

**STRENGTHS/NEEDS BASED
SERVICES EVALUATION**

Year End Report

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EXECUTIVE SUMMARY

The System of Care (SOC) being implemented by the State Office for Services to Children and Families (SOSCF) resulted from an agreement between the Juvenile Rights Project and SOSCF, and is intended to change the process by which services are delivered to families in the child welfare system throughout Oregon. The critical practice component of the System of Care is Strengths/Needs Based service planning (S/NB), which has been implemented in six pilot branches in Multnomah, Deschutes, and Polk Counties. Under a contract from SOSCF, the Regional Research Institute for Human Services, in collaboration with the Child Welfare Partnership of the Graduate School of Social Work at Portland State University, has assumed responsibility for the evaluation of S/NB services in the pilot branches.

Strengths/Needs Based Services

Strengths/Needs Based service delivery (S/NB) is an individualized approach to working with families that emphasizes:

- achieving agreement between the agency and the family about the needs of the child(ren) as a basis for service planning;
- identifying and building on family strengths in the planning process;
- including the perspective of community partners and foster parents in identifying needs and planning services;
- focusing on child(ren)'s needs for safety and attachment first, as the central consideration in service planning;
- locating or crafting services to meet specific individual needs (rather than utilizing only pre-existing services based on categorical eligibility); and
- using flexible funding as necessary to ensure that services can be found or created to meet identified needs.

Strengths based planning and individualized service crafting are intended to increase the agency's capacity to engage families in service and to better meet the needs of the children in its care.

Evaluation of Strengths/Needs Based Service Delivery

The evaluation of the first phase of S/NB service delivery was designed to assess the extent to which the philosophy and principles of the model were being utilized at the practice

level: to what extent was agreement achieved? were strengths and needs explicitly identified? were services individualized for children and families? were safety and attachment needs met? who was involved in the planning process? did families feel their opinion counted? were case participants satisfied with services and service outcomes?

A case study methodology was developed to provide a detailed look at a randomly selected sample of Strengths/Needs Based cases in the six pilot branches. The design included interviews with workers, family members, foster parents and community partners involved in the selected cases, approximately 12-16 weeks after the case was designated for S/NB services. Interviews were semi-structured, using instruments designed to gather both qualitative and quantitative data. Case file material was reviewed for information about the abuse or neglect issues in the families, demographic characteristics, and documentation of the planning process.

An important limitation of the study is that findings are based on a very small sample drawn from the pool of cases that were designated for S/NB services over a three-month period in late 1996 and early 1997. These cases were selected by workers as appropriate for S/NB services, and this selection process may have introduced unknown bias into our findings. More significantly, from the original sample, only about half of the families were located and agreed to participate. There is no way to determine whether our final sample was representative of the larger pool of cases on the dimensions under consideration.

In all, 171 interviews were conducted for the evaluation. Findings are reported for a final sample of 53 cases.

Major Findings

Planning Process. A common approach to collaborative planning for S/NB cases was the family decision meeting. More than 80% of the cases (n=44) had at least one such meeting. When meetings occurred, caseworkers reported them to be “very useful” in planning and in achieving agreement 80% of the time (n=35). Foster parents and community partners were also positive about family decision meetings, although concerns were expressed about the willingness or capacity of participants to follow through on the plans that were made. Family respondents had both positive and negative reactions to the meeting process. While some expressed a sense of being “outnumbered” or said they did not feel they had any power in the situation, others felt supported and listened to, or said they appreciated the recognition of some of their strengths that occurred during the process.

Lack of preparation for the meeting was noted, however. In the majority of cases family participants were told little about the purpose of the meeting prior to attending and were not clear about who would or could be invited; many foster parents were also unclear about the purpose of the meeting. In general, knowledge about the S/NB approach was quite limited among family respondents and foster parents. Less than half of the family respondents (n=24, 45%) and about the same proportion of foster parents (n=8, 42%) said they had been told that their case was

designated for Strengths/Needs Based planning. More important, even those that had heard the phrase had minimal understanding of what it meant.

