorter time in out-of-home care.**
- **A closer look at how workers talk to families about needs is warranted in order to understand why it wasn't linked with outcomes other than family and caseworker satisfaction.**

In child welfare, one variable which is likely to have a profound effect on many aspects of a case is removal of a child from its home. Therefore, we examined the effect of placement on practice as well as outcomes, in addition to analyzing the relationship between outcomes and various elements of S/NB practice.

The Influence of Placement of the Child in Substitute Care

Placement of a child in substitute care influences both characteristics of practice as well as case outcomes negatively. This may be particularly evident when data is collected from family report, as much of the data on which we report has been. The proportion of cases with children in care was much higher in our sample than in the general population of child welfare cases. This is due to our sampling procedure, which targeted more serious cases that were likely to be open for some time in order to facilitate our collection of longitudinal data for a substantial number of cases. As illustrated in Table 40, placement was related to numerous indicators of S/NB practice.

Table 40
Correlation of Placement with Indicators of Strengths/Needs Based Practice

Practice Indicator	Correlation with Placement at Time of Initial Interview
Adequacy of contact with worker at 2-3 months (n = 141)	-.203*
Adequacy of contact with worker at 7 months (n = 73)	ns
Adequacy of contact with worker at 12 months (n = 63)	ns
Caseworker discussed needs with family at 2-3 months (n = 140)	ns
Caseworker discussed needs with family at 7 months (n = 83)	ns
Family attended a Family Decision Meeting (n = 140)	ns
Family found FDM useful (n = 72)	-.387***
Family felt opinion counted at 2-3 months (n = 142)	-.321***
Family felt opinion counted at 7 months (n = 88)	-.250**
Family felt opinion counted at 12 months (n = 50)	-.366**
Worker asked family for feedback (n = 142)	-.221**
Collaboration scale score at 2-3 months (n = 144)	-.380***
Collaboration scale score at 7 months (n = 77)	-.433***

*p<.05; **p<.01; ***p<.001

When a child was removed from the home parents tended to rate contact with the worker in the early phases of a case as inadequate. Families with children in substitute care also rated family decision meetings as less useful. They felt their opinion counted less at all measurement points, they more often reported not being asked for feedback and they rated collaboration and their

sense of empowerment in the planning process as low. Families with children in care also tended to rate every aspect of their engagement as low (see description of engagement subscales in section describing cases at 2-3 months), as did caseworkers at both the beginning of a case and at 7 months.

Overcoming a family's anger and sense of disempowerment at having a child removed is difficult, as these findings suggest. However, it is notable that whether or not a Family Decision Meeting was used (caseworker report) was not associated with placement, suggesting that these meetings are used just as often to prevent children from going into placement as they are after a child has been placed. Neither was placement related to families' reporting that their caseworker talked to them about the needs of their child. Rather, caseworkers seemed to do this equally for families with and without children in substitute care.

Placement had a negative relationship with various outcomes as well, as illustrated in Table 41. The permanency status of the child was more likely to be unresolved and the case was less likely to be closed at 12 – 14 months in cases where a child was in placement at our initial interview. The family was also less likely to have experienced positive change in that time. Families with a child in substitute care were less satisfied with their experience with SOSCF and workers were less likely to have achieved their goals for the case. Placement had no association with caseworkers' satisfaction with their work in a case nor with family ratings of goal achievement.

Table 41
Correlations between Placement and Case Outcomes

Outcome	Correlation with Placement at Time of Initial Interview
Case closed (n = 99)	-.396***
Permanency achieved (n = 98)	-.355***
Positive change in the family (n = 90)	-.406***
Worker goals achieved (n = 84)	-.199*
Family goals achieved (n = 41)	ns
Family satisfaction (n = 68)	-.327**
Caseworker satisfaction (n = 97)	ns

*p<.10; **p<.01; ***p<.001

The influence of placement was pervasive in our sample. To do a statistical analysis that would unravel the effects of practice from the effects of placement would require a much larger sample than we have. We do have some evidence, however, that quality of practice is important over and above factors such as placement and family characteristics. As was discussed in the section on "Practice and Family and Case Characteristics" Chapter 2, a high percentage (88%; 21 out of 24) of families with low ratings on S/NB practice indicators had experienced removal of their children at some point prior to the interview. However, almost half (24 out of 50) of the cases identified as having high ratings on S/NB indicators had also experienced a removal. The significant difference between these cases, however, is that 42% (11) of those children removed

in the highly rated cases had been returned home at the time of the interview, as opposed to only one in the low rated cases. How much practice contributed to the early return of the child is unknown and the effect of practice on reunification is certainly reciprocal.*

The Relationship between Outcomes and Elements of S/NB Practice

Table 42 presents the relationships between the outcomes and selected S/NB practice indicators that have been discussed in this report. The Collaboration Score was calculated as the mean of a family's score on all items in the Collaboration Scale. Family satisfaction and caseworker satisfaction were calculated similarly using the items of each these scales. Generally, findings show a strong relationship between numerous elements of S/NB practice, as experienced by the family, and positive case outcomes. Noteworthy results include the following:

- Collaboration, which is a central element of S/NB practice, was strongly related to each of the outcomes.

- Family reports of the caseworker talking to the family about needs is believed to be a crucial element of S/NB practice yet it was only related to worker satisfaction and family satisfaction. Further exploration, in order to understand this finding, is recommended. It may be that needs must be talked about in a certain way or at a certain level of specificity in order to effectively contribute to outcomes.

- Attending a Family Decision Meeting (FDM) was not associated with outcomes other than family satisfaction and worker satisfaction. However, the more useful a family rated an FDM (on a scale of 1 to 5) the more likely permanency for the child had been achieved, the less time the child spent in placement, and the more likely the family was to have experienced positive change in one or more areas. Caseworker ratings of how empowering an FDM was for the family is the only indicator that was drawn from caseworker report and it was significantly related to each outcome except achievement of family goals. Interestingly, caseworkers were also less likely to be satisfied with their work when they rated an FDM as empowering for the family.

- The relationship between family satisfaction and each of the indicators was so highly significant as to appear almost synonymous with the family's experience of S/NB practice.

- In cases where the family felt they had adequate contact with their worker, that their opinion counted in planning, that their relationship with the worker was collaborative and the worker asked them for feedback, permanency for the child was also likely to have been achieved by 12 months, the family was likely to have experienced positive change in one or more areas, and the child was likely to have spent less time in placement than in

* For a more complete discussion on this see the section entitled "Practice and Family and Case Characteristics" in Chapter 2, as well as a description of the method of obtaining "high" and "low" S/NB scores in Appendix B. Another relevant finding reported in that section is that family circumstances that could also be factors contributing to family's ratings of practice did not differ significantly between the cases receiving high versus low ratings on indicators of strengths/needs based practice.

other cases. With the exception of adequate contact with the worker, positive ratings on these indicators were also associated with a case being closed by or before 12-14 months after opening.

Table 42
Relationships between Outcomes and Indicators of Strengths/Needs Based Practice

	Case Closure	Permanency Status at 12 months	Positive Change in the Family	Time in Placement	Progress in Achieving Worker Goals	Progress in Achieving Family Goals	Family Satisfaction/ Overall Assessment	Caseworker Satisfaction
Adequacy of Contact with Worker	ns	.253** n = 93	.211** n = 85	-.330**** n = 94	ns	.372** n = 37	.552**** n = 64	.289*** n = 91
Family's opinion counts	.252** n = 96	.212** n = 95	.198* n = 87	-.273*** n = 98	ns	ns	.462**** n = 65	.172* n = 95
Worker asks family for feedback	.187* n = 96	.184* n = 95	.264** n = 87	-.227** n = 99	ns	.268* n = 41	.412**** n = 66	.220** n = 95
Worker talks to family about needs	ns	ns	ns	ns	ns	ns	.387**** n = 67	.262*** n – 96
Collaboration	.260*** n = 97	.373**** n = 96	.317*** n = 88	-.501**** n = 99	.306*** n = 83	.309** n = 41	.670**** n = 67	.334**** n = 96
Attending an FDM	ns	ns	ns	ns	ns	ns	.207* n = 67	.241** n = 93
Family finds FDM useful	ns	.265* n = 48	.363** n = 47	-.483**** n = 49	ns	ns	.647**** n = 33	.243* n = 44
Caseworker rates FDM as empowering for family	.291** n = 97	.428*** n = 47	.374** n = 46	-.309** n = 49	.379** n = 38	ns	.492**** n = 35	ns

*p < .10; **p < .05; ***p < .01; ****p < .001

Strengths/Needs Based Practice Score and Outcomes

As described in the section on "Practice and Family and Case Characteristics" in Chapter 2, an overall score of S/NB practice was calculated for each case. This score represented the overall level of implementation of S/NB practice in a case, primarily based on the family's report of their experience 2-3 months after their case was opened.

To recapitulate, the process by which the S/NB score was developed was as follows. In order to separate our sample into "high" and "low" groups, we examined quantitative variables from the family interviews. These were items specific to the model such as whether a caseworker had discussed needs or whether the family had attended a family decision meeting. They also included items designed to gauge families' sense of how the process was working, such as how much the family felt their opinion counted, whether the worker had asked for feedback, and whether the family's values had been respected throughout the process. The score on the collaboration scale was also used.

A database was created that contained the scores of each case by variable. Then individual items were summed to arrive at a cumulative score for each case of zero to 21. Low cases scored 0-5, high cases 16-21. There were 58 high cases (40%[*]), 27 low cases (18%) and 61 mixed or intermediate cases.

In order to verify these findings, we looked at case summaries prepared by interviewers at the conclusion of every case. In them, interviewers identified major factors that influenced cases. The findings of this layer of analysis closely matched what we discovered from the quantitative data.

As can be seen in Table 43 this overall score of S/NB practice is related to all outcomes except achievement of worker and family goals. In other words, in cases with a higher level of S/NB practice, permanency was more likely to be achieved and the case was more likely to be closed by 12 months. In these cases, the children were likely to have spent less time in placement, the family was more likely to have experienced positive change, and the family and caseworker ratings of satisfaction tended to be high. While these relationships are likely reciprocal, they are consistent with, and offer support to, the way the model of S/NB practice is believed to work.

[*] Based on 146 cases; two assessment-only cases not considered.

Table 43
Correlation between Overall Score of Practice and Outcomes

Outcome	Correlation with Overall Practice Score
Case closed (n = 99)	.218**
Permanency achieved (n = 98)	.259***
Positive change in the family (n = 90)	.262**
Worker goals achieved (n = 84)	ns
Family goals achieved (n = 41)	ns
Family satisfaction (n = 68)	.589****
Caseworker satisfaction (n = 97)	.320****
Length of time in placement (n = 100)	-.313***

*p<.10; **p<.05; ***p<.01; ****p<.001

Flex Funds and Outcomes

In looking at the relationship between the use of flex funds and case outcomes we looked separately at flex funds used for concrete needs, usually related to poverty, and flex funds used for services, such as therapeutic services, special parenting classes, and special activities for children. As it turns out, the different use of flex funds are related differently to outcomes.

Looking at the cases for which we had 12 month interviews (n = 72) and in which the child had been placed outside the home (n=46), children tended to go home faster in those cases where flex funds were used than they did in cases where flex funds were not used ($r = -.309$, $p<.05$). This relationship was even stronger in cases where flex funds had been used to purchase material goods related to basic needs ($r = -.456$, $p=.001$). More specifically, the following was found:

- In every case in which the child was in placement and flex funds were not used the child remained in placement for longer than 6 months.

- In 42% of the cases in which the child had been placed outside the home and flex funds were used for material goods, the child was returned home in less than 6 months.

Given that these cases were open at least 12 months, this sub sample of cases likely consisted of the more difficult cases in the sample. It cannot be said that flex funds were the determining factor in children going home sooner in some of these cases. It may be that family situations in cases where children went home sooner were such that using flex funds was a viable tool in helping the child go home where as in some cases it would have made no difference. The complex nature of casework and the limitation of our statistical analysis prevent us from drawing conclusions of cause and effect. However, the findings are consistent with the S/NB practice

model, which proposes that addressing specific needs of families should help children remain at home or return home sooner.

When cases that closed at 7 months were added to the analysis, the relationship between the use of flex funds for concrete needs and time in placement remained the same ($r = -.228$, $p<.05$), in other words the use of flex funds for concrete needs was associated with reduced time in placement . However, when flex funds were used for services in this larger, more varied, sample, the relationship with time in placement was reversed ($r = .311$, $p<.01$), and a negative relationship with case closure ($r = -.219$, $p<.05$), permanency status ($r = -.291$, $p<.01$) and positive change in families ($r = -.202$, $p<.10$) was found. It seems that when flex funds were used for services, they tended to be used in cases that were not closed at 12 months, in which children had been in care for 6 months or longer, permanency had not been achieved, and the family had little or no positive change. Considering that the most frequent use of the funds was for special therapeutic services and for activities for children (see description of use of flex funds in section on services), this also suggests the importance of these funds for helping children in these more difficult cases and serious circumstances.

Summary of the Relationship between Outcomes and Practice

Our findings are not conclusive nor do they identify a cause and effect relationship. They are, rather, suggestive and open to various interpretations. It must be remembered that while two variables may be significantly related statistically, it may be some third factor that is influencing each of the other in such a way that it appears they are related more than they actually are. Removal of a child from its home and placement in substitute care is one of the factors that has a powerful influence on many aspects of child welfare, including the family's perception of and relationship with SOSCF and caseworker, as well as case outcome.

While we acknowledge the limitations of our analysis, and the influence of placement, many of the relationships we discovered do appear to be quite strong statistically and suggest that S/NB practice may contribute to outcomes. Flex funds may also be important for helping children to return home sooner in situations of poverty, and for contributing to children's well-being in cases that appear to be more difficult. Our findings make sense within the framework of the model of S/NB practice and are consistent with the way it is believed to work. A closer look at how caseworkers talk to families about needs and how that might be improved so as to contribute more positively to outcomes is warranted, however.

Some of our upcoming reports will provide additional evidence and more explanation from the qualitative data in the interviews about how particular aspects of S/NB practice may influence the direction and outcome of a case.

Chapter 8

Foster Parents and Community Partners

Foster parents and community partners are essential in the implementation of S/NB services. In the past two years, both have provided ideas for practice. Sixty-eight community partners were interviewed in a snowball sample, the number determined by the point at which no new information was being obtained in interviews*. Forty-five foster parents, caring for children in this sample, were interviewed. These foster parents were a major source of information about the current functioning of the children in the sample, and also provided information about their experiences fostering children in the custody of SOSCF. It is this latter information that is the focus of this section.

The foster parents

As detailed in the earlier overall description of the study sample, foster parents of the "target" children in the sample, who had had these children in their care for at least two months, were asked for an interview. In most instances, the interviewer who had talked with the family and the caseworker also interviewed the foster parent. Most interviews were with the foster mother only; in nine the foster father was also present. Foster parent interviews were obtained with families in all branches except Wasco/Sherman and Hood River. More than a third (38 %) of the foster mothers were employed outside the home. Of the non-relative foster parents, 6 foster families had been fostering for more than 10 years, 5 for less than a year; the median number of years of fostering was 3.

* These data were extensively reported in the June 2000 report; highlights are repeated here for comparison with foster parent ideas.

Of the 45 foster parents interviewed, 20 were regular foster parents, 12 were medical foster parents, 12 were relatives, and one was a neighborhood foster home[*]. Foster parents who described themselves as "regular" foster families included one Oregon Youth Authority home caring for a teenager, two that considered themselves pre-adoptive homes, and two that considered themselves emergency shelter homes, where placements had drifted on into longer term care. Of the relative foster parents, two were great-grandmothers, the rest were grandparents. Homes licensed as medical foster homes cared for children with a range of difficulties, ranging from medically fragile infants to older children with developmental disabilities. None of the families in this sample classified themselves as therapeutic foster homes, though some may have been receiving special rates for the care of children with behavioral difficulties.

