

# Strengths/Needs Based Services Evaluation

## INTERIM REPORT

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Submitted by the  
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and the  
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# Executive Summary

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 Based (S/NB) service delivery, the critical practice component of the System of Care. This report presents data at the end of the fourth year of the evaluation, focused on (1) progress that has been made in implementation of S/NB services, (2) the well-being of children and families at the end of service or after one year of service, (3) the use of flexible funds, and (4) the ideas of community partners about S/NB services implementation.

## **Strengths/Needs Based Services**

Strengths/Needs Based service delivery focuses on (1) initial building of a relationship between caseworker and family through developing agreement about the needs of the child(ren), (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, 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 children are moving toward adoption because it appears that parents are unable or unwilling to care for their children.

## **The evaluation of Strengths/Needs Based Services Implementation**

The evaluation of S/NB implementation has been required as part of SOSCF's agreement with the Juvenile Rights Project. From the beginning, this study's intent has been to contribute to the implementation process by providing timely observation and feedback year by year. In focusing our 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.

The evaluation extends over five years. The first year was, for us and the workers beginning to implement this new way of practicing, a year of exploration and learning. The first report highlighted both worker and family enthusiasm and skepticism about S/NB practice, and the systemic changes that were being identified as necessary to implement this practice. The second year's focus examined S/NB services at the very beginning of protective service. Engagement in work with the Division was conceptualized as the positive outcome of early protective service work, and it was in that year that the importance of collaborative practice became apparent. Part of that sample re-appears in this report. In the third year the evaluation followed families into service delivery, and the complexities of finding or creating services that matched children's unique needs emerging as a major finding. The fourth and fifth years are a longitudinal study of 150 families, from the Phase I pilot branches and some second Phase II branches.

This report is being written at the end of the fourth year of the project and is truly an interim report. There is no completed segment of the study on which to report. Rather, selected data, already collected at this time, are being used to provide information which we hope will be both new and useful for the Division.

### **1999-2000 Evaluation Design and Methods**

The sample was randomly drawn from the protective service intake in the pilot branches which first implemented S/NB services (East, Midtown, St. Johns, North/Northeast branches in Multnomah County, Polk County, and Deschutes County) supplemented after June 1998 by cases from some of the second set of branches to adopt S/NB services (Clackamas County and, later, from Wasco/Sherman, Hood River, Linn, and Tillamook counties). The new Gresham branch was included after it opened in the fall of 1999.

The report is divided into four segments, answering four different questions.

- (1) In the past two years, has SOSCF made progress in the implementation of S/NB services? This is a comparison of implementation of S/NB services at the beginning of protective service work in 1997-98 and 1999-2000.
- (2) What are the outcomes at case closing, or progress after one year? This is an early exploration of whether families have found SOSCF services helpful, and whether the children have achieved safety, permanency, and are having their needs met.
- (3) How are flexible funds being accessed and used? Flexible funds are important in the delivery of S/NB services; they provide the mechanism through which it is possible to pay for unique services to meet individual needs. Both the uses to which these funds have been put and the experiences of workers in accessing them are explored.
- (4) What opinions do community partners express about S/NB services? Strengths/Needs Based services cannot be implemented without the participation of

cooperating service providers and community institutions. Their impressions of SOSCF's use of S/NB services are explored in this segment.

Somewhat different samples provided answers to each of these questions. To answer the first, the evaluation compared data concerning early protective service contacts collected in 1997-98 with similar data collected two years later. Next, the examination of outcomes is based on interviews done in the spring and fall of 1999. The evaluation has been discussing flexible funds with families and caseworkers since the beginning of the study; the data in the third section was taken from these interviews over the past two years. In 1997-1998, we interviewed a portion of community partners who were directly involved in the cases from our sample of families whose cases were open with SOSCF. In 1999 we sampled another group of community partners and interviewed them to reflect ideas about work with S/NB service delivery in SOSCF in general, rather than as it related to specific cases. More information about each of these samples is presented as each question is discussed.

The evaluation design is based on a case study methodology involving a detailed examination of a relatively small number of cases. The primary data for the project come from in-depth interviews with individual caseworkers and family respondents. Additional data were drawn from case files and overall impressions of interviewers.

## **Major findings**

### **Has SOSCF made progress in the last two years in implementing S/NB practice?**

This section explores the progress of S/NB implementation by comparing current practice in the beginning phase of protective services with that of two years ago.

The 67 cases that were opened for protective service and that we reviewed between November 1997 and May 1998 are compared with 60 cases reviewed between October 1999 and May 2000. If the sampling frames were identical, the information presented should indicate the amount and nature of any change in the implementation of strengths/needs based services during the two year interval. However, the later sample, drawn to focus on cases that would remain open, contains a higher proportion of complex cases expected to need extensive services. Additionally, the requirements of Adoption and Safe Families Act (ASFA) have been added. The comparison is focused around selected elements found in earlier studies to be important.

Currently, SOSCF is working to develop the interface between outcomes expected under SOC and those expected under ASFA, the other major practice initiative of the Division. Identifying and establishing outcomes of complex human service delivery is difficult. The Division asked if our data could add depth to their thinking about outcomes.

The SOC outcomes SOSCF is using are:

1. Engage families and community partners to protect children from abuse and neglect.
2. Engage families and community partners to enable children to live with their families.
3. Enable children in out-of-home care to live near their home.
4. Enable children to achieve stability and permanency in their living situation.
5. Enable children to achieve success in school.
6. Enable children to become stable, gainfully employed adults. (The parallel ASFA outcome of children receiving adequate services to meet their physical and mental health needs is more possible to measure with available data).

*Outcomes 1 and 2: engaging families and community partners to protect children from abuse and neglect and to enable children to live with their families.*

- Despite worker reports of increased complexity and paperwork demands as a result of multiple state and federal initiatives, families now are more satisfied with the amount of contact with their worker than in 1998.
- Use of family decision meetings is up sharply, from 37% of cases in 1998 to 58% in the current sample. A higher proportion of families received adequate preparation and found the meetings a positive experience.
- Families in the current sample report more worker requests for feedback during planning and in decision making than was true two years ago.
- The level of positive client engagement achieved in the cases reviewed this year remains virtually identical to 1998, despite the greater complexity of the current cases and increasing pressures on workers.
- As expected with the more complex cases, the proportion of children removed from their homes (58%) was higher than in the previous sample (43%). Yet, many of these placements were short; at the time of the interview roughly 40% of the children in each sample were still in care.

Though many differences between the 1998 and 2000 sample are small, differences are consistently positive, indicating that the elements of S/NB practice which are important in building a working relationship between caseworker and family are more consistently practiced now than they were two years ago.

*Outcome 3: Enable children in out-of-home care to live near their home. We have no data on neighborhood foster care, but report here other data regarding maintaining the attachment between placed children and their families.*

- In 2000 the majority of the 24 children in out-of-home care were placed in regular foster care, while in 1998 the majority of the 27 children in out-of-home care were in relative foster care.
- Families whose children were placed in regular foster care in 2000 were less likely to think them safe, to feel that their relationship with them was maintained, or to feel positive overall about the placement, than families with children in other types of foster care, such as relative and medical care.
- More children (74%) had a single placement than in the previous sample (60%).
- Visits occurred with greater frequency than in the previous sample, with the number of families who were able to visit their children more than once a week nearly doubling, from 32% to 50%.
- Overall, family satisfaction with the children's foster care declined between 1998 and 2000.

Though more children were placed in out-of-home care in 2000, this may be because the sample in 2000 was drawn to include more complex cases. Data on maintaining attachment with families are mixed; fewer remained with extended families in relative foster care; however, needs for continued contact with parents were much better met than in 1998.

### **What are the outcomes for children and families at case closing, or progress after one year?**

The exploration of this question is based on data obtained from 23 interviews concerning cases that had closed after at least 6-8 months of service, and 40 interviews concerning cases still open for services after one year. In the spring of 1999 telephone interviews were used; these are the source of data for about half of the cases still open after one year, and for all but five of the closed cases. Finding the depth of information from these interviews unsatisfactory, we developed an in-person interview and piloted it in the fall of 1999; about half of the cases still open at one year had the in-person interview, as did five closed cases. This is the interview that the evaluation is using in the longitudinal study currently underway

The in-person interview included standardized measurements of children's social adjustment and mental health. The Vineland Social Emotional Early Childhood (SEEC) Scales were selected for use with the very youngest children (ages three months to 23 months). The Devereaux Early Childhood Assessment (DECA) was the measure of choice for preschool-aged children (ages two through five years), and the Behavioral and Emotional Rating Scale (BERS) was used in ratings of school-aged children (ages six through 18 years). All of these instruments measure strengths or protective factors as related to child development and are primarily measures of social development and mental health.

The findings regarding the closed cases were positive.

- All children in the 23 closed cases were at home, and in all of these cases caseworkers thought that changes in the family along with community support minimized any risk to the children.
- Two-thirds of the families thought that services had been helpful overall.
- More than half of the families were satisfied with SOSCF's involvement, and said they would call their caseworker should they need help in the future.
- Caseworkers were satisfied that risk had been lowered and that services had been helpful in approximately 85% of the cases.

Forty cases were open after one year of service. About half of the families whose cases were still open were interviewed in person, and half by telephone. More data are available from the in-person interviews. Findings concerning S/NB services are generally positive, and most children seem to be doing well.

- Families and caseworkers were generally satisfied with the progress of SOSCF involvement with regard to services received, relationship between worker and family, and usefulness of services.
- Asked about safety, workers expressed concern about six children, but none of these concerns related to their immediate safety.
- Of the 16 families interviewed, nine children were still in placement after one year. For all the children in out-of-home care for whom data were available, visitation was happening at least 2-3 times per month, and all but one family felt the relationship between parent and child was being maintained.
- Three dimensions of child well-being were examined: social and emotional health, physical health, and school performance. Parents provided these data, whether the children were with them or in out-of-home care. Fifteen of the 19 children tested scored positively on behavioral and emotional assessment measures, and nine of the 11 school-age children were doing well in school. Ninety percent of the parents described their children as healthy.

### **How are flexible funds being accessed and used?**

Flexible funds are important in the delivery of S/NB services; they provide the mechanism through which it is possible to pay for unique services to meet individual needs. The data of our past year's work, data provided by caseworkers during interviews, and data from families form the basis for this segment of the report. Data are primarily qualitative; analysis of caseworker

and family interviews was done using NUD\*IST software, which allows for key word and text searches, coding, and sorting.

Findings emphasize the variety of ways in which flexible funds are used, and their importance in developing services in particular cases. The systemic barriers to accessing these funds provide an interesting study of the difficulty of introducing individualization and flexibility in a large, tax-supported bureaucracy where accountability for funds is critical.

- In 2000, flexible funds were used in about half the cases for which we have data. Most often they are accessed to meet the basic needs of families in ways that enhance their ability to care for their children at home. Flexible funds also pay for services crafted to meet the individual needs of the child and family.
- Unique contracts have been time-consuming and difficult to develop. As a partial solution, flexible funds have been used to develop large master contracts for a number of families to be served with a variety of services.
- Decisions about appropriate use of flexible funds over a certain dollar amount are generally made in committees. There is variability among the branches in the smoothness with which this process works.

### **What opinions do community partners express about S/NB services?**

The evaluation interviewed 68 community partners by telephone. The sample was a “snowball” sample, beginning with persons that branch managers and resource developers suggested as partners with whom SOSCF did an extensive amount of work, and increasing as interviewers asked each respondent for names of additional partners to interview. Interviews were semi-structured, with community partners being asked a consistent set of questions and then encouraged to expand their answers. Interviews were recorded through transcription of the notes of the interviewers, and then analyzed in a careful qualitative analysis.

The major themes that emerged from the interviews were:

- Successful service collaboration depends on the caseworker; community partners’ experiences vary.
- 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.
- 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.

- 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.
- Family decision meetings are well liked as a forum for collaboration.

### **Summary**

The answers to each of the research questions are positive. They leave further questions for the research around issues of measurement, and will help in our analysis of data for the final report of the five-year study to be written next year. They raise questions for the Division, particularly around the quality of foster homes being used, the extensive use of out-of-home care, and some systemic barriers to effective S/NB practice. But overall they indicate that the principles of S/NB practice are being increasingly applied in work with families, that families feel they benefit from services, and that children are doing well.