Achieving Agreement. About half of the families (44%, n=23) felt their opinion counted “a lot” in the planning process, whether or not they attended a family decision meeting, while 81% (n=43) said their caseworkers opinion counted “a lot.” Twenty percent (n=11) said they had the most power in the process or shared it equally with others in the case. Overall, nearly three-quarters of the family respondents said they agreed with “most” or “all” of the case plan, although for some of these families agreement appeared to be superficial and reflective of compliance rather than participation. However, feeling valued in the planning process was linked with agreement with the case plans. Families who felt their opinion counted “a lot” in the planning process were significantly more likely to agree with the plan. Agreement with case plans was also significantly associated with the family’s perception that they had sufficient contact with their worker.

Service Crafting. About half of the cases in the sample appeared to be highly or moderately individualized in the planning process, with needs stated explicitly and a clear relationship between the needs, strengths, and services. In these cases, although plans included primarily traditional mixes of services and actions (substance abuse treatment, parenting education, psychological assessment, mental health services, respite care), there was evidence that plans were developed carefully and appropriately for the needs and circumstances of the family. Less apparent was the matching of services to strengths, which was considered to be strong in only about a quarter of the cases. Caseworkers may need clearer definitions and more guidance about how to achieve this objective of the S/NB approach. Flexible funds from S/NB were used in only about a third of the cases (n=18), in part because it was difficult and time consuming to arrange for them and because other sources of flexible dollars were available and caseworkers were asked to use them first. When they were used, however, flexible funds were considered very important to successful outcomes.

Service Satisfaction. Family members and caseworkers were asked to rate the extent to which services or other actions met the needs that had been identified, on a four-point scale from “not at all” to “very well.” Average ratings across services were used to examine the level of service satisfaction. Caseworkers in general rated services as effective in meeting the families’ needs (in half the cases, workers rated all services to the family as very effective). Ratings from families were not as high, but in about a quarter of cases there was near perfect agreement between worker and family on service satisfaction, combined with high ratings from both. In another 40% of cases, worker and family average ratings were within one point (for example, the difference between “somewhat” and “a little”). When services did not occur as planned, family members cited poor follow through on the part of caseworkers and sometimes impossible demands on their time and resources; caseworkers cited poor follow through on the part of parents and sometimes community partners, system barriers such as contracting, or delay in availability of services.

Safety and Attachment. Ratings on the extent to which children’s needs for safety and attachment were met were generally positive. Caseworkers and family respondents both

indicated complete confidence in the safety of all of the children in approximately 77% of the families. The need for attachment to the primary caregiver was somewhat more difficult to meet. Caseworkers rated this attachment need as “completely” met for all children in approximately 62% of the families, while family respondents in about 55% of cases felt this need was fully met. Caseworkers and family respondents did not always agree on these ratings; however for 40% of the families, caseworker and family were in absolute agreement that the children were both completely safe and fully supported in maintaining attachments to primary caregivers. Safety was of continuing concern for seven children in the sample. Attachments to siblings and significant others in children’s lives were more difficult to ensure, with slightly lower ratings in these areas. Beyond the central concerns regarding safety and attachment, children in the sample received services aimed at a wide range of physical, emotional, developmental, and educational needs.

Collaboration. One of the central practice principles of Strengths/Needs Based service delivery is engaging families as experts, fostering their collaboration with worker and agency. To the extent that this can be achieved, families are considered to be more likely to follow through on services, more likely to be helped, and more likely to resolve problems that present barriers to parenting. A collaboration scale suggests a split in the research sample, with half the families scoring in the very high range of the scale, very positively engaged with their worker, and the other half distributed over the lower range of the scale, some being quite negative. On specific items in the scale, ratings varied. Most workers seem to have conveyed a positive attitude about children in the home and a belief that the parent(s) really cared about their children. On the other hand, families did not feel their caseworkers necessarily believed in their capacity to solve their problems, could be relied on, or were easy to talk to.