The placement experiences of these children and families were mixed. Nine children (69% of those with siblings in placement) had siblings placed with them in the same foster home. However, only 4 children (22% of the school-age children) were attending the school they had attended before placement. Only 10 children had a pre-placement visit in the foster home, though 4 families already knew the child well. Three quarters of the foster parents, however, thought they had adequate information about the child prior to placement.

Communication between these foster parents and the SOSCF caseworker seemed, in general, quite good from the foster parents' perspective. There was good agreement about the needs of the children in 23 of the cases (51%), and moderate agreement in an additional 17 (32%). 29 (64%) of the foster parents attended planning meetings, usually family decision meetings; half attended Citizen Review Board meetings. As plans were made for the child, 29 foster parents (64%) thought they had a good deal of input, and an additional 11 (24%) thought they had some input. Thirty-one foster parents (69%) reported that when they telephoned the caseworker their call was returned within twenty-four hours. A final question asked foster parents whether their experiences with SOSCF were such that they would be encouraged to continue as foster parents; overall, those who reported positive experiences also indicated that they would be likely to continue being foster parents. This is most evident in one very concrete measure; as is shown in Table 44, foster parents whose usual experience was the caseworker's return of telephone calls within 24 hours thought they were likely to continue fostering.

[*] This neighborhood foster home had been recruited and trained, and was being supervised, as part of a project with Casey Family Services.

Table 44
Telephone Return Rates for Caseworkers to Foster Families

Time until call is returned	Experience encourages foster parent to continue as an SOSCF foster parent			Total
	Yes	Not sure	No	
Within 24 hours	27	1	--	28
Within 48 hours	2	--	1	3
Three days or longer	2	2	6	10
Total	**31**	**3**	**7**	**41***

*Three relative homes did not answer the question about continuing to foster, believing that their continuation depended solely on the needs of the child in their care. One foster parent did not answer the question about telephone calls.

These foster parents were active in seeing that the children's needs were met. Eighty two percent of those with school age children have met with the children's teachers. Ninety six percent have taken the child to the doctor, and 62% have met with other service providers. Sixty four percent have gone to court. However, they feel powerless in meeting the most basic of the children's needs; as one great grandmother said:

> *I don't know whether it is children's services—I don't know whether it is the judge or what. But he has been with me for a year. He has nothing to look forward to. He doesn't know when or if he is ever going home to be with his mom and dad. And he just lives from day to day, not knowing anything. And if he was an adult, that wouldn't happen.*

Visits are important to both children and foster parents (as well as to parents). More than three-quarters of the children visited with parents at least weekly. Visits are most often at the SOSCF office; only 8 foster parents report that there have been visits in their home. Visits can be complicated.

> *Before and after (the visits with mother). . .behavior just goes crazy. She becomes real whiney, clingy. She don't listen, she just uses that, defiant way. If it gets broken (Mother doesn't show up for the visit),\she usually just falls apart.*

But foster parents encourage them.

> *I said, " it really won't hurt you to see your Mom. No matter what your mother had done, she is going to love you forever. . .she is still learning. She still loves you". . .and he said, "OK, if I go and see her will you go, too.?" I said, "I will go on the visit with you." "Will you stay there?" "If you want me to, I will stay right there with you."*

Nevertheless, 33 of the foster parents report that they transport children for visits at least sometimes; 14 usually provide the transportation. Twenty (46%) of the foster parents provide supervision for the visits, at least some of the time.

Foster parents are very aware of the importance of parents in the lives of children. However, only 29% of the foster parents report ever working with parents on parenting skills. The foster mother doing neighborhood foster care explored this a bit, saying:

> *And so, actually, she (a friend who is a foster mother) got me interested in the neighborhood foster care piece and I thought, when I first heard about it, I thought it was pretty cool to help bio parents get their kids back and kind of work with them. And it would be a different avenue but one where there is more stress put on the fact that families should stay together, and I thought that was good. . .*

Though this is a generally positive group of foster parents, there are difficulties. Foster parents did have complaints about the adequacy of reimbursement and, even more frequently, about inadequate clothing allowances, the need to purchase infant and children's equipment out of their own funds, and reluctance of SOSCF to pay for children's activities. Even more seriously, foster parents thought that the caseworkers did not really know the children, and did not listen to the children's ideas. All but 7 said that the caseworker did visit in the foster home; however only 17 foster parents (38%) thought that the caseworker knew the child in their care really well. As one foster mother said:

> *They need to talk more with the kids, they don't ask the kids, they act like the kids have no say in it. They don't do much with the kids. They don't say much to the kids. They just kind of like go through me, and they kind of leave it up to me to surprise them [with news of what is to happen], and I don't like that at all.*

Thirty two foster parents (76% of those that answered) feel that their experiences with this child and this placement have a quality which would encourage them, despite the complexities of the work, to continue being a foster parent.

> *It has been rewarding. When you see kids make such good progress, that, in itself, the payments are nothing. Because the payments you get isn't enough to give them a good life. We usually go in the hole. It is just seeing them progress and become good people and independent. That is the neat thing about it all.*

Community partners

One of the central tenets of S/NB services is that of providing individualized needs-based services. These services should emerge and be provided out of collaboration between the family, public child welfare and community partners, as well as any identified family resources. As SOSCF implemented S/NB practice, questions arose regarding the perception of community partners who work closely with SOSCF staff and the families served by the Division. Obtaining the perspective of community partners provided another lens on the integration of this new practice model. What follows is a summary report taken from our 2000 Interim Report.

In order to identify an appropriate sample of community partners, SOSCF Branch Managers and/or Resource Developers were asked to provide the team with lists of community partners (individuals and agencies) with whom they had a close working relationship. Beginning with

this list, a snowball sample was developed. Of 75 potential respondents contacted for an interview, only seven did not complete an interview.

Sixty-eight community partners from five Oregon counties were interviewed. Both rural and urban counties were included in the study.

Table 45
Types and Numbers of Providers Contacted

Provider type	Number
Legal: Attorneys, Victim Advocates, Trial Assistants, CRB, CASA, Juvenile Corrections, Referee, LEA, Adult Corrections	16
Domestic Violence Services-Shelter, Support for Survivors, Treatment for Offenders	3
Private Contractors for Therapy and Drug/Alcohol Treatment Programs	11
Family Resource Centers/Level 7/Shelters/Tribal Facilities/Churches/AFS	11
Public Mental Health/ Public Health	6
Parenting Education/Teen Parent Program	9
Schools	5
Juvenile Outpatient/Residential Treatment	7
Total	**68**

Community partners of SOSCF, working with the Division in the implementation of S/NB services, were contacted by telephone. Verbal informed consent was obtained, and partners were told about the evaluation of S/NB and they were advised that we wanted to interview community partners to obtain their perspectives on the relationship between their agency and SOSCF. Subjects were told that their participation would be kept confidential and that their comments would become part of a summative report that would not attribute comments to individuals

Qualitative analysis of the data provided by these 68 community partners yielded the following ideas:

- Fifty-five community partners noted that successful service collaboration depends on the caseworker; community partners' experiences vary.

  Some SOSCF workers are just excellent—some are awful. Competent workers do a wonderful job, do what they can. . .are mature and trained. Not competent ones are scattered, blaming of parents, poorly trained and prejudge. As a whole, everyone is better.

- Forty-three interviewees noted that SOSCF has become a stronger community collaborator with the implementation of the S/NB model, becoming more willing to share responsibility for and information about cases.

  SCF is more willing to share a case [rather] than owning a case.

- Twenty six community partners have questions about aspects of the S/NB model and about inconsistencies in the use of flexible funds. They would like to have more information to advocate for clients.

  It would be helpful if we knew what they can do and can't do. It's not helpful if we have a good idea of what a client needs but the agency says 'we can't do it.'

- Partners would like to see increased training for workers and improved staff performance. They would like to see decreased workloads and decreased staff turnover, as well as greater consistency from branch to branch.

  Case transfer interrupts continuity. It seems that everyone is too busy. . .

- Family decision meetings (at which community partners, family and extended family plan with the caseworker) are well liked as a forum for collaboration, but community partners also observed that collaborative efforts at the "front end" of a case are not always continued due to workload and personnel issues in the public child welfare system.

  Family decision meetings eliminate triangulation. Collaboration helps neutralize personal bias. Everyone hears the same stuff.

Among the 68 community partners that were interviewed there appears to be general agreement that implementation of the S/NB practice model is uneven. Although participants reported that SOSCF is more collaborative, and family decision meetings are seen as a powerful tool for collaboration, community partners suggest that outcomes from those meetings directly impacted by variable follow-through by SOSCF staff.

Community partners commented on the overall changes that SOSCF continues to make. Most partners believe that the job of an SOSCF caseworker is a difficult one. It is also clear from the interviews that partners had at times experienced excellent casework, and that in general community partners are noticing the efforts that SOSCF is making to become more strengths-based. As reflected in the many comments about practice, community partners speak to a need for improved retention, training and supervision to strengthen service staff's ability to be solid practitioners and collaborators.

Common themes among foster parents and community partners

Both foster parents and community partners emphasize that their experience with SOSCF varies with the attitude and competence of the caseworker. Caseworkers who include community partners and foster parents in decision making, and are courteous and prompt in returning calls and conveying information, create a working environment in which others feel supported in their efforts. It is the caseworker who is the ambassador for SOSCF, and with whom families, foster families, and community partners have the most contact. It is not surprising then, that experiences with S/NB practice are most reflected in the phrase "it depends on the worker".

Most of the foster parents in this sample, and most of the community partners, reported experiences with SOSCF caseworkers that were, on the whole, positive. Community partners were more aware of the practice changes within SOSCF, commenting particularly on the use of family decision meetings. Foster parents were not as aware of practice changes, but the high proportion that thought they were included in decision making and that their ideas were considered is in contrast to the findings in our foster parent survey, or in earlier samples of foster parents, and indicate that practice changes are indeed taking place in work with foster parents.

Community partner data have at this point been subjected to a qualitative data analysis. Data from the foster parents are mainly that of the quantitative data analysis, illustrated with occasional quotes from foster parent interviews. More systematic qualitative analysis of this data is expected to supplement these findings, and will be one of the products of our continuing work with these data.

Chapter 9

Supports, Barriers, and Suggestions for Improvement of S/NB Practice

Previous reports from the System of Care Evaluation have included discussion of systems issues in the implementation of S/NB services (1997); description of the impact of working within a System of Care framework (1997); analysis of the feasibility of using S/NB practice at the "front door;" observations and recommendations regarding the Division context (1998); and the use of flexible funds in case planning (1999 & 2000). In this last phase of the evaluation, we undertook a systematic survey of caseworkers regarding broad, systems-level issues.

Methodology

After completing the case-specific interview questions, we asked workers a series of primarily open-ended questions related to their perspectives on the S/NB practice model, including "what works" and doesn't work, what affects their ability to deliver S/NB services, training they had received or wished to receive, the quality of supervision they had experienced, and how S/NB services and SOSCF practice as a whole might be improved.

For this report, we will focus on workers' perspective regarding supports, barriers, and suggestions for improvement of S/NB practice. Both quantitative and qualitative data analysis software (SPSS and NUD*IST, respectively) was used in reporting frequencies, coding and sorting for themes, and ultimately arriving at the findings that follow. Our qualitative analysis does not aim to arrive at simple counts of frequencies of themes, but instead aims to present some of the breadth and depth of experiences and opinions of this diverse group of front-line workers.

Sub-study Caseworker Characteristics

Although we interviewed individual workers more than once, we only asked a given worker the systems questions one time. Thus, over the three waves of interviewing, we were able to gather responses from 131 caseworkers around systems issues for inclusion in this analysis. Among the minimal demographic data we collected were the workers' tenure with the Division and their level of education. There was a broad range of experience represented in this sample:

- 40% had worked at SOSCF for less than 2 years;
- 26% had worked for 2 to 4 years;
- 18% had worked for 5 to 9 years; and
- 16% had worked for 10 or more years.

Regarding educational attainment, almost 2/3 (66%) of this group of caseworkers had earned a Bachelors Degree, while only 12% had received their MSW. An additional 14% had attained a Masters-level degree in a field other than social work, while 8% fell into the "other" (mainly high school or community college degree, but one Ph.D. as well) category. We did not code interviews for workers' gender, ethnicity or age, and thus are unable to report that data precisely.

Supports to Strengths/Needs-Based Practice

Because many of the questions we asked were deliberately framed in an open-ended fashion to encourage a broad range of responses from workers, we used content analysis across questions in developing the themes that follow. Where the limited quantitative data from this portion of the interview sheds light on a particular theme, we will report the relevant findings at that point.

Key themes: Supports to S/NB Practice

- **The positive impact of supportive organizational culture and branch/SOSCF infrastructure, including helpful supervision, support from fellow line workers and other branch staff, and effective training.**
- **The helpful effect of constructive community partner involvement, including actions by the court, the sharing of responsibility with community agencies, and outside agencies' collaboration in planning with the family and providing timely feedback to the worker.**
- **The vital role that flexible funding can play in accessing resources, and the availability of appropriate services in a given community.**
- **The motivation and clarity that ASFA can provide for workers, community partners and families.**
- **The good things that can flow out of family decision meetings.**

Supportive organizational culture and branch/SOSCF infrastructure

Many workers felt supported within their units and branches. Brainstorming with fellow unit members; teaming with other staff regarding case staffings, or on a Family Support or Family Partnership Team; receiving encouraging, practical advice from a supervisor; maintaining a clear sense of mission through leadership's actions and communication; and examples of workable processes and procedures were all cited. Examples of support offered by co-workers and by developing a shared sense of mission are illustrated in the following comments:

> *I think this branch is really good at staffing cases. . .A whole bunch of people look at it and put their input in, and then everybody comes to a decision about what they are going to do. So I think you get a lot better and more consistent branch wide how the cases are going to be handled. I think that is really good for Strengths/Needs Based. What I have seen is a real commitment in this branch to keeping kids at home if it is at all possible, and working with families with their children in their homes. I've also seen a real commitment to getting in, getting services to these families, and getting out as fast as we can. . .So I think this branch does a really good job in System of Care.*

> *It is a really freeing human environment here, and I think that carries over in our System of Care work we do with our clients. Because as workers we are encouraged to speak freely, and be ourselves, and not be afraid to be a human being. Just do the best you can-- there is an openness. So that carries over in the work with the clients, when you have that kind of confidence from your supervisors and branch manager.*

> *We have a very supportive branch here, and the branch manager wants us to come up with new a different ways of dealing with families. . .[she] is very willing to look at new things and encourages people to do so.*

The specific role played by branch resource developers was mentioned by several caseworkers as particularly helpful. When resource developers are able to create or access resources, provide information about available services, and help workers navigate the labyrinth of flexible funding, this can be extremely supportive. One worker gave accolades to her branch's resource developer:

> *Our RD is very, very good at accessing resources. He is very good talking to people, with people, getting contributions. We have gotten so many things donated that we didn't need to access money for them. In the case* [subject of the case-level interview] *we were talking about before, he got the car lot to donate services to have her car even looked at. And that is where we found out all the problems with her car. So a lot of things he does very, very well.*