## Introduction

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 Based (S/NB) service delivery system, the critical practice component of the System of Care.

Strengths/Needs Based service delivery focuses on (1) initial building of a relationship between caseworker and family through developing agreement about the needs of the child(ren), (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, 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 children are moving toward adoption because it appears that parents are unable or unwilling to care for their children.

The evaluation is being carried on over a five year period. As the planning for each year has evolved from what was learned in the prior year, and from the current interests of those delivering S/NB services, the project has been divided into four distinct segments.

1. During the first year, when the pilot branches were just beginning to experiment with S/NB service delivery, the project intensively studied cases in which S/NB practice seemed to workers to be particularly effective, and cases in which problems were apparent.
2. In the second year, focus was on service at the very beginning of cases, at the "front door" of protective service work. Chief interest was in the manner in which families could be engaged in a relationship with the caseworker through focus on the needs of their children, family participation in the planning process, and the "fit" of this model to the investigation and risk assessment traditionally practiced in protective service.

3. The third year of the investigation focused on service delivery to children and families whose cases remained open after the initial investigatory period. Interest was in the implementation of service plans, and in families' use of services.
4. The fourth segment of the investigation spans the fourth and fifth years of the project. Focus is a longitudinal study of families in the child welfare system. Early experiences with protective services are being assessed through interviews at 60 days after case opening. At six to eight months families and workers are interviewed about their experiences with services. At case closing, or when the case has been open one year, the outcome of involvement with SOSCF is investigated in a final set of interviews. Foster parents are being interviewed when a child has been in placement four months or more. The experiences of community partners with SOSCF are also being explored.

This report is being written at the end of the fourth year of the project and is truly an interim report. There is no completed segment of the study on which to report. Rather, selected data, already collected at this time, are being used to provide information which we hope will be both new and useful for the Division. The report is divided into four segments:

- (1) Comparison of implementation of S/NB services in 1997-98 and 1999-2000. In this report, an attempt is made to give SOSCF information about the progress of S/NB implementation through comparing current practice in the beginning phase of protective services with that of two years ago. The comparison is focused around selected elements found in earlier studies to be important.
- (2) Outcomes. We now have more extensive information about the state of cases at closing, or after they have been open for one year. Though none of the cases in our current longitudinal study have been open for a year, and only four have closed, from the piloting of the data collection instruments, we have drawn some indicators of outcomes for a small number of families, and these data are also presented.
- (3) An exploration of the use of flexible funds. Flexible funds are important in the delivery of S/NB services; they provide the mechanism through which it is possible to pay for unique services to meet individual needs. Both the uses to which these funds have been put and the experiences of workers in accessing them are explored. The data give indication of the difficulties of implementing an individualized service system in a large public agency.
- (4) Community partners. Since S/NB services cannot be implemented without the participation of service providers in the community, their impression both of the service delivery model and of its implementation are important. If community networks are to be developed to support families who need this support, the impressions of community organizations such as schools and churches are also important. This fairly extensive segment of the report will, it is hoped, provide useful ideas.

The evaluation design is based on a case study methodology involving a detailed examination of a relatively small number of cases, selected from a stratified random sample drawn from protective service units in the six pilot branches. The primary data for the project come from in-depth interviews with individual caseworkers and family respondents. When children were in placement, foster parents were interviewed after the children had been in their homes for some time. Additional data were drawn from case files and overall impressions of interviewers.

The sample was drawn from the protective service intake in the pilot branches which first implemented S/NB services (the four branches in Multnomah, Polk, and Deschutes) supplemented after June 1998 by cases from some of the second set of branches to adopt S/NB services (Clackamas and, later, from Wasco/Sherman, Hood River, Linn, and Tillamook). The new Gresham branch was included after it opened in the fall of 1999; it is probably for this study best thought of as a pilot branch, since it drew both workers and families from the existing Metro branches.

Community partners important to cases in the sample were interviewed in 1997-98; in 1999 community partners were sampled and interviewed to reflect ideas about work with S/NB service delivery in SOSCF in general, rather than as it related to specific cases.

The Division is working to integrate SOC and AFSA goals. Recently, the Division shared these with us and asked if our data could add depth to their thinking about outcomes. The SOC outcomes which the Division is using are:

- Engage families and community partners to protect children from abuse and neglect.
- Engage families and community partners to enable children to live with their families.
- Enable children in out of home care to live near their home.
- Enable children to achieve stability and permanency in their living situation.
- Enable children to achieve success in school.
- Enable children to become stable, gainfully employed adults. (The parallel ASFA outcome of children receiving adequate services to meet their physical and mental health needs is more possible to measure with available data).

Though the data of this report for the most part concern practice, and not outcome, we have organized the presentation around the outcomes format that SOSCF is developing. In the first chapter, data on engagement of families in use of services, are explored. The second chapter focuses on outcomes of service: permanency, school success, and the meeting of physical and mental health needs. The last two chapters provide more detail about specific aspects of S/NB practice, the use of flexible funds and relationships with community partners.

## **Chapter I**

### **Implementation of S/NB services in early protective service contacts**

In examining the use of S/NB practice in early protective service contacts in 1997-98 and 1999-2000, an attempt is made to give SOSCF information about the progress of S/NB implementation through comparing current practice with that of two years ago. The comparison is focused around selected elements found in earlier studies to be important.

This section of the report focuses first on engaging families and community partners to protect children and, if possible, enable them to remain with their families. The following section concerns maintaining attachment when children must be placed. The final section of this comparison focuses on the beginning phase of service delivery to meet children's physical and mental health needs.

### **SAMPLE**

The comparison being made in this report is between the 67 cases<sup>1</sup> that were opened for service and that we interviewed between November 1997 and May 1998 (hereafter, the "1998" sample), and 60 cases interviewed between October 1999 and May 2000 (the "2000" sample). If the sampling frames were identical, the information presented should indicate the amount and nature of any change in the implementation of strengths/needs based services during the two year interval. However, there are important differences.

In the earlier sample, we attempted to interview families from 30 to 90 days after case opening. In the later sample, wishing to obtain cases that would remain open for longitudinal analysis, we interviewed families a month later than in our previous sample, and did not include cases that we were told were about to be closed. Thus the later sample contains a higher proportion of difficult and complicated cases, cases that have been open longer, and that the worker expected would need extensive service and would remain open for some time.

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<sup>1</sup> In the 1998 report, written in May 1998, only 63 cases were reported. Four cases that were interviewed during May were added to the database after the report was written. Thus there are 67 cases in the 1998 sample.

Though some elements of strengths/needs based services would be expected to be delivered in the same manner regardless of the nature and extent of family problems, it must be recognized that these more complex cases need more systemic support for service delivery. More foster care placements might be expected. More comprehensive service plans and more interaction with community partners might be expected, with more opportunities presented for delays and problems in the start of services. By the time a family is interviewed, a transfer to an ongoing worker may have occurred; the disruption associated with a transfer may negatively impact the family's assessment of SCF services. For some families an extra month of services may also mean that early defensiveness and anger have diminished. As each variable is considered, the reader must consider whether improvement would logically be expected, given the sample differences.

Finally, federal and state legislation has been adopted that shortens timelines for permanency when a child is in foster care. Workers have consistently told the evaluation's interviewers that they have had to spend more time preparing documentation and going to court as a result of this new legislation.

There are also some differences in branch representation, as displayed in Table 1.1. There is no reason to think that these differences will impact findings, though there is a slightly greater proportion of cases included outside of the Metro area in the later sample.

**Table 1.1  
Branch Representation**

	1997-1998	1999-2000
Clackamas		6
Deschutes	7	4
Polk	4	7
Wasco		1
East	17	11
Midtown	14	7
N/NE	11	9
St. Johns	14	12
Gresham		3
<b>Total</b>	<b>67</b>	<b>60</b>

### **Data collection instruments**

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 respondents; and
- worker ideas about systemic supports and impediments in the delivery of S/NB services.

Quantitative ratings on structured items and scales are 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. Copies of interview guides may be found in the Appendix.

### **Case file data**

Information from case files has also been used in the 1998 data as a supplement to interviews, providing information on:

- family and child demographics: age, gender, 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.

## **FINDINGS**

### **Description of the Sample**

In many respects the sample of 60 families interviewed in 1999-2000 is similar to the sample of 67 families interviewed two years ago. About 80% of those interviewed were mothers, while

about 13% of the interviews were conducted with two caretakers of the child, and about 7% with fathers only. About half of the families in each sample reported that they had prior experience with SOSCF, some as a child only, more often as an adult or both. In both samples, the child who was the focus of SOSCF services was living at home at the time of the interview in about 60% of cases.

Between 40 and 50% of the respondents were employed, but in some cases other members of the household were employed and contributed income to support the family. In the sample two years ago, we noted that poverty was a major problem for 33% (n=21) of the sample.

There were, however, some differences which need to be noted as the two samples are compared. Families in the 1999-2000 sample were smaller than those interviewed two years ago; 47% had only one child in the family, while two years ago only a quarter of the families in our sample had only one child. In this sample there were no families with more than three children; two years ago 11 families had from four to eight children.

## Engaging Families

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### ***Key Findings: Engaging Families***

- ***Despite worker reports of increased complexity of cases as a result of multiple state and federal initiatives, families report more satisfaction in the amount of contact with their worker.***
  - ***Use of family decision meetings has increased sharply, from 37% of cases in 1998 to 58% in the current sample. A higher proportion of families received adequate preparation and found the meetings a positive experience.***
  - ***Families in the current sample report more worker requests for their feedback during planning and decision making than was true two years ago.***
  - ***The level of positive client engagement achieved in the cases reviewed this year remains virtually identical to 1998, despite the greater complexity of the current cases and increasing pressures on workers.***
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A key principle in the Strengths/Needs Based 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 and 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:

- Contact between worker and family
- The planning process
- The use of family decision meetings
- Power-sharing
- Collaborative casework practice

In addition to these dimensions, three scales were used to measure collaboration between family and worker (family reports), family engagement (family reports), and client compliance (worker reports). These data were compared against a similar sample of front-end cases from two years ago (Strengths/Needs Based Evaluation Interim Report, 1998).

### **Caseworker Contact**

Perhaps because the interviewers spoke with families later on average in the current sample than two years ago, cases in our current sample have been transferred more frequently. In our previous sample, only 3 of 67 cases (4%) had transferred to another worker, usually a worker in an "ongoing" unit. Conversely, of the sixty families in our current sample, nearly half (n=29) had transferred, with families reporting two (n=26) or in some cases three (n=3) different workers in their case.

Ratings of positive initial contact with SOSCF are unchanged from two years ago. Forty-five percent of families rated that contact positively (n=27), assigning a 4 or 5 on a scale of one ('terrible') to five ('wonderful'), identical to the proportion from our initial front-end sample (45%, n=30).

Phone contact also remains unchanged since 1998. 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, 64% (n=35) reported that the worker returned calls within 24 hours, about the same as the 1998 figure, 65% (n=36).

However, in describing all types of contact, families were more positive this year than in 1998. Fifty-seven percent described all types of contact as 'just the right amount,' an improvement from 1998, when slightly fewer than half felt it was appropriate contact (49%, n=33).

### **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 (97%, n=58), and that in three-quarters of cases, a Strengths/Needs list had been developed (73%, n=44). 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 (68%, n=40), and slightly more than half recalled developing a Strengths/Needs list. Data on needs discussions with families were not collected in 1998.

Families in the current sample are about as involved in planning as were the families from the 1998 sample. When asked how much their opinions counted in the planning process, 43% (n=26) of families in the current sample said 'a lot,' up slightly from 1998. Likewise, a similar proportion of families felt their values were respected during decision-making. Responding to the question, 'Do you feel your values and ways of doing things were respected when decisions were being made?,' 60% (n=36) of the current sample answered affirmatively to the question, up from 58% (n=34, some missing cases) in 1998.

Much greater improvement was shown when we asked families whether caseworkers requested their feedback during planning and decision-making. In our initial sample, slightly fewer than half of families reported workers had requested their feedback (49%, n=33). In our current sample, two-thirds of families (68%, n=40) said their workers requested feedback.

### 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 up sharply in 2000. According to families, just 30% cases (n=20) used FDMs in 1998, compared to 57% (n=34) in our current sample. Thirty-seven percent (n=25) of workers reported use of an FDM in 1998, and this year 58% of workers reported use of an FDM (n=35), with an additional 17% (n=10) planning on holding one in the future.