Overall Satisfaction. Another major assumption underlying Strengths/Needs Based service delivery is that families will receive effective and meaningful assistance and will thus be satisfied with their overall experience with SOSCF. A satisfaction scale, developed to measure this dimension, indicates that overall most families do feel that their contact with SOSCF has been helpful. Highest agreement was with the item, “*Overall, the services we’ve received have been helpful.*” Poorest agreement was with the item, “*When I need information about my case, or just to talk with my caseworker, I could get a hold of her/him.*” Overall satisfaction was linked with the measure of collaboration, with the family’s sense that their opinion counted in the planning process, with agreement, and with family ratings of needs met.

Both foster parents and community partners were generally positive in discussing their experiences with these cases. Foster parents communicate a commitment to children and an ability to manage despite enormous demands on time, energy, and finances. About two-thirds report prompt and helpful responses from caseworkers when they ask for help. About three-quarters think that sufficient and appropriate services had been provided to the child in their care. Community partners are particularly enthusiastic about the family decision meetings and see them as empowering families and engaging the community as “team” in meeting needs.

System Issues in the Implementation Process

Through the extensive contact the evaluation team has had with the pilot branches, both in the development of instruments and in the collection of data, impressions have been formed about the conditions under which Strengths/Needs Based practice is best developed, and about system barriers to implementation of this aspect of System of Care. Though unsystematically gathered, these ideas may be of use as implementation continues statewide.

In order for Strengths/Needs Based practice to be most effectively adopted by workers, it appears that initial training in the model needs to be followed and sustained by on-site trainers or consultants who can model techniques, help with difficult cases, and provide practice tools. As workload initially increases with the demands of “up front” work, it is important that resource persons be in place, contracting issues be worked out to the extent possible, and methods of documenting which have proved successful be shared.

System barriers seem to center around contracting issues which make the provision of individualized and innovative services difficult (or impossible) within the short time frame which is often necessary, difficulties in overcoming liability barriers that arise from using relatives, friends, and neighbors in non-traditional patterns, and the development of foster home resources in sufficient number and variety to meet the individualized needs of children coming into care. As the System of Care pushes for “least restrictive” placements for children, thought needs to be given to the resources expended on the “special certification” of relatives or friends as a foster home for a particular child, foster homes which do not become part of the pool of agency homes. Equally important, from the perspective of agency workers, community partners need to attain a deeper understanding of the philosophy of shared participation which underlies Strengths/Needs Based practice.

Summary

Implementation of Strengths/Needs Based service delivery is progressing in each of the pilot branches. Much attention has been focused on the planning process, including the identification of strengths and needs, especially through the use of family decision meetings. This planning process may be enhanced by additional training or guidance of workers in how to help case participants understand their role in S/NB planning. There is less evidence of individualized service crafting at this stage of implementation, though some good examples appeared in the research sample. Data from family interviews underscore the importance of the relationship that is formed between the family and the caseworker; family satisfaction was also closely linked with the perception of family respondents that their opinions were valued in the planning process. Certain system barriers have been identified as obstacles to Strengths/Needs Based service delivery, including workload size, access to flexible funds, and contracting and liability issues.

Because it was not possible to find a SOSCF branch unaware of the principles of Strengths/Needs Based service delivery or not using the closely related family unity meeting, there is no group with which to compare the sample. It thus cannot be determined whether Strengths/Needs Based service delivery is “better” than past services. What can be noted is that many elements of sound practice are being implemented, and that many of the families are reporting positive and helpful experiences with the State Office for Services to Children and Families.

EVALUATION OF STRENGTHS/NEEDS BASED SERVICE DELIVERY

Introduction

The System of Care (SOC) being implemented by the State Office for Services to Children and Families (SOSCF) resulted from an agreement between the Juvenile Rights Project and that agency, and is 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 (RRI) at Portland State University in collaboration with the Child Welfare Partnership (CWP) have assumed responsibility for evaluating the implementation of the Strength/Needs Based service delivery system, the critical practice component of the System of Care. The elements of the supporting system, such as 24-hour protective service coverage, increased numbers of foster homes, changes in use of foster care, etc., are being reviewed by SOSCF itself.