Effective, empathetic supervision emerged as an important support to good S/NB practice. We asked workers a series of questions regarding their experiences with supervision and training which can help provide context regarding this point. When asked, "Not including crisis-related consultation, how much time do you spend one-on-one with your supervisor each month?", 63% reported spending "more than 2 hours" per month in supervision, while 30% reported having less than 2 hours per month with their supervisor, and 8% reporting no time at all spent in supervision. Responses to the follow-up question, "Would you like more time [with your supervisor]?", offer support to the notion that many workers were satisfied with 2+ hours of time

with their supervisor each month: 61% said "No," while 38% said "Yes." A final categorical question asked how often discussion of S/NB practice principles was included in supervisory sessions. Here, a majority of workers (54%) replied "often," while 30% stated "occasionally" and 11% said "never." Thus, even while it would be desirable for such discussions to be even more widespread, it is nevertheless encouraging that they occurred this frequently. The actual meaning of supportive supervision is illustrated in the following quotes:

> *She is very good about making sure we are taking good care of ourselves. She is very realistic. She is very good with me if I get too excited about something, to sort of calm me down and show me that "This is something you have control over right now, and this is stuff you don't…"*

> *We go over my caseload status report, which lists every case that I have, and I keep [her] up-to-date on where the case is. [Is that helpful?] Incredibly, incredibly. She is very insightful and she has been with the agency for quite awhile. When I feel stuck on something she will offer suggestions about how to get around it, or how to get it achieved. She will offer the different resources.*

> *She is very busy, but I feel like I have sufficient time with her, because she is very helpful. If you have a touchy case to go to court, you go in and talk to her. . .she has gone to court with me several times.*

Training, both specifically related to S/NB practice and on other topics, was a general area of questioning as well. A specific quantitative question asked workers to rate "how helpful has the S/NB training you've received been in terms of your everyday practice?;" 42% (n = 39 of 92 valid responses; this question was added three months into sampling) responded that it had been "very helpful." When training was helpful, it offered practical, timely information; it brought theory down to earth; it was offered with reasonable frequency and was followed through on over time; and it was connected to practice within a given branch. Workers spoke to these points in the following comments:

> *Excellent, it* [the S/NB training] *was really good. She took some incredibly sticky situations and broke it down into some very workable scenarios.* [So you thought it was reality-based?] *Oh, yes, absolutely. When we threw different cases at her, she had not heard of them before. So it is not like she picked out a case and said, "This is what you should do." So it was excellent; I actually felt really inspired.*

> *When System of Care was being [introduced], [trainer] was there about every two months. She worked with us on our cases and she helped us do service agreements. She helped us do interventions and working with the family in therapeutic visitations. I know how to do therapeutic visitations.*

Although comments about difficulties with paperwork and cumbersome protocols (discussed below) were widespread, workers also occasionally identified helpful processes and "standard operating procedures" within SOSCF and their branch. The practice of regularly teaming up for joint staffing of cases, mentioned above, is one such process. The institutionalization of use of Family Decision Meetings early in the life of a case to facilitate family involvement in S/NB planning is another. Setting up the expectation that cases will move quickly and seamlessly

between workers, and using family decision meetings to provide for an easier transfer/transition between Protective Service and Permanency Unit caseworkers (as practiced in the Polk branch), is a final example. As one worker described this process,

> *When we were getting close to getting ready to transfer, I went to the supervisor and said, "We are going to have a Family Unity Meeting, this case needs to be transferred. Can you get it assigned so that person can be invited to the Family Unity Meeting?" So at one point there were almost like two caseworkers on it. So that she could come in and sit down at the Family Unity Meeting, not really knowing [what] was going on, but at least meet everybody and kind of hear some of the things that were happening. This is what we are doing a lot of now, is going in and saying, "I've had this for 30 days, can it be assigned?"*

Constructive community partner involvement

Community partners –from assessment and treatment providers to attorneys and judges- were frequently cited as facilitating S/NB practice. As community partners acquire a realistic understanding of the possibilities and limits of flexible funding, family decision meetings, and other elements of the System of Care, workers' perception of their supportiveness increases. When it happens, workers appreciate the collaborative sharing of responsibility for monitoring safety and progress, for planning with the family, and for being responsive to emergent needs of the child and family. Community partners' provision of timely services and cogent feedback about child and family progress in care and/or treatment is seen as very useful. These points are illustrated by the following workers' comments:

> *What helps me most is the positive attitude of the service providers in the community and their level of involvement with the client, their responsiveness to my phone calls, and gathering the data. That is really helpful.*

> *I would say what positively affects me, my ability to implement [S/NB services], would be working with community partners. They certainly rally around Strengths/Needs Based 100 percent. And they also assist with, if there are court constraints or something like that, they are willing to put in their two cents, write the letters, be at court and really get that plan pushed with me. Sometimes we win, sometimes we don't, but I don't feel hindered. So I love the community partners for that.*

The combination of within-branch processes with the participation of willing community partners can be helpful.

> *I think the ability to do [S/NB practice] here has to do with the teamwork approach that this office has. . .once we have that [Family Unity] meeting done, then we can bring together the players and provide those services that can do the funding, that can do all the follow through and get things started real quickly. The other agencies in this county [Polk County] are more than willing to come to those meetings and work with us. I don't know of other counties where the defense lawyers come to a Family Unity Meeting.*

As the previous comment suggests, even attorneys, sometimes viewed as the bane of progress in a case, can "get on board." This was reinforced by a worker from the Deschutes branch as well:

Now we have a lot more attorneys that are on board saying that this is a good thing. Originally, they were confronted with the Family Decision Meetings and a lot of the attorneys really didn't like that. Then when we went to the S/NB family meetings, they drug their feet. But we just kept hammering at them, saying "It is different, you don't have to leave the room, you get to stay and be part of it." And now they are. The word is spreading throughout the legal community. So they are coming around now.

Judges, too, were cited as a potential source of support for good S/NB practice, when their expectations and court orders aligned with what was possible and needed for a given child and family. Judges can reinforce collaborative planning and the put the court's mandate on needed, collaboratively-identified services:

Our judges [in Tillamook County] *are just right on. . .They encourage the family meetings, and then when the families go into court with their record, they adopt it. They give them kudos, they are like, "Good job. I'm glad you came together as a family and came to that decision." They are wonderful.*

The court here [Deschutes County], *we have family court, and they really encourage our families to work with us on the Family Unity Meetings and service agreements. The court will order the family into a service agreement if it is developed out of a Family Unity Meeting.*

Flexible funding and availability of appropriate services

One question asked workers, "Speaking generally, in meeting the individual needs of family members, do you feel you have adequate access to flexible funding?" Over half of this group of workers (56%) responded "yes, always;" for these workers, availability of flexible funding was clearly seen as supportive. The flip side –the meaning of the "yes, but only sometimes" (34%) or "no" (11%) responses- will be discussed in the section on barriers that follows. When flexible funding is accessible, it can be the key to provision of needed help, as captured by this worker's comment regarding meeting concrete needs:

I think [another] *thing that really works is that we have some flexibility to help with these kinds of financial needs that families have. A lot of times that is a real key to helping the family get through some of their problems. Believe me, I've worked here* [a Phase II branch] *when we did not have that flexibility.*

Accessible flexible funding could be, as another caseworker described, *the bridge between identifying the need and having the service. I don't understand branches that don't work on System of Care or Strengths/Needs Based. I've never worked in a branch like that; I don't know how they do it.*

This contrast between the difficulties of "life before (or without) flex funds" and the positive possibilities for expanded, appropriate services afforded by their availability is further highlighted in the following response to the interviewer's question, "Do you ever think there is a shift inside of you over the way you practiced before S/NB?"

Yeah, I think so. Because you know, in the back of your mind, you are going to have some resources. You have some resources to maybe plug into, more than I think we used to. Because it seemed like it used to be, "Okay, if you are going to leave that kid in there, then what can you do help lower those risks?" And so it just seems now that yeah, we know we have some things that we can plug in there.

The motivation and clarity that ASFA can provide

Although the mandated timelines of the Adoption and Safe Families Act and Oregon Senate Bill 689 are sometimes seen as getting in the way of S/NB practice, there is a positive side to their passage and implementation. Such legal timelines can provide motivation to get the right services, at the right time, to families; can provide needed clarity and incentives to families, community providers, and caseworkers alike; and do allow for exceptions when good progress is being made. Workers spoke to these points as well:

I think you really have to put more in, we do family meetings a lot more often to make sure everybody is on board and that families are moving ahead. And if they are not, what can we do to help them move ahead. I don't think it is so bad, because we are having the permanency hearings. As long as we can show that the parents are making good progress, just because they haven't done it in a year doesn't mean, zip, zap, we have to do a termination. . .I feel like as long as I am documenting well, as long as I have got the community partners saying that things are going well, and they will document that to the court, I feel like I am okay in ASFA.

I have cases where parents aren't engaging in services until the 8th or 9th month, even though referrals have been made and we can access S/NB funds and System of Care practice. . .I think if anything it just puts more responsibility of the parents to get engaged in services ASAP. . .I think the time frame is so appropriate; even a year is a long time for a kid to be away from mom and dad.

Family Decision Meetings

A key principle of S/NB services is attempting to engage family members in a collaborative, child-focused process of identifying needs and planning how those needs will be met (with consideration of how family strengths can be brought to bear on meeting identified needs). Family Decision Meetings frequently provide a way to bring this abstract principle to fully-fleshed life, and thus provide important support to implementation of S/NB practice. Their integration into practice has been introduced and described above; another helpful aspect is the frequent use of third-party facilitators, which can free up workers to be more active participants in the meeting itself. Family Decision Meetings have been described and analyzed, and their constructive features presented, in previous System of Care Evaluation and other Child Welfare Partnership reports (Rockhill & Rodgers, 1999), and so only two illustrative quotes will be included here.

The neat thing about the family meeting was that the plan for those needs [of the children and family] *was developed right there with everybody present. In other words, it was very clear to everybody how those needs were going to be met.*

Family Decision Meetings, I use them. It is a wonderful way to get the family together, to empower them, make them feel like they are participating in decisions. Then that is a starting point, and from there we go on, being consistent about making sure they are involved and participating in decisions. If something is uncomfortable, they know they can talk to me about it [at or outside of the meeting].

Barriers to Strengths/Needs-Based Practice

Not surprisingly, workers spoke at much greater length about impediments, hassles, and roadblocks to implementing S/NB practice than about supports.

Key themes: Barriers to S/NB Practice

- **Caseload pressures; lack of time for direct service**
- **Paperwork, paperwork, paperwork!**
- **Hassles with accessing flex funds**
- **Inadequate, poorly-timed training, with limited access**
- **Inadequate supervision**
- **Less collaborative community providers and demands of the legal system**

Caseload pressures; lack of time for direct service

Caseload pressure was the most often cited barrier to the implementation of the S/NB model. Most caseworkers report feeling overwhelmed with their workload, crisis driven, and frustrated in their desire to spend more time with their families as illustrated in the following quotes:

Well, the problem is, again, is time and caseloads and numbers. And time constraints. This afternoon, my whole afternoon is being taken up by court and it just never stops. It is sort of like before one day ends, the next one begins.

I think a lower caseload. I think I am a factory. I want to be a social worker. I am definitely not a social worker these days. I am a crisis manager is what I feel. If it is not a crisis, I don't do it.

Well, maybe if the caseloads were lower. That might give you more time to work with families. But right now, that is not feasible. So you just kind of have to be able to juggle everything and try to get in and see the families as much as possible. I find what happens is that you tend to prioritize cases and the voluntary cases kind of get shoved in your drawer. And unfortunately, that is not a real good practice either, because sometimes the voluntary cases, issues can arise on that all of a sudden you have this horrendous case on your hands.

But at the same time, the promise has never become a reality about smaller caseloads. I mean, 15 cases today is not the same as 15 cases 30 or 20 years ago You're having to do Family Unity Meetings, and court appearances constantly, on everything. …I've got 5 heavy-duty and 10 that aren't. That's not the way it is everywhere; everyone's got 25 heavy-duty ones. And that, I see that as a real problem. Even though caseloads are down, the intensity has gone up so much that it hasn't, we've never reached the reality of being able to do good work on all the cases. You pick the ones that are likely to blow out, or you just sort of like, serial monogamy, you work on this case real hard, get something going, and then you hope it'll keep burning while you go to the next one.

One worker summed up her frustration with this comment…

[S/NB] is a very good concept, it is an excellent concept. And there are some excellent tools within it. But you have to break a few eggs to make an omelet. If you are going to expect us to spend the kind of time and energy and commitment in working from that perspective, then you are going to have to make days run longer or you are going to have to cut down the numbers, you are going to have to give us more people to do it. There are many excellent social theories. That doesn't mean that they necessarily translate into fiscal realities.

Paperwork, paperwork, paperwork!

Coupled with the demands of the caseloads, is the ever-growing, massive amount of paperwork and documentation required to implement the S/NB model, to access flexible funding, to facilitate collaboration with the families through family decision meetings, and to keep up with the new ASFA guidelines.

I think the biggest barrier is the constant growth of paperwork, things we need to document. And then you are not able to make as much contact in homes as you used to be able to. I think you make more impact when you can be with children and families in their homes more, than here at the office filling out some form. That is probably the biggest barrier that I've seen. And I don't see it going away, with ASFA and different things, the documentation requirements keep going up. It makes it harder to see families.

I do 90 percent paperwork and 10 percent client contact. So it is just totally reversed. There is so much paperwork and we get very little assistance.

Because we have to prioritize, just because of the massive amount of paperwork and what you are required to do by the court. Everything is moved up regarding cases where we do have jurisdiction or the kids are in care. You are one person and there are just so many hours in the day. So you need to prioritize your cases. And yeah, sometimes the voluntaries do kind of get pushed back. I hate to admit that, but that is reality.

Hassles with accessing flex funds

When asked if they felt they have adequate access to flexible funding, a majority of the workers, 34% said yes, but only sometimes; and 11% said no. These responses varied depending on the branch, but overall seemed to indicate the perception on the part of workers that their ability to

access flex funds is more limited than it was in the past. When asked about the accessibility of flex funds, workers raised a number of issues with accessing flexible funding. These workers found the process …

Is time consuming and cumbersome:

…because it feels very cumbersome to try to access it. In fact, if I could do it without doing it, I would. … It is the process of trying to develop it. I might have a wonderful idea, but trying to get it down on paper, find someone to do it, and figure out how to do a contract and then do the paperwork, send it to my supervisor, may or may not have to make changes from that point, then it goes to the committee and having a representative on the committee, and it may or may not have to make changes at that point, and then figuring out how all this is going to get paid.

You won't believe what you have to do. First you have to do this; then you have to do this; then you have to write it up; then you have to go to a committee; then that committee says, "Well, let's do this," or "No, why don't we access this fund," and you're looking at them like, "I'm supposed to know all this?" And imagine a brand new worker to the agency saying, "Man. This agency's schizophrenic. They're troubled." And workers like me, we're going, "OK, what do I have to do? What do we need to do? How do I cut to the chase?"

Discourages individualized crafting of services:

It is hard to go into committee and feel like you have like this really good plan worked out and yeah, it might be an expensive plan, but keeping a kid in care is a real expensive plan. You present it to the committee and they will go, "Well, you could use dah, dah, di, dah, community resources." Yeah, I could. And then we are just doing the same old menu of services we've always done. Why do we really have a thing called system of care if we can't utilize it." That is the frustration I think that people feel.

Actually what the committee is concerned about is primarily what it is going to cost SOSCF to provide the service. And if there is something that is like it in the community that we have free or we have a contract, they always fall back on that. When in fact that might not be what the family most needs. Or what more individually meets that family's needs. Might be a contract with a mentor versus VOA parenting class. They will always have us do the VOA parenting class first, versus engaging a contract with a mentor.

I think that the ability to have that funding that we have, even with its problems, helps us to be more creative than just doing what they used to call the cookie cutter, which I still thing we do a lot of. We still just refer to Volunteers of America parenting. When we want to get more creative in parenting we get told, "No, there's Volunteers of America."