Families were more positive about such meetings overall, rating them positively (4 or 5 on a scale of 1-5) in 65% of cases (n=22); in 1998, fewer than half the families rated meetings positively.

Results about different aspects of the meeting were mixed. 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 1.2 below illustrates these results.

**Table 1.2**  
**Dimensions of the Family Decision Meeting,**  
**1998 and 2000**

	Percent answering 'yes'	
	1998 n=20	2000 n=34
suggested whom to invite	75%	74%
received adequate preparation	55%	76%
goal clearly stated	100%	91%
satisfied with how the meeting was run	65%	82%

In both years, workers overwhelmingly found family decision meetings useful. In both samples, 88% of workers rated the meeting a 4 or 5 on a scale of 1-5 (where 5=extremely useful).

### **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*').

Means on individual items did not change significantly from 1998. Item responses are presented in Table 1.3, along with average responses on individual items from years 1998 and 2000. Though differences are small, there is a consistent trend of more positive responses in 2000.

**Table 1.3  
Collaboration Scale Items**

<b>Considering your experiences with SOSCF since your case opened, how much has your worker...</b>	<b>1998 mean (s.d.) n=67</b>	<b>2000 mean (s.d.) n=60</b>
...believed that you really care about your children	3.47 (1.0)	3.43 (1.0)
...talked about your children in a positive way?	3.29 (1.1)	3.31 (1.1)
...believed that you understood your child's needs best?	3.06 (1.1)	3.09 (1.0)
...listened to you?	3.03 (1.1)	3.07 (1.1)
...believed that you and your family would solve the problems that you were having?	2.92 (1.1)	2.97 (1.2)
...encouraged you to say what you thought?	2.91 (1.2)	2.81 (1.3)
...considered your opinions important in deciding what your children need?	2.86 (1.2)	2.92 (1.2)
...recognized your strengths as an individual?	2.85 (1.2)	3.02 (1.2)
...thought your ideas were important in deciding what services were or weren't needed?	2.82 (1.1)	2.78 (1.2)
...helped you get things you really needed?	2.78 (1.2)	2.88 (1.2)
...made you feel as comfortable as possible in the situation?	2.82 (1.2)	2.80 (1.3)
...been supportive of you personally?	2.81 (1.2)	3.00 (1.1)
...cared about you as a person?	2.78 (1.2)	2.89 (1.2)
...understood your point of view?	2.76 (1.1)	2.78 (1.2)
...seemed like someone you could talk to?	2.65 (1.2)	2.85 (1.2)
...was someone you came to trust?	2.59 (1.2)	2.64 (1.3)

### **Client Engagement and Follow-through**

As in prior years, we asked families in this year's sample to respond to a series of statements aimed at capturing the level of their positive involvement with SOSCF in meeting their children's needs. We have referred to this construct of positive involvement as 'client engagement,' and we distinguished between families' self-reports of engagement and their workers' reports of their compliance or follow-through with service agreements or case plans.

As we have continued to develop the conceptual definition of this construct, based on earlier qualitative and quantitative data from worker and client interviews, aspects of engagement that have emerged include: a readiness on the client's part of the need for assistance in meeting her/his children's needs (often involving the acknowledgement of responsibility or recognition of problems); a sense of expectancy (i.e., a sense that the family will receive help from SOSCF); and shared goals with SOSCF, or buy-in, on the part of the client; and investment (i.e., the client expresses a commitment to working with SOSCF).

A comparison between the two protective service samples (1998 and 2000) on responses to selected questions having to do with client engagement is presented in Table 1.4. Note that three questions are worded negatively (i.e., lower mean responses are more positive), while three are worded positively. Each item asks the respondent to rate how much of the time the statement matches her/his feelings, from one 'none or nearly none of the time' to five 'all or nearly all of the time.'

**Table 1.4**  
**Engagement Scale Items**

<b>Family Items</b>	<b>1998 mean (s.d.) n=67</b>	<b>2000 mean (s.d.) n=60</b>
I need to make some changes in my life for my children's sake.	3.67 (1.0)	3.88 (1.2)
I was fine before the agency got involved. The problem is theirs not mine.	2.17 (1.6)	2.62 (1.3)
What the agency wants me to do is the same as what I want.	3.72 (1.4)	3.35 (1.3)
I feel pretty hopeless about how my case with SCF is going to turn out.	2.13 (1.2)	2.33 (1.2)
I believe my family will get help we really need from SCF.	3.05 (1.5)	3.73 (1.2)
What SCF wants me to do has nothing to do with what I think should happen.	2.26 (1.3)	2.47 (1.2)

Overall, the data suggest consistency in responses between the two time periods, with substantial numbers of families expressing quite positive engagement, particularly on items reflecting acknowledgement of responsibility and the belief that SCF's involvement will be helpful. On *all* items, more than 60% of the families 'agreed' or 'strongly agreed' with the positive items and 'disagreed' or 'strongly disagreed' with the negative items.

The level of compliance or follow-through noted by workers has also remained constant across the two time periods. Workers noted approximately 75% of families to be following through 'a lot' or 'all' of the time on the individual items (e.g., 'client is following through on what we've agreed she/he would do;' 'client is following through on service referrals;' 'client shows up for scheduled appointments,' and so on). Not surprisingly, workers were likely to rate clients as positively engaged if they also considered them to be compliant ( $r=.62, p<.01$ ). See Table 1.5 for selected items on the Compliance Scale.

**Table 1.5**  
**Compliance Scale, Selected Items**

<b>Worker Items</b>	<b>1998 mean (s.d.) n=67</b>	<b>2000 mean (s.d.) n=60</b>
This client shows up for scheduled appointments with me (at her/his home or my office).	4.43 (1.1)	4.58 (.8)
This client returns my phone calls promptly.	4.16 (1.0)	4.07 (1.1)
This client initiates contact with me when appropriate.	4.10 (1.3)	4.15 (1.1)
This client is following through on service referrals.	4.07 (1.3)	4.09 (1.1)
This client is following through on what we've agreed she/he would do.	3.89 (1.2)	3.98 (1.1)
In my opinion, this client is positively engaged with SCF.	3.86 (1.4)	3.92 (1.2)

**Relationship between Collaboration, Engagement, and Compliance**

To examine the relationship between the family's ratings of collaboration and engagement, as well as the worker's rating of compliance, the items from each of these scales were "summed" to acquire an overall score for each scale. In addition, a summary score was computed for items comprising a scale of the worker's ratings of family engagement. The measure for internal consistency between items (alpha) and the descriptive statistics for each of these scales is reported in Table 1.X. Internal consistency for all the scales was high, with alphas ranging from .82 to .98.

**Table 1.6**  
**Characteristics of Collaboration, Engagement and Compliance Measures**

Scale	Alpha	Range	Mean	Standard deviation
Engagement (worker view) (13 items)	.93	13-72	49.64	11.99
Engagement (family view) (6 items)	.82	9 – 30	21.54	5.28
Collaboration (16 items)	.98	16-64	47.20	15.66
Compliance (5 items)	.86	5 – 25	20.86	4.27

Correlations between these measures are reported in Table 1.X. The relationship between the worker and family measures of engagement and the worker’s measure of compliance in the 2000 sample was found to be similar to the relationship between these measures in the 1998 sample.

**Table 1.7**  
**Correlations Among Collaboration, Compliance, and Engagement Measures**

	1	2	3	4
1. Engagement (worker view)	—	.56**	.69**	.54**
2. Engagement (family view)		—	.56**	.11
3. Collaboration			—	.41*
4. Compliance				—

\*p<.01; \*\*p<.001

In the 1998 sample the link between workers ratings of engagement and compliance was much stronger than the relationship between compliance and the families’ self-report of engagement. In the 2000 sample workers were still likely to consider the family to be engaged if they were compliant, but there was no relationship between families’ self reports of engagement and their degree of compliance. Families who were keeping appointments, returning phone calls and following through on service agreements did not necessarily see themselves as needing help, have a sense of optimism about getting what they needed, have the same goals as, or express commitment to working with, SOSCF. This suggests that some compliant families may simply

be doing what they see as necessary to get their case closed as opposed to seeing a real need to make changes to meet their child's needs and/or feeling they are able to get the help from SOSCF to do so.

The relationship between collaboration and engagement and between collaboration and compliance was not examined in the 1998 sample. In the 2000 sample, collaboration was strongly linked with both the worker's and the family's report of engagement, as well as with compliance. This suggests the importance and positive effect of workers focusing on families' strengths, including them in decision making, and offering them personal support and helpfulness.

## Out-of-home Care

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### **Key Findings: Out-of-home Care**

- **Target children in the current sample were placed in regular foster care proportionally far more often than were children in the previous sample.**
  - **More children in the current sample had a single foster home placement.**
  - **In the current sample, families whose children were placed in regular foster care were less likely to think them safe, to feel their relationship with them was maintained, or to feel positive overall about the placement than families who were in regular foster care in 1998.**
  - **Visits occurred with greater frequency than in the previous sample, with the number of families who were able to visit their children more than once a week nearly doubling, from 32% to 59%.**
- 

### **Placement**

The sample of 60 cases from our current, longitudinal evaluation were selected based on the likelihood that they would stay open for at least some services or SOSCF involvement. The number of target children removed as a result of the referral was somewhat higher in the current sample, 57% (n=34), than in our previous front-end sample, when 43% (n=29) of target children were removed initially. However, some of these initial placements in the 2000 sample were shorter. At the time of our interview, 40% of the target children were at the respondent's home, comparable to the 1998 sample, when 38% of target children were at the respondent's home.

Changes for children in care happened less frequently in 2000 than two years ago. Approximately three-quarters of the target children who were removed had a single placement (74%, n=26), substantially higher than the approximately 60% in 1998 (figures available only for children placed at the time of the interview). Of the remaining placed children, 23% (n=8) were placed twice, and one target child was placed 3 times.

A major difference between the two samples was the pattern of placement. Proportionally, more of the children in the current sample were placed in regular foster care and fewer in relative care. It is unclear if this is due to the timing of the interview or for other reasons. See table 1.6 below for a description of target child placement.

**Table 1.8  
Target Child Placement Pattern\***

	<b>1998 n=27</b>	<b>2000 n=24</b>
regular foster care	11%	50%
Other bio parent	11%	—
relative foster care	37%	21%
medical foster care	7%	29%
emergency shelter care	7%	—
other types of care <sup>†</sup>	26%	—

\*based on placement at the time of interview, worker reports; in the months since the case had opened, some children had been returned home while others had been placed.

<sup>†</sup> four of these are in mental health evaluation or treatment placements

### **Visitation**

Families in the current sample had regular, frequent visitation more often than did the families in 1998. Where in 1998, only one third of families reported that they visited their children more than once a week, in 2000 nearly twice as many (59%, n=17) had visits more than once a week. Another 28% (n=8) saw their children weekly. Surprisingly, when asked a global question about regular visitation, only 79% (n=23) of families described it as ‘regular’—a slight increase over 1998 (73%, n=19), but fewer than those who were seeing their children at least once a week.

Visits in the current sample occurred most often at an SOSCF branch office (48%); less frequently they took place at the home of the family respondent (14%), the foster care home (10%), or other locations (28%). Comparable data are not available for the earlier sample

### **Overall Satisfaction Ratings of Placement and Visitation**

Despite more frequent visitation, when rating satisfaction with child placements and visitation, families were less positive in the current sample than in 1998 overall. To some degree, this is attributable to the higher number of regular foster care placements in the current sample. In 2000, families whose children were placed in regular foster care were less likely to think them safe, to feel they had adequate information about them, to feel that their relationship was adequately maintained, or to give the placement a positive rating overall. This may be due to the small numbers of children in regular foster care in each sample (three in 1998, 12 in 2000), but the discrepancies are worth noting.

When asked whether they felt their child was safe from harm in the placement, only 72% (n=21) 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%), and all three of the families with children placed in regular foster care felt they were safe.

In most of these instances, it seemed that the parent had so little communication with the foster parent that they were unwilling to state that the children were safe. “Because I don’t know them, they are the monster in the closet,” one parent said. However, there were issues of concern. One mother was worried because the foster home had guns, and it seemed from the child’s report that the children were allowed to handle them. A medically fragile baby was in a home where the mother did not think he came to visits clean. Another mother was concerned because the foster mother seemed lax and disorganized in her care of the children; the 12 year old girl was allowed to go with foster brothers and without an adult to a park, and after a party the children apparently drank the ends of wine and beer left in glasses. These, of course, are parents who are angry because their homes were judged inadequate—still, when children are removed from one home because of deficits in that home, one would like to think that the foster home provided a higher standard of care.