Strengths/Needs Based service delivery (S/NB) focuses on (1) agreement between the agency (usually represented by the caseworker) and the family about the needs of the child(ren) as a basis for service planning; (2) a planning process that builds on family strengths and the family's perspective in identifying needs and planning services; (3) services identified or crafted to meet specific needs (rather than selected based on categorical eligibility); and (4) flexible funding to ensure that services can be found or created as necessary to meet identified needs. A commonly used means of involving family and community partners in identifying strengths and needs, and in planning services, is a family decision meeting.

Strength/Needs Based service is being piloted in six offices in Multnomah, Polk, and Deschutes counties. In each of these counties, the research team worked in an iterative process with the branches and the families they serve to develop measuring instruments which reflect practice as it is conceptualized and delivered. A case study method has been used in order to capture the individualization which is at the heart of this reform. A random sample of Strength/Needs Based cases has been selected from each branch. In these cases, the family, the caseworker, and the foster parent (if there is one) have been interviewed. In a randomly selected subset of these cases, community partners involved in the delivery of services have been interviewed by telephone.

The objectives of this evaluation of Strength/Needs Based services are (1) to develop and pilot a methodology to determine the extent to which implementation has occurred at the practice level and (2) to monitor and assess the process of implementation at all levels in the system in order to make recommendations as SOSCF moves to implement the project statewide. The outcome of this service delivery is reported primarily in assessments of the degree to which child needs for attachment and safety have been met, and in parent and worker satisfaction with case outcome. Subsequent phases of this evaluation will continue to assess the extent of implementation and will report more extensively on case outcomes.

The team which has assembled to conduct this evaluation consists of: Joan Shireman, Principal Investigator; Diane Yatchmenoff, Project Manager; Bart Wilson, Management Information Liaison; Barbara Sussex, Research Assistant and Field Coordinator; Claire Poirier, Research Assistant; Lynwood Gordon, Research Assistant; Wendy Howard, Research Assistant; Kate Swanson, Research Assistant; Charles Benitez, Graduate Research Assistant; and Jeff Alworth, Support Staff. All have contributed to the work of this project and to this report.

The project established a research advisory committee which has met twice during these months, on October 24, 1996, and January 28, 1997. Members of this committee are: Nancy Koroloff, Director of the Regional Research Institute; Richard Hunter, Director of the Child Welfare Partnership; Barbara Friesen, Director of the Research and Training Center at RRI; Pauline Jivanjee, faculty of the School of Social Work; and Jim White, Research Analyst at SOSCF. The committee has helped us clarify assumptions underlying our work, have discussed issues around measurement, and have offered good advice around sampling. Their assistance has been much appreciated.

The research team has also met with Sarah Holmes periodically, and she has been most helpful in reporting activity in the branches, in supporting research work in the branches, in reviewing ideas and instruments, and in providing the data necessary for sample selection. The insights of Angela Sherbo of the Juvenile Rights Project are also reflected in the interview instruments.

Methods

A case study methodology was developed for the evaluation, aimed at a detailed examination of a randomly selected sample of Strengths/Needs Based cases in the six pilot branches. The design included interviews with workers, family members, foster parents and community partners involved in the selected cases in order to capture the experiences and perspectives of different stakeholders. Case file material was used to gather information about the abuse or neglect issues in the families, certain demographic characteristics, and the documentation of strengths, needs, and family decision meetings.

Interview Instruments

Interviews were semi-structured, using instruments designed to gather both qualitative and quantitative data. The quantitative data came from ratings and scales pertaining to key elements of the S/NB planning model. These included, among others:

- achieving agreement on strengths and needs;
- achieving agreement on the services planned;
- the extent to which parents, foster parents and others felt their opinion counted in the planning process;

- the use and perceived value of the family decision meeting;
- the extent to which safety and attachment needs were met for children in the sample;
- the degree to which needs were met by services;
- the use of flexible funds to individualize services;
- the degree of collaboration achieved between worker and parent; and
- overall satisfaction with services among the various stakeholders.

Open-ended questions were aimed at providing the context and meaning that are essential to interpreting numerical ratings. In addition, the qualitative data allowed the research team to consider the individualization of services to specific case needs, the degree to which services were built on family strengths, and the overall implementation of the S/NB model to each case.