Can result in inconsistent committee decisions:

Yes, because the committee isn't always very consistent with their decisions and what's OK and what is not. Or their attitudes about it. They might approve it, but they are not just consistent with, one time it is fine and the next time someone judges it.

Often there are different people that sit in on the committee. There are certain people that are just like "OK, OK." Then there are the people that just grill you and well, they don't think that that is necessary.

Are scrutinized more, mostly due to limited funding:

The process has become more difficult to get the funding and the funds just aren't there. So it is becoming a lot harder. They are scrutinizing requests and there is a lot more runaround to try different avenues. …A lot of times by the time you could get the funding, the need is already gone.

I think in the beginning it was like, "Oh, you need rent? Bam, here's your rent." And now there are so many more, like every day there is a new hoop to jump through to get that funding. … People aren't happy with it, caseworkers aren't happy with it. Also it makes it hard because there is a lot of expectation out there that we are going to be able to fund things, like beds for people.

I get this really snippy attitude when they make me jump through so many hoops, and I look at them and I say, "You act like it's coming out of your pocket." I don't mean it in a mean way, because it's almost like, OK, I need maybe a dresser, and it sounds like, no big deal, and like, "Why do you need a dresser?" But you'd be surprised. When you get a dresser how it can help a family. To get maybe like a little dresser drawer for a little kid what you have to go through. I mean, like Wow.

Is impacted by the expectations of the legal community:

I guess one of the things that bothers me about it is when you're in court and they, like all the attorneys and the judges and the referees think it's just this bottomless pit of money and order you to buy this and buy that, and they don't realize that that money has to go through a committee process. There are certain things we don't pay for.

Inadequate, poorly-timed training, with limited access

As mentioned previously, although 42% of the workers reported the S/NB training had been very helpful to them in terms of their everyday practice, 4% reported training was not at all helpful; 13% found training a little helpful, and 32% found training somewhat helpful. Disappointingly 9% of the workers reported that they had had no S/NB training.

Comments by workers on the subject of training indicated a number of concerns:

Training not always that helpful:

Sometimes I think that they are too idealistic, that it is not based in like really going out and working with hostile client, whatever. … It is like when you are trying to assess a dangerous or unsafe situation, you don't have time necessarily to always right then and there. Particularly protective service workers. We are put in that situation, and police officers are there. Sometimes we go in and we just pull out the kids and that's it. And

then we have to go back and make nice and all that kind of stuff. So it doesn't always work in reality. Policy and practice are not the same thing.

Sometimes honestly I don't think that it is reality-based. That sometimes the training doesn't recognize the barriers, not just within our system, but with our partners.

Not too helpful. Every branch does it different.

It is lots of things that you really don't have time to do, that you wish you could do in working with the family. Realistically, more of it is typing reports about them than doing the real quality, supervised visit or something.

I would say, at least two weeks full-time training, and that's very boring and very tedious, and something . . . I can't really totally put my finger on it, but something in the training is not working for me. I feel very much at a loss as to what form to use and what the actual procedure is. …So what's my problem with it is that it hasn't helped in a hands-on sort of way.

<u>New workers being assigned a full caseload without any training</u>:

That is kind of a problem that occurs around here, when people are hired they walk into a full caseload and they have no training before they start. It is just, OK, work. I see new workers around here that it is really hard for them. …they are swimming, I mean they are sinking. We are constantly helping them.

<u>Access to training is limited</u>:

You know, my supervisor loves us to go to trainings. I think the problem is you have to make sure there is enough staff around. …the problem is our caseloads, just allowing us to get away. Sometimes if you leave the office for a couple of days, you are worse off than if you don't.

There are a lot of trainings offered and just because they are offered doesn't afford us the liberty to go to them. I think that our ability to go to trainings is limited by our calendar, for one. … is it hard to block out even 1 day for a training. I don't feel we have the support from within the branch to facilitate us getting a lot of training? …Is it worth going to get this training and cleaning up this mess that was left behind or just not going to the training.

And I think SOSCF does a wonderful job promoting their training. …"Please get out there. Please go do this." And there's some really good ones you want to go to that you can't, because there's a limited amount of folks that can go. There's slots and money, and you know how all that works. There'll be an awesome, killer training and they'll only give like two slots to a branch.

Inadequate supervision

When asked, "Not including crisis-related consultation, how much time do you spend one-on-one with your supervisor each month?", 30% reported having less than 2 hours per month with their supervisor, and 8% reported no time at all spent in supervision. On the follow-up question,

38% indicated they would like more time with their supervisor. Workers that reported a lack of sufficient supervision time described feeling unsupported and isolated, and often made decisions on the fly or sought out other people for guidance, as depicted by the following comments.

Not enough. Truly, not enough, and, don't take it wrong, please. She's busy, too. She's off in her committees. We used to do, years and years and years and years ago what we called a case-load status report thing. You know, you sat with your supervisor. You went through every single case. You talked about the case and how the case went and you sat in there for a couple of hours. You laughed. It was kind of a time to bond, too and get to know my supervisor. I haven't done that in years.

I have so many supervisors, first of all. You talk about high turnover in caseworkers, I had a high turnover in supervisors. So you have to learn to be an independent worker and to look to co-workers or other people who you know can give you feedback about situations. I don't always look to supervisors to be the end-all. Only once did I have a formal supervision and I asked for it.

I've heard lots of complaints… a lot of the new people feel like they're just flying blind. They don't have good one-on-one support, mentoring and guidance.

It is her goal, which I endorse even though we haven't pulled it off yet, to maybe not have more time, but to have it a bit more planful. I would not mind, at least an every other week planning meeting that was able to happen. Especially since I've had so many supervisors, I feel like I haven't had the same experience that I would have liked to have had in the first year.

I didn't feel as supported in the work, and I felt more isolated in not only case planning but just in decision making processes

It is weird, because after awhile, when you don't feel supported when the supervisor is not there, so to speak, for their workers, what I've noticed, not just me but other workers in the unit, you start to rely less on going to your supervisor to get that support, and they become really frustrated, the workers do.

Less collaborative community providers and demands of the legal system

Workers reported some problems in working with community providers who may not understand the Division's mission or the constraints under which it worked, particularly related to the mandates of ASFA, or the they didn't understand or agree with the approach and philosophy of strengths/needs based practice.

Some of the medical and mental health professionals, and I guess CASA too, still have a real problem with us letting families make the decisions. Which surprises me, because you would think a mental health professional would be all for empowerment. But they don't see it. We get a lot of, "You are really trying to push this case forward, you are moving too fast, you are moving too fast." And we try to explain about ASFA, and it is not like we have a choice in this. And we are not going to return kids if it is not safe.

I think that sometimes community partners don't quite know what we are doing sometimes. In fact, they will come to family decision meetings and they are not in sync with what we have to do. To me, they are more demanding, I don't know how to put this, but it doesn't seem that they understand what our limitations are, and what our goals are as far as the timelines that we have now to get kids back. And really when we are looking at a case and we have assessed that these are the needs of the kids, that we are looking at . . . we are not going do everything, we cannot solve all the problems. But we are looking to make this family safe and to do what we can in that regard.

CASAs and Citizen Review Board members were sometimes such strong advocates of the children that they overlooked the child's attachment needs and the importance of the family to the child, even if it was less than perfect.

Yes, they are advocating for the children, but they have a bias to see the children, I think a lot of them think the foster home is better. And it is easy to do that. You see a child in a foster home and it is stable, and the child is clean and their needs are all met. And you think that is where the child should be raised. But the child loves their family and wants to be with the family. But it especially hard for CASAs or CRB members or people who are looking at it from outside to see the family structure as being more important than the physical needs.

Members of the court sometimes had unrealistic expectations of the family or SOSCF, for instance not understanding how flex funds could be used.

No, I think they are just under the scrutiny of the court just all the time. I think the court doesn't understand that sometimes you have to do two steps forward, one step back. Like they are egging people on, you have to move forward, you have to more forward. Well, when you are changing your entire life, sometimes it doesn't go that easy, you know. I think there is maybe not as much reality check with the court as their needs to be.

The court also has caused problems sometimes, I feel sometimes try to force the agency to use S/NB funding inappropriately, and so have attorneys. I don't think it is clear to attorneys and the court what S/NB is and what are some of the guidelines, in regards to funding, how that is to be used. Sometimes it feels to me that the attorney or the client just says, "I want this, just because I want it." The attorneys come in and say the agency should pay for this. But it really doesn't have anything to do with regards to the safety and attachment of the kids.

Three Wishes

In the final question of the interview, workers were asked if they had three wishes, what would they ask for that would make their job easier and enable them to better serve children and families. Not surprising, the most common worker response was smaller caseloads (57%), followed by, less paperwork (25%), more clerical support (24%), more HSA's (8%), easier access to flexible funding (7%) and then a vast array wishes and suggestions to improve their practice and the conditions under which they work. Some of the other most often mentioned wishes were, more resources (especially in rural branches), more funding, credit cards, more placement resources for runners, technical training (FACIS), shorter waiting lists for services,

consistency among branches, respect from the court, better communication between units, more training, and more time with the supervisor.

In their perfect world, caseworkers wished for:

Smaller caseloads:

Well, I would like a whole set of 3 caseworkers. . ., one to do paperwork, one to go to court, and one who could do casework. Actually I would need a 4th one. One to answer the damned phone.

More caseworkers. Because caseworkers, the crazy thing is caseworkers really want to do a good job with their families. They really want to have the time to be able to meet ASFA guidelines.

Lower caseload. The cases on my caseload, where kids are in safe places or the family is doing really well, they don't get my attention. …Because they are the ones who have really benefited from services and work really well. But they probably are not going to get my attention unless a crisis comes up. I try to, but I have a client who has called me three or four times, I know I have to call her today. But I am thinking, "How am I going to squeeze that in."

More ongoing caseworkers. Because we can set up all of the plans in the world, but when you transfer a case to a person who has 40 cases, they don't have time to go out and handle these cases, and things can fall apart very easily. … And when you have an ongoing caseworker who has smaller caseloads, you get more consistent kind of supervision, like this particular case I was seeing this woman, twice, three times a week, and they get transferred to somebody who barely has time to see them once a month. Then all of a sudden they feel like they have been abandoned.

Less paperwork:

If I could get caught up. That is the thing, I am always behind. The paperwork is outrageous. It wasn't always like that. It has never been a dull job, it has never been a job where there weren't paperwork demands. But at one point in my life I had control over it. …nobody can do it. I consider myself a fairly efficient person and there is no way I should have this much paperwork hanging over my head, but I have it. It is just kind of the nature of the job these days.

More clerical help:

I think I would have a clerical person who could submit all those S/NB requests. Sometimes I have 10 requests to do. If we could pass that on to a clerical person to input that, that kind of stuff is very clerical. You do a lot of that kind of a work as a caseworker, that takes away time you can spend with families.

Yeah; and a lot more paraprofessional support and clerical support…

More HSAs*:*

I would definitely increase the number of HSAs. I would make it a higher level position and really look at professionalizing that.

Easier access to flexible funding:

The menu of services that we definitely have, those are easy to access. The process to develop a plan, present a plan, and try to get a plan funded for individualized services is very daunting. I wish that was easier. I guess that is different as a PS worker is we are very time-limited in our family contact. We don't work with the case for two years. We don't have a long, long, long time to develop and unfold these service plans. We want to be doing those in two, three, four months, ideally, and then moving the case on. It feels like everything has a feeling of urgency at the level I work. That doesn't mean that ongoing or permanent planning don't. It just seems like things are really urgent and I need things to happen now. I need things to happen yesterday for most of the families that I work with. So the process of sitting down with the family, having family decision meetings, identifying the needs and strengths, what the needs of the kids are, and then finding the service that we think might fit for that, meeting the service provider, developing a treatment plan with the service provider that we think is going to work for the family. Then going to committee, then maybe getting turned down and having to go maybe revise it and refresh it and reword it some way, then going back to committee. It is like all of those things take a tremendous amount of time. If there could be somehow a more efficient process, that would be cool. I don't have the answer as to how that would be more efficient. There are a whole lot steps, many of which are very complex.

Suggestions for Improvement

Court representative

One of my co-workers recently came up with the idea of having someone who works with the court. So, for example, instead of each caseworker going to court and presenting and having all these different styles, you would actually have a caseworker here whose only responsibility would be to talk with caseworkers and learn about their cases and go to the court. It would be much more consistent, they could do the court reports.

Resource Guide

…a more efficient process. But it seems like everybody is having to reinvent the wheel. It seems like there should be a book I could go to and everyone in the office can go to that says, here is this family and this is the issue, and boom, here's what's out there.

A resource guide of all the strengths needs based services available in the community, by categories, easily accessible.

Library of training videotapes

I want a gigantic library with a VCR and a videotape for all the training and all the training reading material so we could go to training and come right back here and just look at it whenever we wanted to. With comfortable chairs, we can sit and read for 20 minutes, look at the material, feel good about doing that.

Case aides

I'd either have more caseworkers, especially in the ongoing units, or I would have case aides that are assigned to maybe two or three caseworkers, a number assigned to a unit, that are maybe either MSW students, to really do some of the footwork and the contacts and the outreach that we need to do.

Recognition for workers with master's degrees

I think it is wrong that people that are going to work on the MSW, their master's degree and are getting all these loans, they are not going to get one penny more for that. That is a lack of professionalism, because there is no incentive to improve. …People do it for their own career. They leave the system. So we have this drain of people. They say, "Why should I put up with this?" They get their LCSW and they go into private practice or they go someplace else, so we lose. My wish would be they look at the whole like on the educational system, where you get points for service and education, so there is an incentive to do that.

Pilot test program for new forms…

I would like it if there were some better way to pilot test changes so that when someone thinks it would be great to have a more detailed visitation form, that it goes out to a couple of branches for a month, and they try it and then they get feedback. And then it goes out.

Shadow someone, as part of new worker training

And I would like when you first come here, to be able to shadow someone. To have someone be with you everywhere you go, so you could get a better sense of how it goes and what you are doing.

Get involved in the cases we are going to have earlier

I really think it impedes the client's progress with that stalemate that it has going from intake and PS to get to a permanency worker. So I think it would be a lot better for us to come in, start making decisions much earlier in the case, take over the case, and it would go a lot smoother for the clients and for us. Because we would know a lot more about the case by the time we got it, because we had been involved a lot more.

Chapter 10

Discussion

This is a long and complicated report. The various chapters contain sufficient detail that the reader can discover how any finding was generated, explore the intricacies of the sample as it changes over time, or absorb in some depth findings around a particular topic. The voices of families and caseworkers, and to a minor degree foster parents and community partners, are present in all of the data, and are most clearly articulated in the quotations from the interview transcripts. The report is rich with their ideas.

The most intriguing finding of this report is the linking of strengths/needs based practice to positive outcomes. Lacking the control or comparison group which would allow us to see if S/NB outcomes were any improvement over those of usual practice, we devised a comparison group by separating our families into those whose answers to our questions suggested that their caseworkers had indeed used S/NB practice principles, and those whose answers suggested that they had not experienced this type of practice. The reader can evaluate the appropriateness of the indicators we used; they seemed to us the hallmarks of this practice.

Three striking findings emerged from this work. First, there are almost twice as many families in the group that had experienced many of the practices associated with S/NB work, as there are families who had not experienced these. Second, there is no category of family—no allegation or constellation of problems—that had not participated in S/NB practice. And, third, those cases in the high scoring S/NB practice group tended to close and achieve permanency for the child before twelve months, to reduce the time the children spent in out-of-home care, to see positive changes in the family, and to have higher family and caseworker satisfaction with SOSCF services. Strengths/needs based practice does seem to be associated with positive outcomes.