When asked whether the visitation plan was adequate to maintain the relationship with their target child, only 38% (n=9) said yes, and of children placed in regular foster care, only 18% (n=2). In 1998, 52% (n=14) felt the visitation plan was adequate overall, and 42% of those in regular foster care. However, since in 2000 families saw their children much more frequently than in 1998, the difference must be in parental expectations. This in itself may be a positive indicator of worker encouragement of families to feel that it is important that contact with children be maintained.

An overall rating of out-of-home placements followed the same pattern. When asked ‘*how do you feel about the quality of placements overall?*’ 78% of families rated it as good in 1998, and poor in only a single case. In the current sample, only 62% of families rated the quality of placement as good, and poor in 17% of cases (n=5). For children placed in regular foster care, 83% of the 1998 sample rated them as good, as compared with only 36% in the current sample.

## DISCUSSION

The question addressed in this chapter is whether S/NB services are currently being more extensively implemented in SOSCF than they were two years ago. In order to answer this, we compared two samples of cases from the “front end” of protective services, a sample from 1997-98, and a sample from 1999-2000.

Our samples were not, however, exactly comparable. The more recent sample, drawn as part of our current longitudinal study, was made up of cases that were expected to remain open, and thus contains a higher proportion of difficult and complicated cases. Interviews occurred, on average, a month later in the current sample. More foster home placements might be expected. ASFA, with its timelines and paperwork, had been introduced. And the later interview means that a transfer to an ongoing worker is more likely to have occurred. Though some elements of S/NB services would be expected to be delivered in the same way regardless of the complexity of

the case, these complex cases do need more systemic support. Thus, had there been no changes in the implementation of S/NB services over time, one would expect the current sample to shower poorer results on some of the elements of service.

However, though differences are small, there is a consistent trend toward more positive responses from families on all of the elements which have to do with the use of a S/NB approach to engage families in the use of services. Perhaps most surprising is the finding that families report more satisfaction in amount of contact with their worker and that the proportion reporting positive contact has not changed. One of the expected effects of the increased paperwork of ASFA was that workers would have less time to spend with families. Obviously, many workers are making a concerted effort to be responsive to family needs and to overcome this obstacle, and are succeeding.

Families are as involved in decision making as two years ago, and the use of family decision meetings shows a pronounced increase. Still less than half of the families feel that their opinions count 'a lot' in planning; given the involuntary nature of protective services, and the need to assure safety of children, it is not clear what the weight of family opinion would be expected to be. Perhaps more importantly, approximately two-thirds of the families responded positively to items reflecting worker concern about their feelings, and there was a consistently more positive cast to the responses on the collaboration scale. Given these findings, it is surprising that the Engagement Scale, the outcome measure for this dimension of service, did not also show consistent positive direction.

Though more children were placed in foster care in the current sample, as would be expected given the more complex cases, the placement experience was generally better for the children. Fewer had moves from one foster home to another. Visits were much more frequent. Almost a third had returned home before our interview at 60-90 days after intake. Thus children's attachments to home were better protected, and the attachments formed in foster care were better protected.

However, the fact that only 36% of the parents in the current sample rated the quality of a regular foster home as 'good' raises questions that need further investigation. Numbers are small—only 12 children were in regular foster care—and this may be simply an accident of small numbers. Or it may be an indicator that the quality of care in foster homes is not as good as would be expected.

It is not clear why there were more placements in the current sample in regular foster care than in relative foster care. Given the emphasis within SOSCF on relative placements, one would speculate that this might be due to random variation between samples, or possibly be due to the greater complexity of the cases in the more recent sample.

It is clear that families are much more comfortable with relative placements. The lack of communication and sense of not knowing much about where their children are was evident as parents talked about foster homes. It should be noted that only 10% of visits took place in the

foster care home; perhaps it would be well to think whether a shifting of location of visits to foster homes might be used as a way to help parents become more comfortable with their children's foster care situation.

Though differences between the 1998 and the 2000 samples are small, they are consistently positive. It is clear that, despite the greater complexity of the current cases and increasing pressure on workers, a level of collaborative practice, and resultant engagement of families, is being maintained. The consistently positive direction of these changes may also be an indicator that elements of S/NB practice that are important in building a working relationship between caseworkers and family are more consistently practiced than they were two years ago.

## Chapter II: Outcomes of service

We now have more extensive information about cases in which services were completed, or when they have been open for one year. This information will be much more fully developed in the 2001 report, when our longitudinal study is completed. However, from the piloting of the data collection instruments, we have drawn some indicators of outcomes for 23 closed cases and 40 cases that were open for a year. The Division's outcome of achieving permanency and stability in living situations is addressed, as is safety and a brief look at child well-being indicators. Numbers are too small at this stage of data collection to look at the association of components of S/NB services with outcomes.

The data are interesting in that they represent a first detailed look at outcomes. We hope that they will serve to open discussion with SCF about those areas which are of particular interest.

### Data collection methods

The initial plan was to do case closing, or one year follow-up, interviews by telephone, as there had often been relatively little time since the in-person interview concerning delivery of service. As these interviews progressed, it became evident that they were not yielding the depth of information we wanted. Additionally, on reading our 1999 report, the Division asked that we attempt a more in-depth assessment of the well-being of the children, using standardized instruments. The administration of these required in person interviews.

All but 5 of the 23 closed cases were interviewed over the telephone in the spring of 1999. The telephone interviews were similar to the in-person interviews described earlier: they were semi-structured, designed to gather both quantitative and qualitative data, audio taped (with the permission of the family and worker respondent) and transcribed. 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 reason that it was possible to close the case;
- contact between worker and family around case closing;
- changes which had occurred in the family, and the family's satisfaction with SCF service; and
- an evaluation of the current functioning of children and of the family.

In-person interviews had additional information about the amount of contact between worker and family, services, case goals, and the role of community partners. In addition, standardized child well-being measures, described below, were used in in-person interviews.

About half of the cases still open at one year received in-person interviews. The telephone interviews were brief, and focused on case status and planning. Again caseworker and family interviews, whether in person or by telephone, were parallel, covering much of the same material and capturing the perspectives of each respondent. The 12 month in-person interviews with open cases focused on:

- the case status
- placement and visitation, if the child was in out-of-home care
- discussion of the timelines of ASFA
- contact and relationship between family and caseworker
- goals, plans, and decision making
- services and work with community partners
- remaining issues
- satisfaction with SCF and family involvement

In addition, workers were asked a series of questions about their use of S/NB services, including their impressions of system barriers and supports to the use of these services, and system supports.

Child well-being was assessed through information provided by the families. Families were asked questions about the physical health status and needs of their children, and were asked to complete a standardized child assessment, appropriate for the child's age. In selecting measures of child well-being, we looked at numerous potential instruments with several criteria in mind: their developmental appropriateness; a focus, whenever possible, on strengths and capacities rather than solely problems and deficits; inclusion of items rating constructs of interest to the evaluation (such as attachment and emotional well-being); adequate psychometric properties (e.g., statistical reliability and validity) and standardization (to give us a norm-referenced basis for comparison); and practicality of administration. Ultimately, three separate standardized, norm-referenced, caregiver-reported measures of child well-being were selected. They were:

- The **Vineland Social Emotional Early Childhood (SEEC) Scales** were selected for use 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 through toddlerhood. Several items in the Interpersonal Relationships scale are also indicative of the frequency of a very young child's attachment-related behaviors. A *Social-Emotional Composite* score, based on the combined scale scores, offers a comprehensive estimate of an infant or toddler's personal and social well-being.

- The **Devereaux Early Childhood Assessment (DECA)** was the measure of choice for preschool-aged children (ages 2 years through 5 years). 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)** 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, including *Interpersonal Strength*, *Family Involvement*, *Intrapersonal Strength*, *School Functioning*, and *Affective Strength*. A composite score, the *BERS Strength Quotient*, provides an overall rating of children's strengths (or their relative absence).

The measures thus yield a picture of the family's experiences with SCF, a rough picture of family functioning at closing or after a year of services, and a detailed portrait of the functioning of the child. All measures can be found in the appendix.

## SAMPLE

This report is based on data obtained from 23 interviews concerning cases which had closed, and 40 interviews concerning cases still open for services after one year. Because the data came both from the following of our longitudinal sample and from the piloting of new outcome measurements, some of the information comes from telephone interviews and some from in-person interviews. The in-person interviews yield more information than do the telephone interviews. Additionally, in some situations there was both an interview with the worker and an interview with the family, while in others there was an interview with the worker but the family was not located, or there was an interview with the family but the worker could not be contacted.<sup>2</sup> The sample configuration is outlined in table 2.1.

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<sup>2</sup> Research interviewers had difficulties with SCF workers failing to return telephone calls, even after repeated attempts to contact them. This, of course, resulted in problems in locating some families. When we did locate a family, we interviewed them, but sometimes were then unable to complete an interview with the caseworker.

**Table 2.1 Closed Cases and Respondents Interviewed at 12 Months**

	N	Open			closed		
		total	Phone	in-person	total	phone	in-person
Total cases	63	40	21	19	23	18	5
Total w/ both family and worker	36	25	11	14	11	6	5
Total worker	57	37	20	17	20	15	5
Total family	42	28	12	16	14	9	5

From the sample of 67 cases, first interviewed in 1997-98 and reported on in Chapter I of this report, we were able to follow and interview only 14 to closing, and 19 to the time of the case being open for one year. Thus this sample yielded only a limited longitudinal picture of the family's progress through SCF service. There was sample attrition between the initial interview and the interview that focused on service delivery, detailed in our 1999 report. Of the 16 cases that were closed at 6-8 months,<sup>3</sup> six could not be located or declined to continue their participation. There was also sample attrition between the interview that focused on service delivery at 6-8 months and the final interview; of these 35 families we interviewed either the worker or the family, or both, in 23 instances. We were unable to locate ten families and two families refused to participate in another interview; in some of these instances we did interview the worker. We did not attempt to contact eight families and workers due to project deadlines that precluded gathering additional data.

We experienced similar attrition, though for different reasons, in following the 65 cases that we had first seen at six to eight months during 1998-99. Our initial end interviews had been telephone interviews; we decided that these were not yielding the quality of information that we wanted and shifted to in-person interviews. In the fall of 1999 we pre-tested these new interviews. There was no attempt to re-contact all of the 65 cases. Rather, we attempted a sufficient number of follow up interviews to pilot our new data collection instruments, which included our first use of standardized child well-being measures. There were 28 interviews in this cycle.

<sup>3</sup> The 1999 report notes 18 closed cases. Two of these were dropped from this data analysis because of extensive missing data.

## FINDINGS

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### **Key Findings: Outcomes of Service**

- **Asked about safety, workers expressed concern about six children, but none of these concerns related to the immediate safety of the children.**
  - **For all the children in foster care for which data were available, visitation was happening at least 2-3 times per month, and all but one family (n=8) felt the relationship between parent and child was being maintained.**
  - **Families and caseworkers were generally satisfied with the outcome of SOSCF involvement with regard to services received, relationship between worker and family, and usefulness of services.**
  - **Three dimensions of child well-being were examined: mental health, physical health, and school performance. According to parent reports and normed measures, children were doing well in these areas.**
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### **Case Status**

#### Open Cases

At the time of the interview, the interviewers spoke with 37 workers and 28 families about the 40 open cases. According to worker reports, about half of the cases were headed toward reunification or closure (n=18). In other instances, the target child was home but the case was open for monitoring or services (19%, n=7), the case was headed toward termination of parental rights or adoption (16%, n=6), the target child was to remain in foster or residential care (11%, n=4), or other idiosyncratic plans.

Families' perceptions about the direction of their cases differed somewhat. A similar number reported that their cases were headed for reunification or closure (46%, n=13). But a larger number, one-third (n=9), said their cases were open for monitoring or services. Another 11% had children in long-term foster care or residential care (n=3), and the remainder were headed for termination of parental rights or the respondent didn't know the status of the case.