The Sample

The implementation of Strengths/Needs Based service delivery in the pilot branches was intended to occur gradually as workers became familiar with the underlying principles and comfortable with the practice model. Workers were encouraged to select cases one at a time for S/NB services and to begin with cases that seemed stuck and might benefit from a fresh approach. In most branches, the early S/NB cases were drawn from the ongoing case loads, where the immediate crisis may have been resolved but where additional work was needed with the family to ensure longer term safety and stability for the child(ren). Protective service cases were designated somewhat less often in the first phase of implementation.

The evaluation design called for random selection of cases that had been designated for S/NB services, and a decision was made to balance the sample equally between ongoing and protective service case loads in order to examine both the work that is done with families entering the system because of a new referral for abuse or neglect and the work that occurs with families whose cases have remained open past the protective service period. In practice, because of the selection criteria used by caseworkers, many of the protective service cases that were designated in this first phase were already open cases or were previously known to the agency. In addition, there were fewer of them to draw from.

Sampling Procedures

Utilizing a list of S/NB cases generated by SOSCF, a random sample was drawn from ongoing cases (including permanent planning cases) and protective service/intake cases (PS). With the exception of the Polk branch, the sample was selected from all cases which had been identified as SOC between November 1, 1996 and January 31, 1997. In Polk, the time frame was extended to February 15, 1997 to increase the possibility of obtaining a larger sample. Interviews were intended to be conducted approximately 12 to 16 weeks following the designation of the case for S/NB services.

For the purpose of the study, “family” is defined as the primary caregiver(s) in the case at the time the case was opened by SOSCF. Letters were sent from the SOSCF branch manager to potential subjects that briefly explained the evaluation and informed them of their selection in the sample. This was followed up by a telephone contact from the SOSCF team member to secure verbal agreement to participate. Only after interest in participating was ascertained by the SOSCF employee was the name of the family released to an RRI evaluation team interviewer. The interviewer then called the family to further explain the study, answer any questions, and schedule a time for the interview.

A total of 143 cases (76 ongoing, 6 PP, 61 PS) were randomly selected for recruitment by the SOSCF staff member, which resulted in 67 families (31 ongoing, 6 permanent planning, 30 protective service) agreeing to participate. Inability to contact the family (n=61) accounted for the majority of sample loss, with the main reasons being: no phone/phone disconnected (33%), no call-back from family (17%), disappearance of family (15%), and family moved out of state (9%). For those families noted to have no phone or a disconnected phone, a decision was made to draw additional cases into the sample rather than to expend extensive resources to locate families through other means. Only 20% (n=15) of sample loss was due to refusal to participate. Three caregivers said they were ill, one caregiver was in jail, and the remainder simply said they were not interested.

Interviewers made intensive efforts to follow-up with potential interviewees as soon as possible after the initial contact by the SOSCF team member and, in many cases, made numerous phone calls to individual family interviewees and caseworkers to schedule interviews. Some of the difficulties encountered included interviewees not showing up for the interview (n=4), changed phone numbers or addresses between the initial SOSCF team member contact and the interviewer contact (n=4), families changing their mind about participating (n=2), and families not returning interviewer calls (n=3). Thus, 19% (n=13) of the 67 who originally agreed to participate were not included in the final sample of 53 cases.

Selection of Caseworkers

The current caseworker for each family automatically became part of the sample. In the second round of sampling, through the order in which the family was contacted, an attempt was made to maximize the number of different caseworkers interviewed. The interviews include nine caseworker interviews without a corresponding family interview, and one family interview without the corresponding caseworker (caseworker had not been assigned). Only those cases which contained both a caseworker interview and family interview were selected for foster parent interviews and included in the final sample from which the data were analyzed. Table 1 describes the sample of families and caseworkers.