Furthermore, almost twice as many families report they have received services with the components of S/NB practice than those who seemed to have experienced few of the components. Additionally, on almost every dimension at all points of time more families report

positive experiences. S/NB practice is clearly becoming more and more part of routine SOSCF practice.

The sample for this longitudinal study was drawn from a list of open protective service cases which workers thought would stay open. These are, probably, the more serious situations, and explains the high proportion of children placed in foster care. The high proportion in the category of "threat of harm" in this sample is interesting. Comparison with samples of earlier years makes one wonder if some cases formerly classified as neglect are now considered threat of harm. The sample characteristics were much like those of past years, with many impoverished families dealing with multiple problems. The higher proportion of this year's sample experiencing low income and difficulty with housing probably should raise some concerns about the impact of welfare reform and federal and local low-income housing policies. It probably should also raise the question of whether workers expect it will take more time to resolve issues in a case if poverty is among those issues. The use of flex funds for concrete services, and the impact of this use on shortened time in placement, adds a dimension worth considering.

The importance of the relationship between caseworker and family emerges clearly in this data. We developed a collaboration scale for this study, based on the dimensions of relationship outlined in the social work and psychological literature. Parents who place themselves high on this scale indicate a collaborative relationship with the worker. In an analysis of the association of individual indicators of S/NB practice and outcome, collaboration was the sole indicator that was associated in the desired direction with every outcome measured. Almost as strongly associated was the family's rating of adequacy of contact with the worker; one cannot have a relationship without contact. And closely related to collaboration are the items, also predictive, relating to feeling that one is asked for ideas, and that one's opinion counts.

Using the common ground of concern about children's needs is an approach unique to this S/NB model, a way to begin to build a relationship with an involuntary client—but it is similar to the social work principle of finding common ground with the client, often expressed as "begin where the client is." It is thus curious that discussion of needs was linked to no outcome other than family and worker satisfaction. We need to further investigate the interaction of discussion of needs and collaboration. In other work, not reported here but soon to be part of the "Ideas for Practice" series, we have discovered that family and children's needs are much more likely to be discussed if there is the formal structure of a family decision meeting. Whether this discussion in a more formal group setting serves the relationship-building process may be open to question.

One intriguing fact to emerge from this data is the importance of the early phase of work. The dimensions of strengths needs based practice that are related to outcome were identified in the first interview; apparently if there is a good beginning, its effects impact the entire course of the case. Agreement of worker and family on goals at the start of work was associated with reaching those goals. And the family decision meeting, which in some branches is occurring very early is, under certain conditions, linked to outcome.

Though the family decision meeting is an important part of the S/NB model, and has even been required by legislation in Oregon, simply holding such a meeting does not seem a critical component in achieving positive outcomes. Family decision meetings are linked to outcomes *only* if the family has found them useful and/or the caseworker thought they were empowering to

the family—probably two statements of the same concept. That families give high or very high ratings of usefulness in only a little more than half of the meetings points to the need for further work in this area. Prior work of the Child Welfare Partnership has outlined some of the dimensions that make a meeting useful and empowering to families.* One finding of this research is that families often don't feel safe talking about their concerns and/or needs in front of professionals, particularly those from SOSCF. Employing family private time when possible could contribute significantly toward families feeling more empowered in planning at family decision meetings. This is clearly a subject for further exploration.

Placement emerges as an impediment to the delivery of S/NB practice—not a surprising finding, when one considers the helplessness and anger a parent must feel when a child is removed. Yet in many instances it does not stop the engagement in S/NB practice. More work is needed on developing ways to overcome the barrier created by placement. Practice forums to discuss this might be a valuable next step in this work; caseworkers have much practice wisdom to share with each other.

If S/NB practice is becoming more common, and if it leads to positive outcomes, the ideas of the caseworkers concerning supports and barriers to this practice within SOSCF structure become very important. Many elements, such as supervision or training, can be either a support or a barrier, depending on how good they are. Many barriers identified, such as workload pressures, or paperwork that robs time from direct work with families, are well known, and for a long time have been of concern.

One identified barrier that deserves special comment is worker comments about the difficulty of accessing flexible funding. If a worker must spend inordinate amounts of time and energy trying to get approval, and if that approval is often withheld, the temptation will be not to think "out of the box" and develop a unique service to fit unique needs, but to use an already contracted service. Yet, throughout the report, flex funds emerge as important tools in S/NB practice. Families rate concrete services, often bought with these funds, as highly useful. Flex funds used for concrete needs seem to help families get ready to have children return sooner. And it appears—though more work needs to be done to make certain—that flex funds are used for child focused services for children who are in foster care. All of these are important. Continuing testing of ideas for easy and quick access to flex funds, while maintaining the accountability necessary in the expenditure of public funds, seems to be needed.

The limits of the study are obvious. Sample attrition was great. We have no idea who the families were whom we could not find initially, and though we have no reason to think our sample is not representative of the families coming for protective services, we do not know this. Our difficulties with sample again underline, as they have in past years, the extreme mobility of this population, and the challenge to caseworkers attempting to keep contact.

Sample size is small, though without using interviewing to collect data, we would never have been able to collect data that would show the complexity of the interactions of worker and family. And interviewing is an expensive data collection method; budget will probably always limit sample size for this type of study. Furthermore, our data have been enriched by qualitative

* Rockhill, A., & Rodgers, A. (1999). Family Decision Meetings Final Report.

data analysis in some instances. Qualitative data analysis is labor-intensive; our sample is large for this type of analysis.

Importantly, the study design is such that we do not have a control group, or even a comparison group. Though statistical tests show significant associations or correlations, we cannot know that S/NB services is producing the outcomes. We have looked at other variables in our data that might be associated with outcome, and found only placement. However, there are doubtless hidden variables having to do with family attitudes and the interaction of caseworker and family responses to each other that may be important and also need to be studied, probably with an even smaller sample and an even more intensive data collection method.

Our measurements of parent, worker, and foster parent opinion were carefully developed, have shown fairly consistent results through the years of their use, and we hope reflect the ideas of workers and parents; however work on scale properties has been done only with the engagement scale.* Children's mental health was measured with standardized scales, but when a child was in foster care a different informant provided information initially and at the last interview, creating some uncertainty in interpretation of those data.

The strength of the study lies in the openness and thoughtfulness with which parents, caseworkers, and foster parents responded to these materials. In 1998, we noted "the voices of the families who are the recipients of services need to be heard. They are clear that they value in the worker truthfulness and clear information, the presentation of options and choices without threat, respectful, non-judgmental behavior, and empathy." These expectations have not changed. In this report the voice of the caseworker is perhaps more clearly heard, repeating as they have in past years the need for more time for direct interaction with families, more autonomy in making decisions and accessing resources, more support within their workplace for their ideas and efforts. If workers are expected to join with families in creative efforts, the large public bureaucracy that is SOSCF must somehow find a way to free these workers to be creative.

I have taught in a school of social work for thirty years, and have taught student after student that relationship is the critical component of the helping process, that each individual is unique, has unique needs, and must have unique services, and have taught about the importance of helping clients find and use their own strengths to solve problems. S/NB practice incorporates these practice principles. As this five-year study concludes, it is delightful to see social work practice theory thus validated in empirical data. And it is to be hoped that S/NB practice, which must make so much difference to families and to workers, will be encouraged to flourish everywhere in child protective services.

* Diane Yatchmenoff's dissertation, completed in June 2001, concerns the development of this scale.

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Appendices

Appendix A:
Detailed Sample Figures, Including Reasons for Attrition

Table 46:
Protective Service Sample and Sample Attrition, by Branch

	Clackamas	Deschutes	East	Gresham	Midtown	NE	Polk	St. Johns	Hood River	Linn	Tillamook	Wasco/Sh.	Totals
Study Population	41	26	85	54	93	60	18	72	17	57	38	7	**568**
Excluded per criteria	1	1	3	2	3	1	0	6	0	1	1	0	19
Eligible	40	25	82	52	90	59	18	66	17	56	37	7	**549**
Did not pursue beyond initial call; sample/time reached	17	5	40	23	48	26	3	29	4	36	19	1	251
Not interested	5	3	3	3	4	3	0	3	4	2	5	2	37
Message, no response back	3	1	3	2	3	2	1	3	2	0	1	0	21
Branch could not locate	3	2	6	1	5	3	2	3	0	1	1	0	27
Out of state/area-deceased	0	0	0	0	1	1	0	0	0	0	1	0	3
Branch contact; not us	1	0	0	1	1	1	0	3	2	1	1	1	12
Contact Point Attrition	29	11	52	30	62	36	6	41	12	40	28	4	351
Agreed	12	14	30	22	27	23	12	25	5	16	9	3	**198**
Not meet criteria	1	1	4	2	2	0	1	0	0	0	4	0	15
Sample to Interviewers	11	13	26	20	25	23	11	25	5	16	5	3	**183**
Reasons for “Interviewer Attrition:”													
Message, no response back	0	0	2	3	2	0	0	3	0	0	0	0	10
Changed mind, not interested	0	1	2	2	1	1	0	0	0	2	0	0	9
Contact, not scheduled, lost contact	1	0	0	1	0	1	0	1	0	2	1	0	7
No show for scheduled interview, then unable to contact again	0	0	2	2	1	0	0	0	0	0	0	0	5
Other	0	1	1	0	1	0	0	1	0	0	0	0	4
Interviewer Attrition	1	2	7	8	5	2	0	5	0	4	1	0	35
Family Interviews Completed	10	11	19	12	20	21	11	20	5	12	4	3	**148**
Individual Caseworkers Interviewed	7	8	10	8	14	14	6	10	3	7	3	3	93

Table 47
6-8 Month Sample, by Branch

	Clackamas	Deschutes	East	Gresham	Midtown	NE	Polk	St. Johns	Hood River	Linn	Tillamook	Wasco/Sh.	Totals
In Initial Sample	**10**	**11**	**19**	**12**	**20**	**21**	**11**	**20**	**5**	**12**	**4**	**3**	**148**
Transferred out (-)	0	0	5	0	4	0	0	0	0	0	0	0	8
Transferred in (+)	0	0	1	8	0	0	0	0	0	0	0	0	8
Not meet criteria (case closed after brief intervention; case opening date out of sample range)	0	1	0	1	1	1	0	1	4	4	1	0	14
Potentially Available for 7-8 mo. Interview	**10**	**10**	**15**	**19**	**15**	**20**	**11**	**19**	**1**	**8**	**3**	**3**	**134**
No response back (no answer; message left; unable to locate)	1	1	1	2	4	2	1	2	1	1	0	0	16
Contact, no longer interested	1	0	0	1	0	1	2	0	0	0	0	0	5
Contact, unable to schedule or no show; later unable to contact	0	0	1	1	2	1	0	0	0	0	0	0	5
Other	0	1	2	2	2	5	0	1	0	0	0	0	13
Total Family Attrition	2	2	4	6	8	9	3	3	1	1	0	0	39
Interviews Completed:													
Family & Worker	8	8	11	12	6	11	7	15	0	6	3	3	90
Family only	0	0	0	1	1	0	1	1	0	1	0	0	5
Worker only	2	2	3	4	2	4	3	1	1	1	0	0	23
Total Cases where data from at least one respondent available	**10**	**10**	**14**	**17**	**9**	**15**	**11**	**17**	**1**	**8**	**3**	**3**	**118**
Unable to interview either family or worker	0	0	1	2	6	5	0	2	0	0	0	0	16
Individual Caseworkers Interviewed	7	7	15	13	7	12	5	11	1	5	3	2	88
Case still open at 7-8 mo. Point	9	6	13	15	12	18	5	15	0	7	3	2	105
Case closed/short interview protocol used	1	1	1	1	1	0	2	2	1	1	0	0	11
Case closed/long interview protocol used	0	2	3	1	1	2	4	2	0	1	0	1	17

Table 48
12-14 Month Sample, by Branch

	Clackamas	Deschutes	East	Gresham	Midtown	NE	Polk	St. Johns	Hood River	Linn	Tillamook	Wasco/Sh.	Totals
In Initial Sample	**10**	**11**	**19**	**12**	**20**	**21**	**11**	**20**	**5**	**12**	**4**	**3**	**148**
Case met criteria and still open at 7-8 mo. Point	9	6	12	16	12	18	5	15	0	7	3	2	105
Transferred out (-) or in (+) after 7-8 month point	0	0	0	0	0	0	0	0	0	0	0	0	0
Sampling criteria not met (case closed shortly after midpoint; case open date out of sampling range)	0	4	2	5	4	3	1	1	0	6	2	2	30
Potentially Available for 12 mo. Interview	**9**	**2**	**10**	**11**	**8**	**15**	**4**	**14**	**0**	**1**	**1**	**0**	**75**
Reasons for Family Attrition:													
No 1:1 contact, (no answer; message left; unable to locate)	2	0	2	3	2	5	1	1	0	0	0	0	16
Contact, no longer interested	1	0	1	1	0	1	1	1	0	0	0	0	6
Contact, unable to schedule or no show; later unable to contact	0	0	0	1	0	0	0	0	0	0	0	0	1
Other	0	1	0	0	0	0	0	1	0	0	0	0	1
Total Family Attrition	3	1	3	5	2	6	2	3	0	0	0	0	25
Interviews Completed:													
Family & Worker	6	1	6	6	6	9	2	11	0	1	1	0	49
Family only	0	0	1	0	0	0	0	0	0	0	0	0	1
Worker only	3	1	3	5	2	6	2	2	0	0	0	0	24
Total Cases where data from at least one respondent available	**9**	**2**	**10**	**11**	**8**	**15**	**4**	**13**	**0**	**1**	**1**	**0**	**74**
Unable to interview either family or worker	0	0	0	0	0	0	0	1	0	0	0	0	1
Individual Caseworkers Interviewed	5	1	9	11	7	14	4	11	0	1	1	0	64
Open case interview	9	2	8	9	8	10	3	11	0	0	1	0	61
Closed case interview	0	0	2	2	0	5	1	2	0	1	0	0	13

Table 49
Foster Parent Sample, by Branch

	Clackamas	Deschutes	East	Gresham	Midtown	NE	Polk	St. Johns	Hood River	Linn	Tillamook	Wasco/Sh.	Totals
Eligible for Interview	**6**	**4**	**8**	**8**	**7**	**9**	**2**	**4**	**0**	**2**	**1**	**0**	**51**
Reasons for attrition:													
No 1:1 contact, (no answer; message left; unable to locate)	0	0	1	0	0	0	0	0	0	0	0	0	1
Contact, changed mind	0	0	0	0	1	0	0	0	0	0	0	0	1
No show; later contact & not interested	0	0	0	1	0	0	0	0	0	0	0	0	1
Other	0	0	0	0	0	3	0	0	0	0	0	0	3
Foster Parent Attrition	0	0	1	1	1	3	0	0	0	0	0	0	6
Completed Interviews	**6**	**4**	**7**	**7**	**6**	**6**	**2**	**4**	**0**	**2**	**1**	**0**	**45**

Appendix B:
Method of Determining High and Low S/NB Cases

In order to determine which cases scored "high" and "low," we began by looking at a number of quantitative variables from our family interviews. This included seven items from the interview and twelve items from the Collaboration Scale (see table 50, below). A score for each item was assigned for every case—high/low for bivariate, or high, neutral, and low for multivariate items.

Then, looking generally at cases that had scored obviously high or low based on all items (for this initial analysis, each item was given the same weight), we compared these with summaries interviewers had written about each case. This verified that the quantitative items were reliable indicators of particularly strong or weak use of the S/NB practice model in specific cases.