#### Closed Cases

At the time of the interview, there were 23 closed cases; 14 families and 19 workers were interviewed<sup>4</sup>. Reasons cited by workers for case closure included significant improvement in family functioning and necessary resources developed (both 32%, n=6), families requested case

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<sup>4</sup> In one case, a worker was interviewed when a case was open, but by the time the family was interviewed, it had closed.

closure in voluntary cases (16%, n=3), or other reasons. Families reported similar reasons for closing.

Families who had worked well with their worker often were reluctant or ambivalent about case closure. They found the support of the worker helpful, and were unsure of their capacity to maintain changes. In these families community support services remained in place, and were acknowledged, but the SOSCF worker had been important.

Families appreciated it when workers communicated with them about the case closing, and the reasons for the closing. Two quotations illustrate opposite experiences:

*I didn't know it was closed. It was really strange, I didn't get nothing. I just figured it out when they didn't contact me anymore ... I never heard whether I did a good job [going to classes] or did it correctly or what ... to let me know if I was doing it right or if everything was cool or what.*

*Basically, I think it was just kind of a celebration of my success and everybody kind of just listened to my story and how far I had come. Everybody that was on the support team that really was involved in my case did eventually end up being there ... so it was pretty much just closure and saying goodbye.*

### **Child Placement and Visitation**

Child placement information is only available from open cases in which the interviews were performed in-person. Of the 16 total in-person open cases performed with family members, nine had a target child in care: five in regular foster care, three in residential care, and one in relative care. Two-thirds of families (n=6) identified the quality of the placement as good; a third (n=3) felt it was 'mixed' or 'not very good.'

Visitation occurred at least 2-3 times a month in all cases, but typically more frequently. In 56% of cases (n=5) visitation happened weekly, and in a third of cases (n=3), it happened more than once a week. Though a third of families (n=3) answered 'no' when asked whether they had a reasonable amount of contact with their children, all but one (n=8) said 'yes' when asked if the relationship and attachment to their children was being maintained.

### **Child Safety**

We asked caseworkers of open cases whether they considered the target child safe. Surprisingly, only 47% (n=8) of workers gave an unqualified response of 'no safety concerns.' Eighteen percent each (n=3) gave responses of 'there are substantial safety concerns,' 'there are some current safety concerns' and 'no concerns at present, but intervention may be necessary in the future.'

However, none of these concerns were for the immediate safety of the target child. Of the group who cited substantial safety concerns, all involved older children who posed a risk to siblings or parents. And of the three who cited some current concerns, none identified a specific danger: one hadn't seen the child in some time, one was reflecting a parent's concerns in the case, and the last pointed out that a mother's disability made it more difficult for her to parent. All of the target children in these cases were living with their parents.

### **Family and Caseworker Contact**

The pattern of contact at the one-year point seems to be mixed. The information we have available comes from in-person interviews with participants in open cases, 16 with family members, 17 with workers. When asked when the last face-to-face contact happened, over half of families (56%, n=9) answered 'within the past month.' However, 38% (n=6) answered 1-2 months, and, in one case, the last face-to-face had been '3-5 months ago.' According to workers, in three-quarters of cases (n=13) the last face-to-face contact happened within the past month. The remaining quarter (n=4) happened between one and two months before our interview.

Similarly, when discussing the pattern of all types of contact, workers estimated that contact to be more frequent than did family respondents. The majority of workers characterized contact as weekly (41%, n=7) or once every two weeks (29%, n=5). In other cases workers called contact monthly (18%, n=3), and in two cases, the worker said there was little or no contact or less than monthly contact. Only 19% (n=3) of families felt contact occurred as frequently as weekly; more often, they called it once every two weeks (31%, n=5), monthly (38%, n=6), or longer.

### **State and Federal Permanency Timelines**

Recent legislation, Senate Bill 689 and the federal Adoption and Safe Families Act, have mandated that the time children spend in foster care be limited. When a child has been in foster care for 15 of the last 22 months, the state is required to file an action to terminate parental rights, except when the child is placed with relatives, or when there is compelling reason not to file such an action. The state is also required to provide services and make "reasonable efforts" to reunite the family within this time frame. Thus, when a child is in foster care, both the Division and the parents must be actively working toward reunion, in order that this be accomplished or there must be significant progress which can be demonstrated to the court within the time frame. We asked families whether they had been informed of this legislation. Of the 16 cases that were still open and had had an in-person interview, all but one of the family respondents (n=14, with missing data in one case) answered affirmatively. Of these families who did recall discussing timelines with their workers, 43% (n=6) felt that the timelines 'had an impact' on the progress of their case. Some families felt that the time was too short, but others felt it focused the case and was an aid to getting services started more quickly.

## Family and Caseworker Satisfaction

Both telephone and in-person interviews with family and caseworker 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.

### Family Satisfaction

On most items, more than half of the families expressed satisfaction with SOSCF services. 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 3.73 to a low of 3.23 (indicating that the average response fell between neutral and 'agree'). Items are presented in order of magnitude from the highest to lowest agreement. Scores for open and closed cases did not differ appreciably and are presented together.

**Table 2.2**  
**Family Satisfaction Overall with SOSCF Services**  
**(n=42)\***

Family Items	Agree or Strongly Agree	Disagree or Strongly Disagree	Mean (s.d.)
Overall, the services we've received have been helpful.	69% (n=29)	17% (n=7)	3.73 (1.1)
I think my children have been helped by the agency's actions.	57% (n=24)	21% (n=9)	3.50 (1.3)
All things considered, it was a good thing that SCF got involved with my family.	57% (n=24)	21% (n=9)	3.50 (1.3)
I have felt fairly treated by the agency.	57% (n=24)	17% (n=7)	3.50 (1.1)
When I needed information about my case or just to talk with my caseworker, I could get a hold of her/him.	57% (n=24)	29% (n=12)	3.44 (1.3)
I would be likely to call my caseworker if I needed help in the future	57% (n=24)	33% (n=14)	3.33 (1.5)
Our family has gotten stronger as a result of SCF's actions	48% (n=19*)	35% (n=14*)	3.23 (1.5)

\*Missing data account for slight variation in sample size.

## Caseworker Satisfaction

An even 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 3.71 to 4.32, suggesting average responses above the midpoint on the scales. The items are ordered from highest to lowest agreement on the statements. As was the case with family respondent means, scores for caseworkers of open and closed cases did not differ appreciably and are presented together.

**Table 2.3**  
**Overall Caseworker Satisfaction**  
**(n=57)\***

<b>Worker Items</b>	<b>Agree or Strongly Agree</b>	<b>Disagree or Strongly Disagree</b>	<b>Mean (s.d.)</b>
Since this case opened, I think the risk of maltreatment in this family has gone down.	85% (n=45)	9% (n=5)	4.32 (1.2)
I am satisfied with how our agency handled this case.	87% (n=48)	2% (n=1)	4.31 (.7)
I believe that the services this family received were well-chosen in light of the family's needs.	88% (n=46)	4% (n=2)	4.29 (.8)
I felt good about my casework with this family.	85% (n=45)	(n=0)	4.26 (.7)
The services this family has received have been helpful to them.	88% (n=46)	4% (n=2)	4.25 (.8)
Overall, I think we helped this family.	87% (n=47)	9% (n=5)	4.24 (.9)
I believe the child(ren)'s needs were well served in this case.	85% (n=47)	4% (n=2)	4.20 (.8)
I am satisfied with the outcome of this case.	81% (n=44)	11% (n=6)	4.07 (1.0)
I believe the needs of the parents were well served in this case.	75% (n=40)	6% (n=3)	3.98 (.8)
I believe the family felt they were treated fairly by our agency in this case.	63% (n=33)	17% (n=9)	3.71 (1.1)

\*Missing data account for slight variation in sample size.

## **Child Well-Being**

Child well-being was assessed from the parents' perspective. Three dimensions were assessed: physical health, social and emotional health, and school performance. Social and emotional health was assessed through use of standardized instruments, described above. School performance was drawn from analysis of a sub-scale of the BERS, the instrument used for school-age children. Parents report of physical health was the sole source of information on this dimension.

These data were gathered for all cases open at 12 months for which we had an in-person family interview; there were 16 such cases. In addition, there were 5 closed cases in which standardized assessments were possible; these were completed in three instances. Child well-being findings are reported for the group of children as a whole. However, because there is particular concern about the status of children whose cases are closed, with work with the family completed, the well-being measures for these children are also separately reported.

### Physical health

Overall, families reported that their children were healthy. Of the 42 families interviewed in person or by telephone, 90% (n=38) described the target child as healthy '*most of the time.*' When asked whether the child had been taken to the doctor or hospital recently, 43% (n=18) said yes. Of these, 83% (n=15) had been treated; however, in the remaining three cases (17%), families had ongoing concerns about their child's health.

For about two-thirds of the 42 families interviewed (69%, n=29), the target child was old enough to have regular dental care. In those cases, 72% (n=21) either had regular dental check-ups or were free of dental problems. However, 17% (n=5) of families felt their children had dental problems that weren't being treated (the remainder of family respondents didn't know the status of their children's dental care).

In the 14 closed cases in which we were able to interview the family, all but one of the children were in good health. Parents stated that the children had regular doctors and were receiving preventive care as well as treatment for childhood illnesses. One young child had a serious eating disorder and was under close medical supervision.

### Behavioral and emotional assessment

As mentioned above, three separate standardized instruments, the use of which varied with the age of the child, were used to measure certain aspects of target child well-being. Findings of interest, by age/measure, included:

- On the Vineland Social-Emotional Early Childhood Scales, all three of the very youngest children (age range 1.2-1.3 years) received 'adequate' (i.e., within normal or typically-developing ranges) scores. One child received a 'moderately low' rating on the Play and Leisure Time scale, which includes items related to expected levels of playing with toys and demonstrating an interest in/engagement with the environment.

- On the DECA, of the five preschool-aged children (age range 2.1-4.3 years) for whom complete scores were available, only one fell into the 'concern' range on the Total Protective Factors (TPF) score. Regarding the Behavioral Concerns scale, two children had scores that fell into the 'concern' range; interestingly, both had 'typical' (i.e., within normal or adequate limits) TPF scores. Two children also evidenced scores in the 'concern' range on the Self-Control scale.
- Results from the BERS, where we had the largest set of complete data (n =11; age range 6.2-15.0 years), also reflected a relatively low incidence of parent/caregiver-reported concerns, and in general, 'sufficient' or 'average' strengths across subscales were found. Of particular interest were scores for three children/youth that fell into the 'low' or 'weakness' range on the BERS Strength Quotient (the composite rating of social and emotional well-being); three children/youth also were rated 'low' or having 'weakness' on the School Functioning subscale.

These findings are unexpected. The 19 children who were assessed show greater strength and fewer problem areas than would be expected, with only 21% (n=4) evidencing a lack of protective factors or strengths. The poverty, violence and maltreatment in the backgrounds of children served by protective services, whether in foster care or not, would be expected to cause mental disturbance; estimates from a study in the state of Washington are that up to 70% of the children in protective service may have severe mental disturbance (Trupin, et al., 1992).

Twelve of the 19 children who were assessed were in out-of-home care, nine in foster care and three in residential care. The literature suggests that between 29% and 80% of children in foster care score in the clinical range on formal mental health assessments (Schneiderman, et al., 1998). The children in this sample present a much more positive picture, with only a third of the children in foster care, and none of those in residential care, having scores that are of concern.

The three children who were assessed in the closed cases were at home and were doing well. For two pre-schoolers, there were behavioral concerns noted on the DECA, but protective factors appeared to be sufficient.

### School performance

We did not collect data directly from the school, nor did we query parents extensively about school behavior. However, the school functioning sub-scale of the BERS, used with children of school age, indicated that three of the 11 children were having difficulty with school functioning. This scale focused more on behaviors in school than on learning, and should be so interpreted. Two questions asked directly about performance at grade level. According to parent reports, nine of the 11 children were reading at or above grade level, and 9 doing math at or above grade level. Looking both at behavior and accomplishment, four children were having

difficulty in one area or the other. Only one child evidenced difficulty across all areas of school performance. Again, these scores are more positive than would be expected from a population of children who have had difficult experiences.

## DISCUSSION

In this chapter, 23 closed cases and 40 cases open a year after the first contact with SOSCF were examined. These examples were drawn from the systematic examination of cases that was part of the longitudinal study begun in 1998, and from families contacted as we piloted a new interview format. All interviews took place in 1999. Though this is a sample drawn from disparate sources, there is no reason to think it is biased.