**Table 1
Family and Caseworker Sample**

Cases	Deschutes	East	Midtown	N/NE	Polk	St. Johns	TOTAL
Permanent Planning	2	1	1	0	0	0	4
Ongoing	5	5	5	6	3	4	28
PS/Intake	2	5	5	4	1	4	21
TOTAL	9	11	11	10	4	8	53

Recruitment of Foster Parents

Identification of and information about foster parent(s) was obtained from the caseworker and family during the interview process. Foster parent(s) deemed appropriate for interviewing were those who had a child(ren) in care during the time of the S/NB planning process. In the majority of cases, the foster parent(s) who attended the family decision meeting or had a child(ren) in care when the meeting was held were selected as interviewees. In cases where no planning meeting was held, foster parent(s) who were caring for a child at the time of the S/NB designation date were selected as interviewees. Foster parent(s) were sent a letter from the principal investigator that explained the study prior to being contacted by an interviewer.

Twenty-five cases met the criteria for foster parent(s) interviews, and nineteen cases are included in the final sample. Of the six cases not in the final sample, one involved an out-of-state foster parent, and interviewers were unsuccessful in contacting and scheduling interviews with the other five foster parents. Table 2 describes the foster parent sample.

**Table 2
Foster Parent Sample**

Branch	Cases with foster parents	Final sample	Number of interviews
Deschutes	2	2	2
East	3	2	3 (one case had 2 FP)
Midtown	8	5	5
N/NE	5	3	3
Polk	1	1	1
St. Johns	6	6	7 (one case had 2 FP)
TOTAL	25	19	21

Community Partner(s) Selection

Names of community partners were gathered from the family, the caseworker, and the file. For the purpose of providing an in-depth look at the perspective of community partners, the evaluation team made the decision to randomly select cases from the sample and interview all community partners for which written consent from the caregiver had been obtained. Partners were sent a letter explaining the study along with a copy of the consent form signed by the family and were notified that they would be contacted by an interviewer.

Table 3 presents the final sample of cases per branch that were randomly selected for community partner interviews, the corresponding number of interviews, and the number of interviews per case.

Table 3
Community Partner Sample

Community Partners			
Branch	# of cases	# of interviews	Explanation
Deschutes	4	17	2 cases with 3 CP; 1 with 5; 1 with 6
East	2	5	1 case with 3 CP; 1 with 2
Midtown	1	1	1 case with 1 CP
N/NE	2	5	1 case with 4 CP; 1 with 1
Polk	2	3	1 case with 2 CP; 1 with 1
St. Johns	2	3	1 case with 2 CP; 1 with 1
TOTAL	13	34	

In all, interviewers conducted a total of 171 interviews: 62 casework interviews, 54 families (five of which had two caregivers interviewed), 34 community partners representing 13 randomly selected separate cases, and 21 foster parents representing 19 separate cases. Of the 53 cases in the final sample, the total number of individual caseworkers interviewed was 45, as some caseworkers were managing two or more cases that were included in the final sample. For the purposes of the qualitative data analysis in this report, each caseworker interview is treated as an individual interview.

Interview Process/Procedures

The interview team consisted of seven people, all highly trained researchers and interviewers who received additional training on both Strengths/Needs Based service delivery and the individual interview guides. Five of the interviewers have an M.S.W. degree (one is a

LCSW), and one has a Ph.D. Each SCF branch was assigned a lead interviewer who was responsible for coordinating evaluation activities within that branch. To the extent possible, the same interviewer conducted both the family and caseworker interview on a given case. One interviewer conducted all the community partner interviews, and two interviewers conducted all the foster parent interviews.

Six different interview guides, with some consistent questions across guides, were used: Ongoing Family, PS Family, Ongoing Caseworker, PS Caseworker, Foster Parent, and Community Partner (see Appendix for representative copies of interview guides). With the exception of the Community Partner interview which was a telephone interview, all interviews were face-to-face and ranged in length from forty-five minutes to two and one-half hours. In the majority of cases, interviews with the family and foster parents were conducted in their home. Caseworker interviews took place at the SCF branch and included the oral interview and review of the case file. Interviewers took written notes on the interview guide as well as audio-taped the interview (in seven cases family members did not give permission; they were either simply uncomfortable being taped or in an adversarial relationship with SOSCF, and thus mistrustful that the tape might somehow be used against them).