From the larger group of variables, six emerged as key indicators of strengths/needs based practice, along with a seventh that was a composite of the Collaboration Scale score (the full group of 18 items). Finally, individual items were summed to arrive at a cumulative score for each case of zero to 21. Low cases scored 0-5, high cases 16-21. The evaluation team was cautious when assigning these scores, and only after careful cross-reference with interviewer summaries and the interview transcripts themselves were we confident that we had identified those cases which were particularly weak or strong across a variety of S/NB dimensions.

Table 50
Variables Used to Determine High/Low S/NB Cases

Interview Items	
Overall, regarding all the planning and decision making in your case, how much would you say your opinion has counted in the planning process?	
While developing goals and plans in your case, did your worker ever ask for your feedback?	
Did your current caseworker ever talk with you about the needs of your child(ren) and your family?	
When you phone your caseworker, how soon is the call returned?	
Do you feel your values and ways of doing things were respected and considered when decisions were being made?	
Did you attend a formal FDM?	
Overall, regarding the contact you've had with your caseworker, has it been:*	
Collaboration Scale Items	
Considering the person from SCF you've had the most contact with since your case opened, how much has this person . . .	
	believed that you understood your child's needs best?
	been supportive of you personally?
	was someone you came to trust?
	thought your ideas were important in deciding what services were or weren't needed?
	encouraged you to say what you thought?
	made sure you were included in planning meetings when decisions involving your child were being made?
	talked about your children in a positive way?
	considered your opinions important in deciding what your children need?
	listened to you?
	recognized your strengths as an individual?
	believed that you really care about your children
	understood your point of view?

*Item dropped in final analysis.

Appendix C:
Measures

Over the course of the longitudinal study conducted in the final portion of our study, a number of different measures were used. At the first point we interviewed families and caseworkers with separate measures. At the midpoint, three different measures were used for families and caseworkers, depending on the case status. We used one measure for all open cases. However, if the case closed shortly after the first interview, we used a shortened closed cases interview; if the case continued for some months and then closed, we used a more comprehensive closed case interview. Finally, at the end-point, we conducted interviews with families, workers, and foster families using a measure that would accommodate open or closed cases.

We have included only the final interview measures here. Earlier measures can be found in previous reports or online at http://www.cwp.pdx.edu/SOC/pgSOCHome.shtml.

Worker

Research ID _____
Interviewer ID _____
Date _____

3.
12-Month Interview

Checklist

- ❑ Recorder and microphone
- ❑ Audio tapes
- ❑ Informed Consent forms

Information

- ❑ Answer to Culture Quest.
- ❑ CW goals
- ❑ Worker who identified goals
- ❑ S/A/R chart

PART 1: CASE CLOSING / WORKER CONTACT

Before beginning the interview:
- Explain interview, noting that some questions will be repeated (if same worker)
- Provide overview of case status at time of last interview.
- Read shaded or underlined words verbatim for qualitative analysis

1. As you probably know, we've been following this family as part of our ongoing evaluation of System of Care cases. Could you talk about what's happened with the case since our last interview?

2. **Is SCF still working with the family at this time?**

___3 yes; case open, SCF still involved
___2 no; case closed [closure date:___/___/___]
___1 no; but paperwork for closure not completed
___9 other _____

closed cases only

3. Can you talk a little about what was going on in with this family when the case closed. **What in particular allowed it to close?** [probe for involvement of community partners, extended family, casework practice, services, etc.] What do you typically look for in a family when making the decision to close a case?

___1 family completed services
___2 lost contact with family
___3 family moved out of area
___4 fam. req. case closure (vol. cases)
___5 necessary resources developed
___6 sig. improvement in fam. functioning
___7 don't know
___9 other :_____

4. How involved was the family in the decision to close their case? Was there a meeting or discussion around how or why this would happen? What was the family's attitude toward the case closing?

5. **How was the family informed that the case was being closed?**

___1 face to face contact, home
___2 Family Decision Meeting
___3 face to face contact, court
___4 phone call
___5 letter
___9 other _____

6. **Since that last interview, have/(*did*) any new issues or needs come up for the family?**

___2 yes
___1 no

7. **[If yes to 6.]** Please describe those issues or needs.

8. **[If yes to 6.]** How have/(*were*) these issues been addressed?

PLACEMENT STATUS

9. **Has there been any change in TC's placement since the last interview?**

___1 yes
___2 no

10. **Where is TC now?**

Interviewer summarize:
___ 1 reunited with parent since last interview
_____2 remains with parent
_____3 remains in other bio parent's home
_____4 remains in same foster home
_____5 remains in same relative's home
_____6 remains in residential care
_____7 placed in foster care since last interview
_____8 placed in relative care since last interview
_____9 placed in residential care since last interview
_____10 placed with other bio parent since last interview
_____11 moved to new foster home
_____12 moved to new relative placement
_____13 other (specify) _____

11. [If TC out of home now or ever in care since last interview] **How long was the TC in care (continuous out-of-home-care, regardless of location)?**

___1 less than one month
___2 1-3 months
___3 4-5 months
___4 6+ months

if child is currently placed

12. **How much contact have you had with the care givers?**

___1 none
___2 telephone, but no face-face
___3 1 to 2 face-face
___4 3 or more face-face

13. **How much contact have you had with the target child(ren)?**

___1 none
___2 telephone, but no face-face
___3 1 to 2 face-face
___4 3 or more face-face

14. [**If placement changed**] What was the family's role in this placement change? [probe for parent's role in decision-making process, communicating decision to child, meeting with new caregiver]

15. What kind of support or guidance was provided to the family during this transition in placements?

16. What work has been done with the foster parents to help them understand the child's needs? Around visitation?

17. What kind of role have the foster parents played in the case so far (with parents or in planning)?

The following section on placement applies only in cases where the TC has been **placed or moved since last interview** and has been in care at least 2 weeks. If no change, go to **Visitation** section.

18. Have the children stayed in the initial placement or been moved? **How many placements have the children had?**

____ Number of placements (include emergency, regular, relative, etc.)

19. **Overall, how do you feel about the quality of the placement(s), thinking both of the fit and quality of care?**

___4 excellent
___3 adequate
___2 somewhat less than adequate
___1 very mixed (one or more good; one or more bad)
___9 don't know

20. [**If not already answered**] How have the foster parents been involved in the case thus far? How do you see them being involved in the future? Could you characterize their relationship with the child's family at present?

VISITATION

If TC **not currently** in placement, skip to Part 3 Planning Process

21. What is the visitation plan now in this case?
    - Why were these particular arrangements chosen?
    - What is visitation like for the kids? The family?

22. [**If not already answered**] **How often do visits occur?**

___5 More than once a week
___4 Once a week
___3 2-3 times a month
___2 Once a month
___1 Minimal or no contact

23. **Do you feel the visitation plan is adequate to allow the family and the target child to maintain their relationship with each other?**

___2 yes
___1 no

24. [**If child has been returned home**], how was the decision to return the child made?
- Who was involved?
- Was there special planning for the transition home?
- How did the actual transition work out?
- How well has the reunification gone?

SB 689 – ASFA

If children currently or formerly placed in care for at least 30 days

25. **Have you discussed the timeline issues of SB 689/404 and ASFA with the family?**

___2 yes
___1 no

26. Have (*Did*) these policy issues had (*have*) any impact on your ability to deliver S/NB services in this particular case?

PART 2: CASEWORKER/FAMILY RELATIONSHIP

The next few questions are about your relationship with the family and the contact you've had with them.

SUMMARY OF RELATIONSHIP

27. **How would you describe your relationship with the family?** [**Probe for specifics.**]

_____3 good
_____2 fair
_____1 poor

CONTACT

o p e n c a s e s o n l y

28. **In the past month, how many face-to-face contacts have you had with the family?**

number of contacts _____

29. **When was the last time you had face-to-face contact with him or her?**

_____5 within past month
_____4 1-2 months ago
_____3 3-5 months ago
_____2 6 months or more
_____1 have never met family

30.. **In the past month, how many phone contacts have you had with the family?**

number of contacts _____

c l o s e d c a s e s o n l y

31. **When was the last time you had face-to-face contact with the family?**

_____5 at case closing
_____4 in last month of case
_____3 1-2 months before case closing
_____2 3-4 months before case closing
_____1 5+ months before case closing

32. **In the last month the case was open, how often did you have contact with the family, either by phone or in person?**

number of contacts _____

33. **Since we last talked, regarding the contact you had with the family, has it been:**

___1 more contact than you wanted
___2 as much as you needed/just the right amount
___3 sometimes needed more contact than you had
___4 almost never had as much contact as you needed or wanted

CASEWORKER GOALS

34. **At the time of our last interview, you (or another worker) identified the following casework goals for this family (note whether by same worker or previous worker):**

____1 same worker
____2 different worker

previous goal	Previous	How much change? (see box below)
1._____	___	**5 4 3 2 1**
2._____	___	**5 4 3 2 1**
3._____	___	**5 4 3 2 1**

5 = A great deal; concern/barrier is resolved; goal achieved
4 = A great deal, but barrier still remains; goal partially achieved
3 = Some change, but serious concerns remain; goal not yet achieved
2 = Very little change; goal not achieved
1 = No change at all or situation has deteriorated; goal not achieved

35. **Since our last interview, have the goals in this case changed?**

Goal	How much change? (see box below)
1._____	**5 4 3 2 1**
2._____	**5 4 3 2 1**
3._____	**5 4 3 2 1**

open cases only

36. What needs to change in order to successfully close this case?

37. What needs of the child remain unmet?

38. What do you see as the likely case outcome?

check only one:
___7 child to remain at home; open for **services**
___6 remain at home;open for **monitoring**
___5 reunification
___4 termination of parental rights
___3 voluntary relinquishment of parental rights
___2 continued residential care
___1 long-term foster care
___9 other:_____

PART 3: SERVICE DELIVERY / COMMUNITY PARTNERS

Next, I'd like to ask some questions about what happened in this case since we last talked and what actions, services, or referrals were made.

Note active SARs from previous interview, ask about their current status, and then ask about new SARs

Go to Service/Action/Referral Chart.

Case ID ____________________

Previous Service/Action/Referral	
	☐ didn't happen ☐ ongoing ☐ completed ☐ delay → how long? ______ (wks) if service didn't happen, why not? how well did this service meet the need? (1=low, 5=high) 1 2 3 4 5
	☐ didn't happen ☐ ongoing ☐ completed ☐ delay → how long? ______ (wks) if service didn't happen, why not? how well did this service meet the need? (1=low, 5=high) 1 2 3 4 5
	☐ didn't happen ☐ ongoing ☐ completed ☐ delay → how long? ______ (wks) if service didn't happen, why not? how well did this service meet the need? (1=low, 5=high) 1 2 3 4 5
	☐ didn't happen ☐ ongoing ☐ completed ☐ delay → how long? ______ (wks) if service didn't happen, why not? how well did this service meet the need? (1=low, 5=high) 1 2 3 4 5
	☐ didn't happen ☐ ongoing ☐ completed ☐ delay → how long? ______ (wks) if service didn't happen, why not? how well did this service meet the need? (1=low, 5=high) 1 2 3 4 5
	☐ didn't happen ☐ ongoing ☐ completed ☐ delay → how long? ______ (wks) if service didn't happen, why not? how well did this service meet the need? (1=low, 5=high) 1 2 3 4 5
	☐ didn't happen ☐ ongoing ☐ completed ☐ delay → how long? ______ (wks) if service didn't happen, why not? how well did this service meet the need? (1=low, 5=high) 1 2 3 4 5
	☐ didn't happen ☐ ongoing ☐ completed ☐ delay → how long? ______ (wks) if service didn't happen, why not? how well did this service meet the need? (1=low, 5=high) 1 2 3 4 5
	☐ didn't happen ☐ ongoing ☐ completed ☐ delay → how long? ______ (wks) if service didn't happen, why not? how well did this service meet the need? (1=low, 5=high) 1 2 3 4 5

Case ID ________________

New or current Service/Action/Referral	Which need does this service meet?	**Were flex funds used?** did CW go to committee? did ff pay for canned serv?
	☐ didn't happen ☐ ongoing ☐ completed ☐ delay → how long? ______ (wks) if service didn't happen, why not? how well did this service meet the need? (1=low, 5=high) 1 2 3 4 5	
	☐ didn't happen ☐ ongoing ☐ completed ☐ delay → how long? ______ (wks) if service didn't happen, why not? how well did this service meet the need? (1=low, 5=high) 1 2 3 4 5	
	☐ didn't happen ☐ ongoing ☐ completed ☐ delay → how long? ______ (wks) if service didn't happen, why not? how well did this service meet the need? (1=low, 5=high) 1 2 3 4 5	
	☐ didn't happen ☐ ongoing ☐ completed ☐ delay → how long? ______ (wks) if service didn't happen, why not? how well did this service meet the need? (1=low, 5=high) 1 2 3 4 5	

FLEX FUNDS

open cases only

39. Do you plan to use flex funds for this case in the future?

_____2 **yes**
_____1 **no**

[If yes] How?

closed cases only

40. **Did flex funds play a role in the ability to close this case successfully?**

_____2 yes
_____1 no

41. **How important do you think flex funds have been in assisting this family? [check one]:**

__3 very important; a key to safely closing the case
__2 useful, but case probably would have been resolved anyway
__1 of relatively minor importance
__9 **N/A**; not used

COMMUNITY PARTNERS

42. One principle of S/NB service planning is that community partners are to work closely with the family to provide services specific to their needs. For this family, how well did that process work?

43. **How well did they share responsibility with SCF in working with the family?**

___3 agencies worked together
___2 could have done better
___1 not at all

44. **How adequate was the information you received from community partners about the services being provided and the family's responsiveness to services?**

___3 quite adequate
___2 somewhat adequate
___1 not at all adequate

c l o s e d c a s e s o n l y

45. **At case closure, was the family continuing to receive services from any of the community partners involved?**

____2 yes
____1 no

46. **[If yes to 39]** Which ones?

47. **How much did the community partners' involvement with the family contribute to a successful case outcome?**

___3 a lot
___2 somewhat
___1 not at all

PART 4: TARGET CHILD

These next few questions are specifically about the TC who's been identified for our evaluation's purposes as the "target child."

48. **When did you last have contact with TC?**

____5 within past month
____4 1-2 months ago
____3 3-5 months ago
____2 6 months or more
____1 have never met TC

49. **In addition to your own assessment of TC, have any other assessments been completed for him/her?**

____ 2 yes
____ 1 no
____ 7 don't know

49a. [**If yes to 49.**] What kinds of assessments?

49b. [**If yes**] **Were any specific needs identified?** What were they?

___2 yes
___1 no

49c. [**If yes**] What actions were taken to address those identified needs?

50. Can you describe any changes since SCF's involvement for (TC)?

51. **Do you have safety concerns for (TC) at this time?**

____4 No safety concerns at present
____3 No immediate safety concerns at present, but intervention may be necessary in the future
____2 There are some current safety concerns
____1 There are substantial current safety concerns

51a. [**If anything other than "no safety concerns"**] Please explain your concerns.

PART 5: PARTING QUESTIONS

52. Since we talked with you last, what, if anything, has changed for **this family** because of SCF's involvement?

53. [If not already answered] What, if anything, has changed for the **child(ren)** in this family because of SCF's involvement?

closed cases only

54. **How adequately were the family's needs addressed at time of case closure?**

_____3 needs well addressed
_____2 needs addressed somewhat
_____1 needs poorly addressed

55. **How adequately were the child's needs addressed at time of case closure?**

_____3 needs well addressed
_____2 needs addressed somewhat
_____1 needs poorly addressed

open cases only

54a. **How adequately were the family's needs being addressed at time of the interview?**

_____3 needs well addressed
_____2 needs addressed somewhat
_____1 needs poorly addressed

55a. **How adequately were the child's needs being addressed at time of the interview?**

_____3 needs well addressed
_____2 needs addressed somewhat
_____1 needs poorly addressed

56. What would you change about the way you worked with this family? What would you have done differently?

CASEWORKER SATISFACTION SCALE

57. To wrap up talking about this particular case, I'd like to ask you to respond to a series of statements that ask for your overall assessment of how this case went. Thinking about the last several months and the period you have been the worker on this SOC case, how much do you agree or disagree with the following statements?