Child safety is perhaps the major outcome of protective services. In this sample, all children in the closed cases were judged by worker and parents to be safe. The safety of all of the children in the cases still open appeared to be assured to the degree possible from the caseworker perspective, with there being no concerns at all about the safety of 83% of the children. The concerns of three parents about the safety of children in foster care are more difficult to interpret, and may represent a quality of care poor enough to create some risk. Again, it appears that foster home quality merits further investigation.

Permanence is a second major outcome of protective services. All of the children in the closed cases were at home. For the children in foster care in the cases still open, visits were frequent. The timelines of ASFA seem to have been discussed with families, and almost half of the families felt that these timelines had impact. Some were frightened by the short timeline. Others thought that the short timeline was positive in getting services started more quickly. Numbers are much too small to examine the impact of these two reactions to the ASFA timeline, but it is an interesting question for later examination.

The children in this sample were doing better than expected on all measures of well-being. A high proportion scored adequately on standardized measures of mental health. Most were in good physical health. School performance was at grade level for most. What needs there were seemed to be being addressed. This measurement may, however, be flawed. Data were provided by parents, but as most of the children were in placement it is not clear how accurate these descriptions of their children were. However, it is possible that these children have received good care while in the custody of the state, and that their families have received services which have improved their parenting skills. This possibility is supported by the more concrete data on school achievement.

The longitudinal study currently underway will help resolve this issue. It will give us larger numbers and thus a more representative sample. In the design of that data collection, the family completing the assessment will be the family with whom the child is currently living (or staff, if the child is in residential care). This will give us a look at the children through the eyes of

those more intimately involved in the care of the children. We hope that we will find the children doing as well as these.

A major element of S/NB services is the development of a relationship between caseworker and family, and the use of that relationship to support family change. Relationships with the caseworkers seem to have been positive. Contact seems to diminish as cases are open longer, but more than half of the families with still open cases said they had contact with their worker within the past month. Families and caseworkers were generally satisfied with the outcome of SOSCF involvement with regard to services received, relationship between worker and family, and usefulness of services.

Cases closed for a variety of reasons, as would be expected. Many of the closed cases had community-based support services in place at the time of closing. Families who had worked well with their caseworker were often reluctant or ambivalent about case closing; some requested that cases remain open longer so that they could have the support of SOSCF to consolidate gains. Families who described some type of final meeting, with the worker or with the worker and additional important persons, found that formal statement that they were ready to have their cases closed to be meaningful. Again, as S/NB services become part of the practice of the Division, the relationships developed between worker and family become meaningful, and termination needs to be handled with care.

This is an early look at outcomes, and is purely descriptive. Small numbers do not permit cross-tabulations to examine interesting questions of the relationship of elements of S/NB service to outcomes. That will be part of the final report.

## Chapter III

# Accessing Flexible Funds

Flexible funds are important in the delivery of S/NB services; they provide the mechanism through which it is possible to pay for unique services to meet the individual needs of children and families. They are used for about half of the families served. The data of our ongoing longitudinal study provided by caseworkers during interviews, form the basis for this segment of the report. Data are primarily qualitative; analysis of caseworker interviews was done using NUD\*IST software, which allows for key word and text searches, coding, and sorting.

## Findings

### Flexibility and creativity

One of the findings from the study with community partners was the importance the community places on SOSCF's ability to respond immediately and creatively to the needs of a child.

*SCF had no money in the past, now with flex funds, they can create something where there was nothing.*

Flex funds have been a central feature in the new image SOSCF has created with the community as a collaborative ally. Caseworkers report they enjoy the freedom and creativity that access to flex funds affords them.

*I love the fact that when I go to a home and offer a family services, and they say, "What kinds of services do you guys have?" I say, "Truly, you tell me a need, and if it is related to your child, I'll bet we can meet it. I'll bet we can find something" Before it was like, "We can offer you parenting classes and a domestic violence support group." We were very rigid and limited in what we could offer. There were times when if it was somebody with special needs, we were limited in the parenting class "You speak another language. We might be able to find something in the community" Now with confidence I can say to families, "Yes, we can help you meet that need." I feel very confident . . . . For whatever they said, whatever it is, as long as it is something that would tie into the purpose of our agency and my role as a CPS worker.*

*I think that (flex funds) has helped a lot of families. It helps them so it is not, again, not us coming and telling them, "this is how things are going to work." It helps them in ways that maybe they needed help that before they couldn't access. So you can create services that maybe weren't typical services, but maybe that is just what the family needs, a different kind of services.*

### **The process of accessing flex funds**

In most branches, a committee process was used to review or consider caseworker requests for flex funds over a set dollar amount -- typically \$1,000, but varying slightly by branch. North/Northeast branch, for example, requires all requests to come before a committee. In most cases, committees met once a week, though some branches held meetings more often, or called special meetings when a large number of requests needed to be heard. Committees were typically composed of the branch manager, the office manager, the resource developer(s), the SOC coordinator, one or more supervisors, and a clerical support person:

*You write up a request, you go to a committee. You justify why you want these funds and what you are going to use them for and how this is going to benefit the child. And then you discuss it and either it is approved or not approved as far as whether this is something that would be appropriate and fits within the guidelines. Generally it has to be identified earlier in a family unity meeting that this is a definite need and where this need is going to go. And unless it was addressed earlier in that, then you do another family unity to address those particular needs, so it all ties together in that and fits into a case plan.*

### **Flex fund use**

#### **Goods**

The use of flex funds falls into two basic categories, to purchase goods or services. Goods may include things like food, clothing, and shelter. Goods also include furniture items such as mattresses, beds, dressers, cleaning supplies, or dumpsters. Flex funds are also used for basic needs such as rent, utilities, and transportation. There is a delicate balance between intervening on issues of poverty and tying the use of flexible funds to the needs of a child. Caseworkers seem to understand the complexities of using flex funds in providing basic needs.

*You can have a perfect strengths needs plan in place and then the power goes out. What are you going to do? The plan is nothing if the family doesn't have any electricity.*

*I think it is a disservice in some ways to basically use flex funds to pay for a months rent, without sitting down with the client, "What are you going to do for next month?"*

## Services

Services purchased with flex funds include things like mentoring or specialized parenting. Mentoring can be used for both children and parents. In the case of child mentoring, one example is a young boy coming out of residential treatment and dealing with issues of sexual abuse. Parent mentoring might include, for example, an in-home mentor for a mother with a failure-to-thrive infant who lacked the basic feeding skills. In both of these cases, flex funds dollars were used to maintain children in their homes. Caseworkers are able to individualize services around issues of culture. The primary means of doing this seems to be through the purchase of mentoring services.

*I had a case where the children were Cambodian and they were living in a white foster home. We really wanted to keep them connected with their culture ... we wanted a Cambodian role model .... So I went to the Asian Family Center and asked if they knew anyone who might be interested in being a mentor. And yes, they found someone, and yes, they would like to do that. And I did strengths needs based flex funds committee and was able to pay him to do it.*

Other examples of services provided for with flex fund dollars include: culturally-appropriate specialized mediation and consultation services around issues of sibling attachment and permanency when four siblings were moving into different permanent homes; anger management for two parents with organic brain disorders; and counseling for a wide range of issues.

## **Individualizing services and access to flex funds**

The Division faces the dilemma of working with the micro and immediate needs of children and families, while being part of a large bureaucracy in which the inherent complexities make things move at a much slower pace. The ability or inability to access funds is a point of frustration for caseworkers and the community. All services and goods are ideally tied to an identified need of the child. Evaluation interviewers attended a number of flex fund meetings in various branches to gain an understanding about how the decision to use dollars was made. What we found is that there are major differences in structure between branches.

Through the tenure of Strengths/Needs Based practice and use of flex funds, SOSCF has made many attempts at streamlining this process. Efforts have included large contracts, emergency contracts, and umbrella or master contracts. SCF works with traditional and non-traditional providers. Some branches have instituted administrative credit cards, client service credit cards, purchase orders and large contracts with vendors. All of these options have advantages and disadvantages. Caseworkers acknowledge the importance of large contracts that provide a range of services for families.

*I like being able to do more problem solving than maybe you could have done before.  
There are more master contracts available with professionals in the community.*

*It is a slower process if you go to a resource developer and they say, "Oh we don't already have a contract with them." But I am finding that 99.9 percent of the time, oh yeah, we already have a contract with them. There are so many contracts that have been developed at this point that I am finding it is hardly ever the case that it needs to be drawn up. When one is already in place, it is a very good process. When one is not in place, that is another issue.*

Another positive aspect of large comprehensive contracts is the expediency with which a caseworker can access services for a family.

*I notice if you are trying to make a special contract for a family that is not in place already because it is not one that is used frequently, sometimes the process can take longer than what I think is effective. In the sense that it takes so long that sometimes the families lose interest.*

However, the disadvantage of having large contracts can be the loss of flexibility and ability to individualize services for families. Caseworkers report that they often feel their assessment is valued less than the contracts which are already in place and available.

*It really feels like the committee does not honor or listen to our knowledge, the caseworker's expertise about what is best for this family. Especially if it is expensive and we can do it another way. I can appreciate that we need to be conscientious about how we spend the money we have. But on the other hand it really sort of shapes ... if you don't feel like you can craft individualized services because you are not going to get the money for it. You do all that parenting and domestic violence, it is the same old thing.*

*I know we have to use those resources [large service contracts] up front first. I have a friend at another branch, she wanted to get somebody into specific domestic violence counseling .... But her SNB committee would not allow her to do that. She had to send them to IFS first [Intensive Family Services] ... She had to use IFS first, they wouldn't let her do that. That's crazy. That roadblock doesn't allow us to be creative and really fill a need for the client.*

An additional complexity is the issue of liability. While flex funds are a way of individualizing and providing creative services, this flexibility raises other issues. For example, who is legally responsible when a neighbor is providing child care until the parent gets home?

### **Use of flex funds**

All of these issues and complexities have resulted in understandable confusion and frustration among caseworkers and the community. While caseworkers generally feel they have access to flex funds, the process of freeing them for services can be frustrating and confusing. When asked about this in our current sample of front end cases, 60% felt they had adequate access to these

funds, but 31% responded 'yes, but only sometimes' and 9% didn't have access. Caseworkers spoke at some length about the challenges they experienced in using or seeking flex funds.

*I might have a wonderful idea, but trying to put it down on paper, find somebody to do it, figure out how it is going to be paid, and figure out how to do a contract and then do the paperwork, send it to my supervisor, may or may not have to go to committee and having a representative on the committee, and it may or may not have to make changes at that point ... I like the flexible funding but ...*

*It feels very cumbersome to try and access it. In fact, if I could do it without it, I would.*

*... working for a bureaucracy. Time, the time lines, like you do flexible funding, and it takes forever to get it, to get money, that sort of thing. That is a down fall, especially if you need something right away, like trying to get somebody into a shelter or something like that. We are not allowed to OK something until we have that approval. That can take three weeks. I don't have three weeks.*

Finding funding may require workers to sift through several sources, and each source may have different requirements for use, adding complexity to planning services in a case.

*Sometimes it is difficult to figure out, because we have different flex funds, figure out which flex funds is going to be best for this particular thing. I don't know where the information is, but you ask around and different people give you different answers. I don't know where the actual information is that says which fund is for this, or if you are having this problem you an access this fund.*

Another problem caseworkers encounter is that the process for accessing flexible funding changes over time.

*They have changed it around a couple of times at our branch .... They changed it again now that our budget has been cut. But on this mentor, it took one month from the day that the committee approved it, it was one month before the mentor could start working with her.*

When there is difficulty in accessing flex funds, it can interfere with collaborative plans workers and families have created. Additionally, caseworkers report the frustration of the seemingly ambiguous reduction in the availability of flex fund dollars.

*... we don't seem to have any stable funding. What I am saying is that we get messages saying that our flex funds have been cut, saying we are not going to be able to do certain things. We are never told specifically how much those things are and what things we are going to cut. But the message is don't ask for so much, or don't ask for big stuff.*

*I think it is confusing to clients, because they hear about how we do for certain families and then we come around and they say they have the same problem. And we are telling them we can't do that now. It is like "what do you mean you can't do that? I know somebody in the community who has gotten that." There is no continuity. I think it is frustrating for the client and frustration in the community.*

*... they are harder to get (in response to access to flex funds) and I have had to tell families that some things, there is an end point, we can't continue. Like some of these community assistance, tutors or mentors for kids, it is not open ended. I have a case where I am going to be sending a sibling group of four home. We had quite a bit of support for them even while in foster care. And I feel like I would really like to continue those similar services even after they return home. And I know I may not be able to because I've already used a lot of money for support services.*

Finally, even when the system works perfectly, the urgencies of a case may make it difficult for workers to meet the needs of families.