Prior to beginning each interview, the interviewer reviewed the Informed Consent Form and confidentiality with the family and foster parent and obtained written permission for both the interview and the audio-taping. Consent forms for foster parents and caregivers included a statement about mandatory reporting of incidents of child abuse/neglect. The family was also invited to sign two additional consent forms, the Family Narrative Consent and the Community Partner Release. Seventeen family members did not sign the Family Narrative Consent, which asked for their agreement in allowing the evaluation team to present interview information in the form of an individual case “vignette,” an approach the team felt might be particularly powerful in describing Strengths/Needs Based services in action. In about half of these cases, the interviewer did not request permission, judging that the case was not exemplary of either good or problematic practice; in the other half, family members were either wanting to “move on” in their lives or mistrustful of the idea in general, including at least one respondent who feared retaliation from the caseworker if details of the family’s story appeared in print. In cases where permission to contact community partners was not obtained ($n = 12$), reasons were very similar: either interviewer judgment was used (where there was no involvement with services), or family members were uneasy with “rehashing the past” or having information used against them. The family and the foster parent received a \$25 check at the conclusion of the interview.

Data Management and Analysis

Quantitative data from the interview schedules was reviewed, edited and coded at RRI, entered into an ACCESS data base designed for the project and subsequently analyzed in SPSS. All interviews, audio-tapes, and transcriptions of tapes are stored in locked files. Each interview is coded and contains no identifying information; names linking to interviews are kept in a separate file. Transcriptions of audio-tapes are also coded and contain no identifying information. The evaluation team follows RRI procedures for securing data on computer files.

Limitations

Findings presented in this report are based on a very small sample of cases drawn randomly from the pool of cases that were designated for S/NB services over a three-month period in late 1996 and early 1997. These cases were selected by workers as appropriate for S/NB services, and it should be noted that caseworker selection may have introduced unknown bias into our findings. More significantly, from the original sample, only about half of the families were located and agreed to participate. There is no way to determine whether our final sample was representative of the larger pool of cases on the dimensions under consideration.

Second, our measures are based on self-report on the part of family members and on personal and professional judgement of workers, foster parents, community partners, and in some instances the research staff. Each stakeholder may have a different view of circumstances, processes, and outcomes. While we consider the multiple perspectives critical in understanding agency practice as it is experienced at the case level, it is nevertheless challenging to interpret these perspectives when they diverge. Our findings must be considered carefully and in context.

Finally, the elements of practice that were considered in this evaluation project are based on a philosophical approach. Practice elements are intertwined and in some cases are not clearly operationalized, either for practice or research. Further refinement of instruments and measures, based on the results of this year's evaluation and the continued development of the model in practice, are important next steps in helping us delineate elements S/NB services and the impact of this approach on outcomes for children and families.

Findings

Family and Case Characteristics

Families in the final sample all had open cases or very recently closed cases with SOSCF and had been designated for Strengths/Needs Based planning. A little more than half of the families' current cases had been opened within the prior year, while some cases had been open for considerably longer, up to as long as 10 years.

Approximately 40% (n=21) of the cases were being handled by intake or protective service workers, while 53% (n=28) were cases that had been previously transferred to an ongoing unit. A small number (n=4) were in permanent planning.

About 20% (n= 10) of the families had founded cases of physical abuse, and about 26% (n=14) had founded cases of neglect. Founded sexual abuse appeared in approximately 10% (n=5) of the cases, threat of harm in about 15% (n=8). Approximately 25% of the families had

no current founded abuse or neglect. Fifteen percent of the cases (n=8) had no court involvement.

Family respondents included in the present analysis were primarily mothers (81%, n=43) with a small number of fathers, foster or grandparents, and couples who were interviewed together. In two cases, both biological parents were interviewed separately. In these cases, qualitative data from both respondents was included in the analysis of implementation. Quantitative analyses were restricted to data from the respondent who had been most involved in the planning process. A little less than half of the respondents said they had a spouse or partner in the home (43%).

Respondents ranged in age from 18 to 58 years (information on age was missing for six respondents). Only one respondent was reported to be younger than 21 years old, while half of the sample was 34 years old or older. In general, these were not large families. Seventy-two percent had three or fewer children. The age of the target child (in cases where a target child was identified) ranged from less than one year to 18. The average age of target children was 8.66 (s.d. 4.88), while about 32% were younger than six. A little more than half (54%) were boys. In half of the families, the oldest child was 12 years or older, with quite a number of older teens or young adults named as the oldest child in the family.