Read following response categories, then complete for each item:
5 = strongly agree; **4** = agree; **3** = not sure; **2** = disagree; **1** = strongly disagree; **0** = N/A.

1. I am satisfied with how our agency handled this case.	**5**	**4**	**3**	**2**	**1**	**N/A**
2. I believe that the services this family has received were well chosen in light of the family's needs.	**5**	**4**	**3**	**2**	**1**	**N/A**
3. The services this family has received have been helpful to them.	**5**	**4**	**3**	**2**	**1**	**N/A**
4. I believe the child(ren)'s needs were well served in this case.	**5**	**4**	**3**	**2**	**1**	**N/A**
5. I believe the needs of the parent(s) were well served in this case.	**5**	**4**	**3**	**2**	**1**	**N/A**
6. I am satisfied with the outcome of this case.	**5**	**4**	**3**	**2**	**1**	**N/A**
7. I believe the family felt they were treated fairly by our agency in this case	**5**	**4**	**3**	**2**	**1**	**N/A**
8. I felt good about my casework with this family.	**5**	**4**	**3**	**2**	**1**	**N/A**

Note shift in response categories for the final two items:

5 = a lot; **4** = somewhat; **3** = not sure; **2** = a little; **1** = not very much; **(for # 10) 0** = minimal risk at SOC designation/case opening.

9. Overall, I think we helped this family	**5**	**4**	**3**	**2**	**1**	
10. Since this case opened (or was designated S/NB), I think the risk of maltreatment in this family has gone down	**5**	**4**	**3**	**2**	**1**	**0**

PART 6: CW BACKGROUND / SYSTEMS ISSUES

If worker has completed the following section, end interview

Now I'd like to shift the focus away from this specific case and ask a few questions about your background, about the Strengths / Needs Based Services practice model, and about some broader issues around casework practice.

DEMOGRAPHICS

58. **How long have you worked for SCF?**

years _____
(99 if less than one year)

59. **How long have you worked in this branch?**_____ enter 99 if less than one year
60. **In this unit?**_____

61. **What is your educational background?**

____1 B.A./B.S. In _____
____2 M.S.W.
____3 Masters in _____
____4 Other _____

62. **What other kinds of work experience did you have prior to working at SCF?**

____1 Private or pub. soc. serv. work
____2 Teaching
____3 Criminal justice
____4 Other _____

THE S/NB SERVICES PRACTICE MODEL

63. When I say "Strengths / Needs Based Practice," what does that mean to you in terms of your day-to-day casework?

64. What works about S / NB practice?

65. What doesn't work?

66. What would make it better?

67. In your branch, how did you learn about S/NB practice?

68. How does the way your branch (or unit) operates support S/NB practice? In your branch (or unit), what limits S/NB practice?

69. **Speaking generally, in meeting the individual needs of family members, do you feel you have adequate access to flexible funding?**

___3 yes, always
___2 yes, but only sometimes
___1 no

SYSTEMS ISSUES

70. **Not including crisis-related consultation, how much time do you spend one-on-one with your supervisor each month?** What do you talk about?

____1 none
____2 less than 1 hr
____3 1-2 hrs
____4 more than 2 hrs.

71. **Would you like more time?**

___2 yes
___1 no

72. **[If not already captured] How often are S/NB practice principles included in this discussion?**

____3 often

____2 occasionally
____1 never

73. [**If not captured in previous questions**] What kind of training have you received specifically on S/NB practice? [Probe for how many training sessions, in what settings.]

73a. **Overall, how helpful has the S/NB training you've received been in terms of your everyday practice?**

____4 very helpful
____3 somewhat helpful
____2 a little helpful
____1 not at all

73b. Are there any areas of practice that you'd like more training in?

74. Have SB 689 and ASFA affected your ability to do S/NB practice with families?

75. As a caseworker, you interact with and are influenced by both individuals and larger systems; what most impacts your ability to deliver Strengths/Needs Based services?

[Some examples of potentially influential factors:

- demands from the court, CRB's, and the legislature
- level of collaboration with community partners
- staff training
- quality of supervision
- a branch climate that either supports or inhibits worker creativity in crafting individualized case plans]

76. If you had three wishes, what would you ask for as a caseworker that would make your job easier and enable you to better serve children and families? [For example, you might ask instead "In a perfect world, what would be different for you as a caseworker?"]

77. Anything else you'd like to add, either about this case or about S/NB practice in general?

Family

Research ID_____
Interviewer ID_____
Date_____

3.
12-Month Interview

Checklist

- ❑ Target child name
- ❑ Check and receipt
- ❑ Recorder and microphone
- ❑ Audio tapes
- ❑ Informed Consent forms
- ❑ Goals information
- ❑ S/A/R chart info
- ❑ BERS/VINELAND/DECA

PART 1: CASE STATUS

Reacquaint yourself with family, recapping the situation from the previous interview. Explain that this interview will focus on what is happening now in the case and will ask about the family's overall impression of working with the agency. Mention the informed consent was given for the whole study and that we will continue to protect confidentiality.

1. Can you talk a little bit about what has happened in your case since the last interview?

2. **Is SCF still working with you and your family at this time?**

___3 yes; case open, SCF still involved
___2 no; case closed
___1 no; but paperwork for closure not completed
___9 other _____

closed cases only

3. **What is your understanding of why or how SCF made the decision to close your case?** [**If more than one reason**] Is there something that stands out in your mind as the main reason your case was closed?

___1 completed services
___2 lost contact with family
___3 family moved out of area
___4 family req. case closure (voluntary cases)
___5 assessment-only case
___6 necessary resources developed
___7 don't know
___8 significant improvement in family functioning
___9 other _____

3a. Who was involved in the decision? **Were you?**

___1 no
___2 yes

closed cases only

4. [**If not already answered**] **Was there a final face-to-face contact or closing meeting with your caseworker?**

___2 yes
___1 no

4a. Can you describe what took place at that meeting, how things went, what was talked about?

5. **How did you feel about your case closing?**

__1 wanted case to close
__2 had mixed feelings
__3 wasn't ready for case to close

5a. **[If respondent felt negative or ambivalent**] What do you wish SCF had done? What were your concerns about closing the case?

open cases only

PLACEMENT STATUS

6. **Where are your children at this time? [ask about all case children, but probe specifically for target child]**

target child location:
____1 reunited with parent since last interview
____2 remains in home
____3 remains in other bio parent's home
____4 remains in same foster home
____5 remains in same relative's home
____6 remains in residential care
____7 placed in foster care since last interview
____8 placed in relative care since last int.
____9 placed in residential care since last int.
____10 placed with other bio parent since last int.
____11 moved to **new** foster home
____12 moved to **new** relative placement
____13 other (specify) _____
____14 case is closed

Specify approximate date of last change _____

Questions 7-9 apply only if any change in children's placement occurred since last interview. If no change, skip to Question 10 (re: visitation).

7. How were you involved in this placement change? [probe for parent's role in decision-making process, communicating decision to child, meeting with new caregiver]

8. **Did you receive any support or guidance from SCF during this transition in placements?**

____2 yes
____1 no

[If yes] Explain.

9. **Overall, how do/did you feel about the quality of placement(s) for target child? Why?**

___4 generally good
___3 just okay
___2 not very good
___1 very mixed

VISITATION

10. **Are/were you able to visit with your child regularly?**

___1 no
___2 yes

11. **Overall, do/did you feel you've been able to have a reasonable amount of contact with your child?**

___1 no
___2 yes

12. **Do/did you feel the visitation plan is/was adequate for you and your children to maintain your relationship with each other?**

___1 no
___2 yes

13. **How often do/did visits occur?**

___5 more than once a week

___4 weekly
___3 2-3 times/month
___2 once a month
___1 minimal or no contact

14. **Where do/did visits with the target child usually take place?**

___4 SCF office
___3 care provider
___2 respondent home
___1 other _____

15. Overall, how well does/did this location for visits work for you on a scale of 1-5 (where 1=very dissatisfied and 5= very satisfied)?

1 2 3 4 5

SENATE BILL 689 / ASFA

IF CHILDREN EVER PLACED IN CARE FOR AT LEAST 1 MONTH:

16. **There is legislation that suggests that after one year a child in foster care should be coming home or moving to a permanent home. Have you ever been informed about this?**

____2 yes
____1 no

[If yes] By whom? _____

[If yes] What was that discussion like for you?

17. **Do you think that these new timelines have had/ (*had*) any impact on the progress of your case?**

____2 yes
____1 no

[If yes] what kind of impact?

PART 2: CASEWORKER CONTACT/ RELATIONSHIP

The next few questions are about your experience with your caseworker.

18. **How many different workers have you had since your case opened with SCF?** _____

[If more than one] What was it like for you when your case was transferred from one worker to another?

19. **Who is/*(was)* your current/*(most recent)* caseworker?** _____

closed cases only

20. **When was the last time you had face-to-face contact with him or her?**

____5 at case closing
____4 in last month of case
____3 1-2 months before case closing
____2 3-4 months before case closing
____1 5+ months before case closing

21. **In the last month your case was open how often did you talk with your caseworker, either by phone or in person?**

number of contacts_____

22. **How would you describe your relationship with your most recent caseworker?**

____3 good
____2 fair
____1 poor

open cases only

23. **Within the past month, how many face-to-face contacts have you had with your caseworker?**

number of contacts_____

24. **When was the last time you had face-to-face contact with him or her?**

____4 within past month
____3 1-2 months ago
____2 3-5 months ago
____1 6 or more months ago

25. **How would you describe your relationship with your current caseworker?**

____3 good
____2 fair
____1 poor

26. **Currently, how often do you talk with your caseworker, either by phone or in person?**

number of contacts_____

27. **When you phone your caseworker, how soon is the call returned?**

___4 reached CW within 24 hours
___3 within 48 hours
___2 within 3 or 4 days
___1 longer than 4 days
___9 **N/A** [never called CW]

28. **Overall, regarding the contact you've had with your caseworker, has it been:**

___1 more contact than you wanted
___2 as much as you needed/just the right amount
___3 sometimes needed more contact than you had
___4 almost never had as much contact as you needed or wanted

PART 3: GOALS, PLANS, AND DECISION-MAKING

The next part of the interview has to do with how planning has been done in your case and how decisions have been made since our last interview.

29. At our last interview, you told us that your personal goals for this case were:

previous goal	Previous	How much change? (see box below)
1._____	___	**5 4 3 2 1**
2._____	___	**5 4 3 2 1**
3._____	___	**5 4 3 2 1**

30. **Since our last interview, have your own goals in this case changed?** [If yes, write goal, then indicate change toward achieving that goal.]

Goal	How much change? (see box below)
1._____	**5 4 3 2 1**
2._____	**5 4 3 2 1**
3._____	**5 4 3 2 1**

5 = A great deal; goal achieved
4 = Quite a bit, though some issues remain; goal partially achieved
3 = Some progress, but goal not yet achieved
2 = Very little change; goal not achieved
1 = No change at all; goal not achieved

31. You also told us that the goals of the case that SCF wants you to achieve were:

previous goal	Previous	How much change? (see box above)
1._____	___	**5 4 3 2 1**
2._____	___	**5 4 3 2 1**
3._____	___	**5 4 3 2 1**

32. **Have the primary case goals that your SCF worker wants you to achieve changed?**

Goal	How much change? (see box above)
1._____	**5 4 3 2 1**
2._____	**5 4 3 2 1**
3._____	**5 4 3 2 1**

33. **Did your current caseworker ever talk with you about the needs of your child(ren) and your family?** [Probes: What were the needs, did you agree with them? Were you included in the conversation to identify the needs?]

___2 yes
___1 no

34. **Since our last interview, have/(*were*) family unity/decision meetings been used/ *(used)* to develop or review service plans for your case?**

___2 yes
___1 no

[If yes] What's your opinion about that process?

35. **Overall, regarding all the planning and decision making in your case, how much do you feel your opinion has counted in the planning process?**

___3 a lot
___2 a little bit
___1 not at all
___9 **N/A**, no planning

36. **With respect to all of the plans and decisions made in you case, where would you put yourself on the following scale of 1-5** (where1 = most or all of the decision-making and service planning has been out of my control to 5 = I've been treated as a full participant in planning services and making decisions):

rating **1 2 3 4 5**

open cases only

37. What is your understanding of why your case is still open?

38. What information have you been given about what needs to happen for your case to close?

open cases only

39. **What do you expect to happen in the next few months?**

_____1 child to remain at home, plan is to keep open for services
_____2 child to remain at home, plan is to keep open for monitoring
_____3 reunification
_____4 termination of parental rights
_____5 voluntary relinquishment of parental rights
_____6 continued residential care
_____7 long-term foster care
_____9 other:_____

40. Do you feel that what SCF has asked you do do is reasonable? Why or why not?

41. Is there something SCF has or hasn't done that has slowed down the progress of your case?

42. Is there anything that SCF or your worker has done that has been particularly useful?

PART 4: SERVICE DELIVERY

Next, I'd like to ask some questions about what's happening in your case and what actions, services, or referrals that have been made in your case.

Note active SARs from previous interview, ask about their current status, and then ask about new SARs

Go to Service/Action/Referral Chart.

Case ID ___________________

Previous Service/Action/Referral	
	☐ begun ☐ scheduled ☐ completed → if not, why? family rating of S/A/R helpfulness (1=low, 5=high) 1 2 3 4 5
	☐ begun ☐ scheduled ☐ completed → if not, why? family rating of S/A/R helpfulness (1=low, 5=high) 1 2 3 4 5
	☐ begun ☐ scheduled ☐ completed → if not, why? family rating of S/A/R helpfulness (1=low, 5=high) 1 2 3 4 5
	☐ begun ☐ scheduled ☐ completed → if not, why? family rating of S/A/R helpfulness (1=low, 5=high) 1 2 3 4 5
	☐ begun ☐ scheduled ☐ completed → if not, why? family rating of S/A/R helpfulness (1=low, 5=high) 1 2 3 4 5
	☐ begun ☐ scheduled ☐ completed → if not, why? family rating of S/A/R helpfulness (1=low, 5=high) 1 2 3 4 5
	☐ begun ☐ scheduled ☐ completed → if not, why? family rating of S/A/R helpfulness (1=low, 5=high) 1 2 3 4 5
	☐ begun ☐ scheduled ☐ completed → if not, why? family rating of S/A/R helpfulness (1=low, 5=high) 1 2 3 4 5
	☐ begun ☐ scheduled ☐ completed → if not, why? family rating of S/A/R helpfulness (1=low, 5=high) 1 2 3 4 5

Case ID ________________

New or current Service/Action/Referral	Why was this S/A/R chosen? [probes: to meet a need?; convenience?; court demanded it?]	Did you feel it was needed?
☐ new ☐ previous	☐ begun ☐ scheduled ☐ completed → if not, why? family rating of S/A/R helpfulness (1=low, 5=high) 1 2 3 4 5	
☐ new ☐ previous	☐ begun ☐ scheduled ☐ completed → if not, why? family rating of S/A/R helpfulness (1=low, 5=high) 1 2 3 4 5	
☐ new ☐ previous	☐ begun ☐ scheduled ☐ completed → if not, why? family rating of S/A/R helpfulness (1=low, 5=high) 1 2 3 4 5	
☐ new ☐ previous	☐ begun ☐ scheduled ☐ completed → if not, why? family rating of S/A/R helpfulness (1=low, 5=high) 1 2 3 4 5	

43. [**If not already captured**] **Since our last interview, have any new issues or needs come up for you and your family?**

Summarize in <u>all</u> cases
___2 yes
___1 no

[**If yes**] Probe to identify

[**If yes**], how has SCF (or other agencies) worked with you to address these needs?