*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 a family decision meeting, identifying the needs and strengths, what the needs of the kids are, and then finding the service provider we think might fit for that, meeting the service provider, developing a treatment plan with the service provider 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.*

### **Importance of flex funds in individualizing case plans**

Regardless of the problems and complexities surrounding Flex Fund dollars associated with Strength/Needs based dollars, caseworkers are adamant that the access to money to individualize services is crucial to meeting the needs of children and families.

*It scares me when I think, what did we do before flex funds. It is hard to remember life before flex funds .... Without it we are limited in what we can provide. We were limited to a couple of contracts. "Oh you want this service? You go here. "Well your developmentally delayed and they don't have anything for you, it will have to work ... now, we get to work outside of the box.*

### **Summary**

Findings emphasize the variety of ways in which flexible funds are used, and their importance in individualizing services in particular cases. The systemic barriers to accessing these funds

provide an interesting study of the difficulty of introducing individualization and flexibility in a large, tax-supported bureaucracy where accountability for funds is critical.

## **Chapter IV Community Partners and Strengths/Needs Based Implementation**

Three years ago thirty-four community partners who had worked with thirteen families with open cases were interviewed (Shireman et al., 1997). During this open-ended interview process, community partners expressed appreciation for the "...collaborative, service driven, team-oriented process" associated with S/NB services (p.34). The partners said that areas of difficulty included "assuring communication among partners and SCF, as well as [concerns about] accountability for carrying out plans that were developed." Interviewees also summarily described the family decision meeting as a "key ingredient to its engagement and empowerment of clients and partners" (p.34).

In some counties, S/NB service planning has been in place for almost five years. It seemed important at this point to learn more about the perspective of community partners that have been engaging with SCF and SCF clients since the implementation of S/NB. Thus this year two members of the System of Care evaluation team interviewed 68 community partners in five counties in order to assess their experiences with the SN/B practice model in SCF. The current findings from 68 community partner interviews mirror the themes from provider interviews done in 1997 and also reflect opinions expressed by a number of caseworkers.

In late summer and early Fall of 1999, questions regarding systems issues were added to caseworker interviews. Caseworkers were asked about systems that impacted their ability to do their job. In the early initial interviews with these caseworkers, they identified several themes that overlapped with experiences described by community partners, including an appreciation for the flexibility and creativity allowed by the SN/B practice model. At the same time, there were shared dissatisfactions with frequent changes in the rules related to accessing funds for families and an observation that the SNB model has caused caseworkers to do more paperwork and thus limiting direct casework with families.

### **Methodology**

#### **Data collection**

Community partners of SCF, 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 SCF. 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.

Questions asked were oriented to components of the S/NB model. The questions were open-ended and intended to elicit expansive comments from the participants, followed with a prompting or probing question if needed. Questions included:

- 1) Describe what you understand about the practice or service model that SCF is asking its workers and partners to use on a daily basis. *Probe: How does your program collaborate with SCF clients and SCF? Have you heard of the System of Care or Strengths/Needs based services?*
- 2) How do your current services and capacities accommodate this model? *Probes: How does your agency individualize services? Have flex funds been used in the creation of services and how?*
- 3) As this service delivery model has been more fully integrated into the agency, how would you describe its benefits or limitations for the families you have had service contact with? *Probes: If interviewee has been there long enough, what changes if any have they observed since the implementation of SNB?*
- 4) What strategies, if any, within SCF's service delivery system, would significantly increase your ability as a "community partner" to work within the current practice model that is used at SCF? *Probes: What must occur for you, SCF and the client to agree about what services you may provide? Describe the ways you or your agency shares power and decision making with the SCF client?*

The interviewers regularly sifted through interview results looking for emergent themes. For inter-rater reliability, the two interviewers met weekly to compare the participant responses they were collecting, and to review the questions.

### **Recruitment of sample**

In order to identify an appropriate sample of community partners, 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. The lists included subcontractors, public agencies and private individuals who were not subcontractors. This list was supplemented from the knowledge of the research team interviewers.

Beginning with this list, a snowball sample was developed. Community partners were interviewed, and were asked if they knew of someone who might like to participate in this interview process. After completing 25 interviews, the interviewers began to feel that they were

hearing the same type of comments repeatedly. Following advice from the evaluation’s Research Advisory Committee, the team began asking participants if they knew of other people with a different perspective from their own, who might also like to be interviewed. This served to enhance the diversity of responses.

Of 75 potential respondents contacted for an interview, only seven did not complete an interview. Those participants either did not return phone calls or were not appropriate for the interviews due to lack of reasonable opportunity to have experienced working with SCF.

## Sample

Sixty-eight community partners from five counties were interviewed. Some of the providers were non-professional, while others were traditional professional providers. Some providers were contractors while others were independent entities. Still other providers offered a combination of contracted and private services. The nature of the work of these community partners is displayed in Table 4.1. At least seven of community partners we contacted were working with minority or non-English speaking families. Some of these agencies exclusively served members of minority groups while others had integrated bilingual or bicultural services into their regular agency practice. Feedback from these providers was included in theme development but was also drawn out for separate review.

**Table 4.1  
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
<b>TOTAL</b>	<b>68</b>

Given previous concerns about possible over-representation of the metro region, efforts were made to ensure a proportional distribution of community partner interviews based on Branch workloads. This is displayed in Table 4.2



**Table 4.2  
Numbers of Community Partners Contacted by County**

<b>County</b>	<b>Contacts</b>
Multiple Counties	9
Metro	26
Polk	10
Clackamas	10
Deschutes	13

### **Data Analysis**

After twenty-five interviews were completed, each interviewer individually reviewed the interviews, noting ideas expressed. Themes were thus identified independently. Interviewers then re-read each interview out loud to each other and came to agreement about previously identified and any additional themes. Twenty broad themes emerged, with varying frequency of expression.

When fifty-four interviews had been completed, the interviewers individually and together again reviewed all of the responses to the four questions. Then the interviewers collapsed these initial twenty themes into nine categories. Interview responses were reviewed again and re-assigned to the nine thematic categories. Themes were counted as they appeared in the interviews. Once a theme had been identified within a given interview, it was counted only once.

The findings from this analysis were reviewed with the Project Manager. This review was to add another objective examination of the raw data to strengthen the reliability of the sorting and identification process.

The interviewers then analyzed the data question by question, using a somewhat different perspective in the search for recurrent ideas. The interviewers re-read the interviews, read the interviews aloud and consulted with each other regarding what themes appeared to be emerging from each question's response section. From that analysis, the interviewers noted frequency of comments, and categorizing the comments from most commonly-heard to least commonly-heard. The analysis of responses to individual questions yielded similar results to those themes found in the analysis of the collective data.

Finally, the team brought their findings to two community meetings, one in Multnomah county and one in Deschutes county. The twenty seven participants, only two of whom had been interviewed by telephone, reflected the cross section of partners in the broader sample. At these meetings, the findings were reviewed with community partners and an informal consensual process was used to validate the themes. Participants were invited to refute the presented themes and to add any additional themes. There was consensus about the themes

presented and no new themes emerged from the groups, although the Multnomah county group emphasized branch variability and Deschutes partners emphasized transportation issues.

## FINDINGS

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### **Key findings: collaboration with community partners**

- **Successful collaboration depends on the caseworker; experiences can vary greatly.**
  - **SCF has become a better collaborator with the implementation of S/NB services, becoming more willing to share responsibility for and information about cases.**
  - **Community partners have questions about some aspects of the S/NB model and about inconsistencies in the use of flexible funds. They would like to have more ability to advocate for clients.**
  - **Family decision meetings are regarded favorably as a forum for collaboration.**
- 

## THEMES

### **“It depends on the worker”**

Fifty-five interviewees noted that while there are excellent caseworkers, the quality of the casework is inconsistent. Turnover, workload, unreturned phone calls, and a need for adequate training and supervision were all mentioned as contributors to the perception that the quality of practice “depends on the worker” involved. Representative comments included:

*Need phone calls returned. Some caseworkers are awesome! Maybe that’s such a huge part of it—we’re not able to collaborate because of no calls back. Because we’re not communicating, clients can manipulate sometimes. Has seen clients really struggle with expectation that they do everything and SCF doesn’t return calls.*

*I have seen some absolutely exceptional workers, some who are just really on top of the game. There are the others ....*

*Caseworker transfer affects continuity of case...families lose interest as workers change. Some caseworkers are not available to families and some caseworkers go the extra mile and even meet with families on weekends.*

*Feels like [we] are training all the new folks. Training at the front end on strategies and resources needs to be done.*

*Some work so hard...work for families. Other new workers sometimes let clients' personalities to get to them...need training on how to get along with difficult people.*

*[I] do see some workers do a good job at S/NB, but it is very individualized. Case transfer is still very disruptive.*

*I do work with a number of caseworkers ... some I really like ... some conflicts ... some caseworkers are enthusiastic, want to make things better and want to go the extra mile. Others may be burned out, and say 'we can't do that'. We're working together better than in the past, [but still] have a ways to go.*

*Individual workers really affect services. Good workers with a caring attitude-it's great-but they leave quickly.*

*Four years ago [workers saw] S/NB as a hoop-didn't see gains that could occur. Now, if they can engage the client, they can have much greater success in a shorter time. There is no substitute for time and energy for workers to attend to cases, to be planned and purposeful and to know the family. When things slide, families get the message that accountability is not critical for the agency so it must not be for them, either.*

*[Caseworkers have had] resistance to change, e.g., 'this year it's called S/NB, in five years they will call it something else.' Huge challenge to overcome. Most growth [has been] in persuading workers to accept S/NB-it wasn't a fad and won't go away. The major barrier is the court's adversarial relationship.*

*Some SCF 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 much better.*

*We get services ordered and set-up. We can't provide it if caseworker hasn't done paperwork. Caseworkers are extremely overwhelmed. Both individual and systemic problems...even the most efficient caseworkers are struggling to get things done on time.*

*New, young workers bring a fresh view to cases but are also inexperienced. SCF workers need to take a supportive position with clients rather than trying to "get" them. The path taken to get there by workers is so important.*

*Continuing issue of staff turnover leads to many disconnects in services. S/NB is used unevenly. Workers don't complete services and families are left out.*

*Success depends on workers: have they made up their mind, how open they are?*

*Bureaucracy and caseload. Workers have great difficulty meeting clients, meet them on paper. Seems there are so many things to do and you're overwhelmed. Turnover is great at SCF. Training on resources is needed. Resources don't get utilized as a result.*

*Caseworkers are simply overwhelmed and didn't have time to get around to getting the service. It's not the workers not doing it.*

### **Increased collaboration between community partners and SOSCF**

Forty-three interviewees reported that they use family decision meetings for collaboration and find that SOSCF staff are more willing to share responsibility for and information about cases. Particularly at the front-end of cases, this has increased collaboration. Comments included:

*There is an overlap in most cases among agencies and S/NB allows SCF to talk with other funders and create better plans and continuity.*

*More willingness on SCF hotline to give feedback about what they can and cannot do. Feels more like a partner.*

*SCF is more willing to share a case than owning a case*

*Haven't heard any derogatory comments about SCF lately. I often receive initial contacts from SCF-this is a change. It's great collaborating.*

*SCF is more open, families are more receptive as a result. From our point of view, it's better to tell stories about why SCF is good and have folks consider their services. (summarized statement)*

*Five years ago, when a child had definitely been abused but SCF would not respond...today, the least they're going to do is a welfare check. They're willing to talk now...great strides there.*

### **Philosophical questions about S/NB-SOC**

Twenty-six participants expressed concern about the model and its applicability to certain situations. Questions about the model ranged from practice concerns ("do parents have to work as hard as the kids do?") to funding concerns ("what will happen when SOC money runs out?"). Other comments included:

*There's so much emphasis on strengths...there doesn't seem to be a way to identify problems, too.*

*The resource of flex funds is critical to the use of S/NB...what happens when the money goes away?*

*Because of the strengths focus, sometimes voluntary services are referred when actual CPS risk exists.*

*[There has not been] a concomitant decrease in other responsibilities while telling folks (workers) to work with community partners.*

### **Community partners want clearer access to the SCF system**

Twenty-three participants said that they want to know how to advocate for clients or to make complaints if needed. They expressed concerns about the transfer process and about follow-up after cases have been closed. Participants want to hear more about why or how decisions are made, and how to impact the decision-making process. Examples of these themes include:

*To cement this into the community there needs to be stronger education about what Strengths/Needs Based is.*

*Case transfer process interrupts case continuity...seems that everyone is too busy...I have a terrible time reaching folks and don't get timely calls back.*

*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' .*

*I hear about branches running out of money. Would love to know rules, etc. of how to access funds. Clarify the purpose, how it is handled in each branch and how much discretion [workers have] .*

*Not always hearing back...or not knowing what will happen is frustrating. It's both an issue of verbal response and not responding. Not having enough foster homes is frustrating, too...[gives example of one child who moved four times in one year].*

### **Inconsistent use of flex funds**

Twenty-two interviewees reported that flex funds are applied inconsistently. The partners reported branch implementation differences as reflected in the widely divergent responses of caseworkers to the request to access funding for families. Some examples of flex funds use included the purchase of a new car window that had been destroyed by a violent partner, crib purchases, rent, special counseling and unusual transportation needs. Inconsistencies in flex fund use are illustrated by these comments:

*Flexible funds are rarely used and it is a stingy process...and it's a long process to get funds.*

*Flex funds have been very effective about bringing down excuses. I have been able to refocus clients on their options.*

*Depending on worker...different offices vary getting money. They can access it if they want to...you'll hear they can't get money and then another worker gets money .*

*Flex money seems variable and not always available. Referrals don't stop but without money, folks stop using it. When it has worked best, it's fast.*

Community partners also gave several examples of how flex funds were used:

- *lots of creative things happen; there are workers that have the spirit of making a difference*
- *housing searches, budgeting training, housekeeping services, moving, mommy and me exercise classes, gymnastics classes, piano lessons, delousing contract, mentoring for a child*
- *payment of old debts*
- *paid for dad to have visits at Kidzone*
- *high chairs, telephones, rent, drivers' licenses, utilities*
- *repaired window broken by fist*

### **Family decision meetings**

Twenty-one participants expressed appreciation for family decision meetings specifically-related to providing a forum for collaboration. They noted that the format was not always appropriate for all clients because of possible cognitive limitations and because the format seemed unnatural at times. Partners mentioned their concern that sometimes child safety was not always attended to because of an imbalance between the “strengths focus” and a practical conversation about the issues that brought the family to the attention of SOSCF. These varying perceptions of FDMs are captured by comments like these:

*S/NB meetings are awkward, good, scary, lingo heavy...good S/NB meetings are where families feel good about participating...services need to be explained so simply; SCF needs to check parental understanding of what is being said.*

*...good about keeping meetings safe...really focus on strength. Definitely carries on into practice.*

*...with parents who are delayed (mentally or emotionally) FDMs should be geared down so that client can comprehend and really take part.*

*S/NB meeting gets to show positives on the bulletin board and really highlight positives. I've seen clients really boosted by hearing strengths.*

*I'm still concerned that SCF doesn't/can't deal with problems of parents and wants to focus too much on strengths...(there is) a need for balance.*

*FUMs eliminate triangulation. Collaboration helps neutralize personal bias. Everyone here hears the same stuff.*

*The meetings give the family a sense of confidence and hope that they can do things themselves. To lessen the intimidation, acknowledge stressors which include work, money and childcare. Schedule follow-up meetings to establish accountability and reduce very long lists to one to three items that can be accomplished.*

### **ASFA and SB689**

Thirteen community partners noted their belief that ASFA is too time-limited for parents who have drug and alcohol problems, while others report that it is a good idea to force parents to make changes sooner. Comments included:

*...happy that ASFA and SB689 are in place. As a person who works with kids and sees kids bounced around-no visits, visits, rights terminated-the system hasn't been fair to kids.*

*Parents need to take some accountability, now more than ever-ASFA is good-which is missing.*

*ASFA distorts the whole process-it's a whole lot to ask of parents.*

*ASFA doesn't match the Drug and Alcohol recovery time needed, though it is good that kids aren't having to wait as long.*

### **Prevention of child abuse**

Other interviewees want to see more prevention of child abuse and more proactive efforts to help prevent repeated abuse.

*The attitude they [SCF] have about older kids is wrong...I wish they wouldn't see high school kids as throw away kids.*

*Families often feel they requested help, but it never appears on a timely basis. It's not okay to say that a kid has to get worse to get services.*

### **Family Support Teams**

Some community partners that were working with a Family Support Team or who were working with Family Support Team clients expressed appreciation for the team model of casework.

*The Family Support Team is wonderful. The D/A clients who go through treatment and return to the community-somebody helps them with appointments and housing.*

*This Family Support Team approach is so family-friendly. Lots of joint planning. Lots of individualized attention...*

*(We) feel a degree of relief when the FST are involved. We have meetings, lots of people involved, all speaking to each other. Clients who have FST really make considerable progress.*

## **Responses Analyzed Question By Question**

### **Question One: What is the practice or service model that SCF is asking its workers and/or partners to use on a daily basis?**

- Participants had a broad general idea of the S/NB practice model. They said that the model looks at strengths/resources; that S/NB means money; and that it meets families' and kids' needs. Many participants described their understanding that family decision meetings were Strengths/Needs Based services.
- Participants described “spotty” application of SNB practice, noting that there is variation in worker abilities.
- Participants said that they had not received agency training on S/NB. They had developed an understanding that the model uses a strengths perspective or serves as a funding source.
- Some of the participants did describe a full understanding of the Strengths/Needs Based model.
- A minority of participants exclusively identified Strengths/Needs Based Services as an equivalent to money.

### **Question Two: How do your current services and capacities accommodate this model?**

- Participants reported that they had created individualized services.
- Partners reported that they have seen the use of Flex Funds for creating individual services.
- Some participants reported that they had “umbrella contracts” while others were collaborating to provide services partially or totally funded by flex funds.
- Some participants said that no individual services were created.
- Some participants reported inconsistent use of funds.

- Some partners reported that their practice naturally incorporates SNB, and/or that the model was already in place prior to the implementation of SOC.

**Question Three: Describe the benefits and the limitations associated with use of the Strengths/Needs Based model.**

I. Benefits

- Community partners say that SCF's practice style supports families.
- Community partners perceive a more supported relationship.
- Flex Funds were mentioned positively and Family Support Teams are appreciated.
- Partners mentioned that Family Decision Meetings are appreciated and that they think staff are better trained.

II. Limitations

- Participants said that there are staff/workload issues.
- Participants said there is a need for better training for SCF employees.
- Partners want improved access to SOSCF to give/get feedback and some believe that S/NB demands less from parents, more from kids.
- Some participants said that the Family Decision Meeting style is cumbersome and that the FDM format doesn't work for parents with cognitive limitations.

**Question Four: What changes, if any, would need to be made to increase your ability to be a stronger partner?**

- Community partners reported that they would like to see an improvement in staff performance.
- Participants reported a desire for an increased ability to ask the Division about the actions of workers and about the system.
- Partners would like to continue collaboration and would like to see increased training for staff.
- Partners said they would like to see a decreased workload for caseworkers and would like to see a decrease in staff turnover.
- Partners wonder how resources will be maintained.
- Partners would like to see an improvement in consistency of practice from branch to branch.
- Partners would like to see more flexibility in the format of Family Decision Meetings.

**Other Themes**

Community partners who work with minority populations and/or populations who do not speak English as a first language made several suggestions and observations:

- SCF should hire supervisors that are bilingual so those supervisors can know what the family is saying about their case, rather than relying upon the word of the bilingual caseworker only.
- Court interpretation and translation should be provided by one person only to insure that information is adequately and equally transmitted, even though this is a slower process
- More bilingual workers are needed, but do not assume that if a worker is bilingual or bicultural that he/she is going to automatically do a better job.
- There need to be more services established which reflect the cultural/ethnic values of the community.
- There is concern expressed by an occasional provider that it is harder to get money if one is a member of a particular ethnic group.
- Recognition of alternative family structures must be taken into account; e.g., extended family in one culture may be equivalent to next of kin in Anglo culture.

Some community partners in rural areas noted that transportation is a real barrier to providing services:

- The lack of transportation may make the difference between getting to treatment in Portland or missing a treatment opportunity.
- Transportation may also affect visitation schedules and the ability to incorporate client participation into case planning and activities.

There was no significant variation among the various counties and regions in community partner feedback with the exception of Polk County. In that county, there has been a community wide effort to work collaboratively in teams. The S/NB services initiative has fit naturally within that model, and the current Branch Manager is recognized for his “hands-on” style. The county is committed as a whole to work on community issues together.

## **DISCUSSION**

What is the perspective of community partners that have been engaging with SCF since the implementation of S/NB? Among the 68 partners that were interviewed there appears to be general agreement that implementation of this practice model is uneven. While the participants

reported that SOSCF is more collaborative, they clearly saw that families were directly impacted by variable follow-through by SOSCF staff. While family decision meetings are seen as a powerful tool for collaboration, community partners suggest that outcomes from those meetings are limited.

In the face of a wide range of perceptions about the S/NB model and its applications, community partners commented on the overall changes that SCF continues to make. Most partners believe that the job of an SCF caseworker is a difficult one. It is also clear from the interviews that partners had 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 SN/B practitioners.

At its heart, S/NB practice is based on collaborative relationships with families, and community partners. These relationships are centered on meeting the needs of children by building upon the strengths of a family, drawing on the perspective of community partners and crafting individualized services to meet those needs. Although the model highlights a team approach, field implementation of this model currently appears to pivot upon the ability of, and the system support, for caseworkers to coordinate efforts and/or to respond to the plan established by the team.

Community partners consistently noted the variability between branches and workers. Access to timely services, timely referrals and reliable access to funds were other frequently mentioned issues. This variability and the systemic barriers send mixed signals about SOSCF's ability to streamline systems at the same pace that caseworkers have been asked to re-tailor their individual practice.

Families directly experience the disconnect between stated expectations of SOSCF and the unreliability of the referral process or the simple lack of a returned phone call. As one community partner reported, her ability to move forward with services for a family was "...dead in the water" due to lack of responsiveness from SOSCF. Another partner noted that families become less convinced of the importance of what they were doing when their worker could not follow through with services offered.

In short, based on the interviews with these partners, SOSCF is perceived to be making progress in implementing S/NB practice, but families directly experience the consequences of those areas of practice that continue to need improvement. Perhaps this is most reflected in the comments "SCF doesn't own a case, we share the case" coupled with the comment "it depends on the worker."

## **Implications**

SCF began to implement Strengths/Needs Based practice almost five years ago. SB689 and ASFA have also been integrated into SCF at the same time as SN/B has matured. At all levels SOSCF has turned its attention to meeting the mandates of these reforms, creating new policies and procedures that redefine practice. At the same time, community partners note that SCF is experiencing personnel instability; this follows a national trend of caseworker retirements, turnover and an influx of new and temporary workers (GAO, 1997). These changes in the work force, amidst the constant change associated with system reforms, noticeably affect service delivery. It is the caseworker who is the ambassador for SOSCF, and with whom families and community partners have the most contact. It is not surprising then, that community partners' experiences with SNB practice are most reflected in the phrase "it depends on the worker".

In light of SCF's heavy investment in this model, and its key ingredient being an open, trusting and collaborative relationship between caseworker and family, the hiring, developing and retaining of a skilled work force at the casework level is a fundamental step to successful outcomes of safety and permanency for children within the context of an engaged family and community.

The Division, along with its community partners, needs to develop and maintain consistent strategies for workers to access funds and services in a timely manner in order to support caseworkers' service delivery efforts . This will create a climate of consistent and uniform service delivery which in turn forms the cornerstone of collaboration.

Historically, SCF wanted to move forward on all levels, from casework to Central Office to implement SNB practice inclusively with community partners. At this juncture what is now needed are clear pathways and information between SCF and its community partners. A community partner should receive consistent service delivery across branches and should also have regular opportunities to inform the system when this is not happening. Opening this door of communication enriches the give and take between community partners and SCF as well as providing an opportunity for SCF and its community colleagues to consider the strengths and weaknesses of this practice model.

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