PART 5: IMPACT OF SCF INVOLVEMENT & REMAINING ISSUES

44. What stands out in your mind as the most helpful thing the agency did? What about your last caseworker? What did s/he do that you found especially helpful?

47. How has your involvement with SCF affected your life and the lives of your children?

48. **The central reason SCF gets involved with families is to address the safety needs of children. From your point of view, has the question of your child(ren)'s (TC) safety been resolved?**

___3 completely
___2 to some extent
___1 no

open cases only

49. **How adequately are <u>your needs</u> being addressed currently?**

_____3 needs well addressed
_____2 needs addressed somewhat
_____1 needs poorly addressed

50. **How adequately are <u>your child(ren)'s (TC) needs</u> being addressed currently?**

_____3 needs well addressed
_____2 needs addressed somewhat
_____1 needs poorly addressed

closed cases only

51. **How adequately were <u>your needs</u> addressed at time of case closure?**

_____3 needs well addressed
_____2 needs addressed somewhat
_____1 needs poorly addressed

52. **How adequately were <u>your child(ren)'s (TC) needs</u> addressed at time of case closure?**

_____3 needs well addressed
_____2 needs addressed somewhat
_____1 needs poorly addressed

53. What would you change about the way SCF worked with your family? What could they have done differently?

54. Is there anything else you'd like to say to the agency about your experience, anything you

want them to know or understand about your family or families they work with in general?

PART 7: TARGET CHILD WELL-BEING

I'd like to focus for a few minutes on your child [TC] and how s/he's doing. This will help us understand a little better how children in general are doing when their families have been involved with SCF. Some of these questions will sound familiar, but we are just trying to capture the change over time.

55. **In general, would you say that your child (TC) is healthy?**

___3 healthy most of the time
___2 healthy some of the time
___1 healthy very little of the time

56. **Are there any medical or physical problems (including chronic health conditions, mental retardation, or birth defects) that have affected his/her development and ability to take part in everyday activities?**

___2 yes
___1 no

56a. [**If Yes**] Could you please describe them to me:

56b. [**If Yes**] **To what extent do you think your child (TC) has been affected by this?**

___1 severely
___2 moderately
___3 a little bit
___4 not at all

57. **Do you have a regular pediatrician/family practitioner? Does TC receive pretty regular check-ups, immunizations?**

___3 child has regular preventative health care
___2 child has intermittent preventative health care
___1 child does not seem to have preventative health care

58. [**For children over age 3**] **How about dental care? Any dental problems? Does TC visit the dentist regularly?**

___4 child has regular dental check-ups
___3 child has no untreated dental problems
___2 child has no preventative dental care
___1 child has untreated dental problems

59. Have you experienced any problems or anything in the way of you having the kind of access to health and dental care you need?

STANDARDIZED MEASURE OF CHILD STATUS

For children under age 2 - Use "Revised" Vineland SEEC Scales; follow recommended guidelines for administration.

For over 2 but less than 6 - give caregiver the DECA;

For 6 and older - give caregiver the BERS

[**For children 2 and over**]
I'm going to ask you to complete a questionnaire. This was developed to help create a picture of the emotional life and behavior of children, and will help us do a better job of describing the children served by SCF. For each item, please choose the response that best describes TC.

[**For children less than 2**]
I'm going to read you a list of items from a questionnaire. This was developed to help create a picture of the emotional life and behavior of children, and will help us do a better job of describing the children served by SCF. For each item, please choose the response that best describes TC.

PART 8: FAMILY SATISFACTION/WRAP-UP

Overall Assessment /Family Satisfaction

These rating questions ask you to think about your experiences with SCF overall. How much do you agree or disagree with the following statements? **[Read response categories for first nine questions: 1 = strongly disagree; 2 = disagree; 3 = not sure; 4 = agree; 5 = strongly agree.]**

1. All things considered, it was a good thing that SCF got involved with my family. **1 2 3 4 5**

2. I have felt fairly treated by the agency. **1 2 3 4 5**

3. I think my children have been helped by the agency's actions. **1 2 3 4 5**

4. Overall, the services we've received have been helpful. **1 2 3 4 5**

5. When I needed information about my case or just to talk with my caseworker, I could get a hold of her/him. **1 2 3 4 5**

6. I would be likely to call my caseworker if I needed help in the future. **1 2 3 4 5**

7. Our family has gotten stronger as a result of SCF's actions. **1 2 3 4 5**

8. There was a good reason why SCF was involved in my family. **1 2 3 4 5**

9. I felt I could trust SCF to be fair and to see my side of things. **1 2 3 4 5**

[Note shift in response categories for final question: 1 = very negative; 2 = more negative than positive; 3 = equally negative and positive (mixed); 4 = more positive than negative; and 5 = very positive.]

10. Overall, how would you describe your feelings about your involvement with SCF? **1 2 3 4 5**

Thank you very much. **[Ask for "vignette informed consent" signature, if appropriate; give parent $25; have him/her sign receipt; enter any updated address or telephone information on manila tracking sheet, if necessary.]**

Foster Parent Interview

Research ID# _____
Interviewer ID#_____
Date_____

_____Target Child's Name:
_____Gender
_____Ethnicity
_____Age

Note to interviewers: Pay attention to your impressions and feelings of foster parent(s). Also, try to glean their attitude toward caring for children, commitment toward children.

General Information:

Foster parent being interviewed _____mother _____father

Foster parent category:
_____regular
_____relative (specify)_____
_____medical
_____other (specify)_____

Non-relative providers:
How long have you been a foster parent? _____ years
How many different children have been placed in your home? _____

Before we begin the interview about target child's name, we would appreciate it if you would give us a brief overview of your experiences working with SCF and the various caseworkers or other agency personnel you have worked with as a foster parent. [What aspects of this experience have been particularly helpful or not so helpful?]

What is your understanding of strength/needs based services?

What has your experience with strength/needs based services been like?

How long has target child's name **been with you? _____**
[If no longer with this foster parent] where is target child's name **now?_____**

_____Are there other siblings of target child's name **`s family with you.?**

[If sibling group placed] are/were siblings placed together?
_____yes
_____no
_____n/a (no siblings or other siblings not placed)

Is target child's name **attending the same school as before his/her placement in your home?**
_____yes _____ no

Story

Would you give me the details of how target child's name came to be placed with you.

Key Points/Probes/Checklist: [Check if described by foster parent]

_____If known, pre-placement history of target child.
_____Pre-placement visit? ____yes ____no
_____Placement circumstances
_____Were you told how long placement was to be? ____ yes ____no

In the discussion about the placement of target child's name**, did the agency review his/her needs with you prior to placement _____yes _____partially _____no**

If yes, was the information you received enough? Was it helpful? What else do you need to know? Have you discussed this with the caseworker? What has been her/his response?

In summary, how adequate was the information you received in helping you care for target child's name**?**
_____very inadequate
_____generally inadequate
_____generally adequate
_____very adequate
_____the placement is so recent, it is not yet possible to answer this question

Target child's needs:

How would you describe target child's name?

What are the best things about target child's name?

What most concerns you about target child's name? What do you see as his/her needs?

Does SCF seem to see the needs in the same way that you do? What differences (if any) are there? **Interviewer Summarize: Agreement is: ____very strong ____moderate ____not much agreement with SCF**

As you got to know target child's name, did the caseworker listen to your views about his/her needs?
_____yes, we talked a good deal about my observations and ideas
_____yes, we talked some
_____no, I really was not asked much at all about my observations or ideas
_____placement is too recent to comment

In general, would you say that target child's name is healthy:

___3 healthy most of the time
___2 healthy some of the time
___1 healthy very little of the time

Are there any medical or physical problems (including chronic health conditions, mental retardation, or birth defects) that have affected his/her development and ability to take part in everyday activities?

___1 yes
___1 no

[**If Yes**] Could you please describe them to me:

[**If Yes**] **To what extent do you think target child's name has been affected by this?**

___1 severely
___2 moderately
___3 a little bit
___4 not at all
___1 no

Does target child's name have a regular pediatrician/family doctor?____ **yes** ____**no**
Does target child's name receive pretty regular check-ups, immunizations?

Interviewer summarize:
____child has regular preventative health care
____child has intermittent preventative health care
____child does not seem to have preventative health care

[For children over age 3] How about dental care? Any dental problems?
Does target child's name visit the dentist regularly?

Interviewer summarize:
____child has regular dental check-ups
____child has no untreated dental problems
____child has no preventative dental care
____child has untreated dental problems

Standardized Measure of Child Status

For children under age 2 - Use "Revised" Vineland SEEC Scales; follow recommended guidelines for administration.

For over 2 but less than 6 - give caregiver the DECA;

For 6 and older - give caregiver the BERS

[**For children 2 and over**]
I'm going to ask you to complete a questionnaire. This was developed to help create a picture of the emotional life and behavior of children, and will help us do a better job of describing the children served by SCF. For each item, please choose the response that best describes target child's name.

[**For children less than 2**]
I'm going to read you a list of items from a questionnaire. This was developed to help create a picture of the emotional life and behavior of children, and will help us do a better job of describing the children served by SCF. For each item, please choose the response that best describes target child's name.

Service Chart:

Ask foster parent what services or actions have been planned and/or implemented by SCF and complete the following Service Chart: [Helpful Scale 1-4 with 1 (not at all helpful) 2 (only a little bit helpful) 3 (fairly helpful) 4 (very helpful)]

Services/Action	When Planned	When Supposed to Start	When Started	How Helpful?

How does SCF keep you updated on what is happening in the case?

Support of placement:

How often do you have contact with the caseworker [more than once a week, weekly, bi-weekly, monthly] _____ phone _____ face-to-face)? [probe to distinguish nature of contact – in FP's home, at the office, meaningful time or on-the-go type contact]

Who generally initiates the contact? _____ CW _____FP _____Both
Contact with other SCF personnel?

When you phone the caseworker, how soon is the call usually returned?
_____within 24 hrs_____within 48 hrs_____within 3-4 days _____longer than 4 days

With regard to SCF and other service providers, with whom do you have the most contact?

How is target child's name monitored by agency/worker? How often?

How well do you think the worker knows target child's name?

Does the caseworker visit target child's name **in the home?____ yes _____ no.**
If yes, how often?

What kind of support, resources or assistance has SCF provided you in caring for target child's name?

What kind of payments do you receive? _____
Who provides this financial support? _____
Would you mind telling me how much you receive? $_____
Have you received any assistance with costs beyond the regular payments?

Are there any expenses you have personally paid for while caring for target child's name that you might have expected the agency would have paid for? [i.e. child care, respite care, clothing, school supplies, recreational activities]

What other kinds of support/assistance would be helpful? [If foster parent has chosen to not accept any assistance from agency, Why not?]

Plan:

As you understand it, what's happening with target child's name and his/her parents?
What seems to be the plan?

What kind of involvement have you had in the provision of those services to target child's name**? (Check all that apply)**
_____attended planning meetings at SCF
_____met with teacher(s) at child's school
_____met with caseworker to talk about child's needs
_____attended CRB hearings or other case review
_____met with other service providers (e.g. mental health)
_____gone to court
_____taken child to doctor
_____transported child for visits with parents and/or relatives
_____had parents and/or relatives visit in my home
_____worked with parents and/or relatives on parenting skills
_____other (specify)_____

Overall, to what degree do you feel your voice was heard in helping to plan services to meet the needs of target child's name?

Interviewer summarize: [Have foster parent give an example or describe the answer given.]
_____yes, I had a good deal of input
_____yes, I had some input
_____no, I really had almost no input

Visitation:

How is visitation handled?

1. How soon after placement did visitation begin?

2.

Where do visits usually take place (check all that apply and circle the most common location)?
Interviewer summarize:
_____foster home
_____SCF agency office
_____office of another social agency
_____restaurant or other community meeting place

_____other (describe) _____
_____there are no visits

How often do visits take place? _____ more than once a week _____weekly
_____bi-weekly _____less frequently _____no visits

Do you provide transportation? _____usually _____sometimes _____almost never

Do you provide supervision? _____usually _____sometimes _____almost never

3. How does target child's name react to visits (before and after)? *If known*, how do the parents act during visits?

Serious behavior problems? _____yes _____no If yes, how has SCF responded? Has the agency made any special visitation arrangements to address this problem?

What kind of an impact has visitation had on you and your family?

Attachment:

What kind of involvement (if any) do you have with target child's name `s parents? [Probe for mentoring, attitudes towards bio-parents, previous experience with bio-parent(s), visits in foster home, agency expectations and support for partnering, training about working with bio-parents]?

4. What kinds of contact does target child's name have with each parent, with siblings, other relatives?

How frequently? [probe for telephone contact, mail, etc.]

5. What restrictions, if any, do you place on the amounts and types of contact?

Do you have any concerns about target child's name's attachment to his/her parents?

Do you have any concerns about target child's name's attachment to you? What about your attachment to target child's name?

What do you like and dislike about target child's name?

Long-term Planning:

Now I would like to talk with you about the long-term goals in this case.

What is your understanding of the current plans for target child's name`s future.
Interviewer summarize:

_____reunification
_____long-term foster care (specify with whom)
_____adoption (specify with whom)
_____long-term relative foster care placement
_____don't know
_____undecided

What do you think the goal should be?

Are you satisfied with what SCF is doing regarding the plans? Why or why not?

What else could SCF be doing?

What is your role in the plans?

- [*For relative providers*] Has this had an impact on your feelings about / relationship with [primary caretaker]? Has the agency provided any help to deal with this?
- [*If foster parent is planning on providing long-term care or adoption for this child*], Why have they decided on this plan?
- [*If child will move*], How is SCF helping you, target child's name , and his/her family deal with the issues of leaving one family and moving to another?

[*If child is no longer with foster parent*] How do you feel about target child's name`s safety at present? Would you say you.....

_____have no worries at present about this child's safety
_____have no worries at present, but are worried about what may happen in the future if child remains where he/she is
_____are somewhat worried about child's safety; there are some things about the situation that don't seem safe
_____are very worried about this child's safety at present

Have there been any marked changes in target child's name since he/she has been in your care? If so, what are they?
Interviewer summarize:
Changes have been: _____positive _____negative _____no changes

General Information on Foster Parent:

Have you been certified? When? [*If less than one year ago*] Could you talk a bit about the certification process? (Probe: What was it like? How long did it take? Problems?)

Are you (foster mother, foster father or major caretaker) employed?
_____ yes _____ no

If yes: How many? _____days and_____hours per week
What are your child care arrangements?

How many children are presently in your care?
_____ yours by birth _____ foster children_____adopted _____other

What's been the impact of foster parenting on you and your family?

Is there anything else you'd like to tell me about your experience as a foster parent?

Foster Parent Satisfaction Scale

Thinking about your experience with SCF in relation to this child, how much do you agree or disagree with the following statements? [Read following response categories, then complete for each item:
5=strongly agree; 4=agree; 3=not sure; 2=disagree; 1=not sure; 0=N/A]

1. I have felt well-supported by the agency in caring for this child?_____

2. Overall, the services this child has received have been helpful. _____

3. When I needed information about this child or just to talk with his/her caseworker, I could get a hold of the caseworker. _____

4. I believe the long-term plans for this child are appropriate. _____

5. I am satisfied with what the agency is doing for this child. _____

7. Overall, my experience with the agency in caring for this child has encouraged me to continue being a foster parent. _____