One or more special circumstances or family factors that might influence the progress of a family's case with SOSCF were noted in 80% (n=42) of the cases. The most commonly noted were substance abuse (noted in 50% of the cases), child with an emotional illness (40%), domestic violence (32%), child with developmental delay (17%), and child with learning disability(13%). Approximately 10% of the families were noted to have an adult with emotional illness and/or developmental delay.

Implementation of Model

Findings from the in-depth study of cases in the research sample suggest that the pilot branches in which the System of Care practice model has been implemented have all made and continue to make serious ongoing efforts to understand and creatively apply the SOC principles to casework practice. Certain aspects of the model appear to be implemented to a greater degree than others. Certain elements appear to be an easier fit than others for the agency and may seem to be the most fruitful from the standpoint of caseworkers. A number of the key elements (such as the focus on family strengths and the partnering with community and foster care providers) have been in place for some time, though the S/NB model provides both a conceptual framework and a more detailed model to guide practice.

Notably, however, caseworkers, family members, foster parents, and community partners may each define good casework quite differently. The challenge of achieving agreement is not easily met. The research team gained renewed respect for the efforts of caseworkers and others in the child welfare system as we struggled with this issue throughout the data collection and analysis process, hearing the voices of multiple stakeholders and recognizing the sometimes

insurmountable obstacles to collaboration, when parents' rights and needs conflict with the community's mandate to protect children.

The following sections of this report present data from the case study interviews, focusing on the level of implementation of key aspects of the S/NB model. We hope to provide both an overview of progress towards implementation and examples of how elements of practice have been carried out in cases selected as illustrative of good Strengths/Needs Based practice.

The Strengths/Needs Based Planning Process

Strengths/Needs Based planning emphasizes identifying family strengths, achieving agreement with the family about the needs of the child(ren), and engaging families, foster parents, and community partners in a collaborative effort to plan services that are individually tailored to needs and that build on existing strengths. These elements of planning can occur in a variety of settings and through a variety of processes. One approach centers around a family decision meeting, and in many cases in our sample this meeting has been the focal point of the planning process. Although this strategy is by no means the only way to accomplish Strengths/Needs Based planning, the structure of the meeting appears to have provided a framework for workers, supervisors and/or branch managers as they considered how to implement SOC practice principles. It is also an approach that builds on earlier SOSCF initiatives (such as family unity meetings) and that facilitates the coordination of efforts among the agency and community providers.

Family Decision Meetings. In 74% of cases in the research sample, family respondents said they were asked to attend a special planning meeting. Among caseworkers for these families, 83% said such a meeting was held. In some of the cases, meetings were held to which family members were not invited or did not attend (n=9, 21% of cases in which meetings were held). In general where family members were not included, it was for one of three reasons: 1) the cases were in permanent planning and a long-term foster care provider had assumed the primary caregiving responsibilities; 2) although the case was not in permanent planning, no engagement into services had been achieved with the biological family and there was little if any communication between caseworker and family; or 3) family decision meetings had been scheduled at times that were unacceptable or impossible for the family member (e.g., conflicting with visitation or during the parent's work day). For cases in which a child was placed in care, 74% (n=14) of foster parents who were interviewed were invited to attend a family decision meeting

When family decision meetings occurred, workers in general rated them as "very useful" (80%, n=35) and only rarely as "not very useful" (7%, n=3). In particular, workers noted that the meetings were "very helpful" in achieving agreement...

- with the bio parents (67%, n=30)
- with foster parents, when applicable (62%, n=16)

- and with community partners (72%, n=31).

Foster parents and community partners were also positive about the planning meeting as a starting point, though they had concerns about participants' ability or willingness to follow through. Sixty-four percent of those foster parents attending a planning meeting called it "very valuable." Nevertheless, when given an opportunity to expand on this response, one foster parent seemed to echo the uncertainty of some other foster parents and community partners when she said, "*We all walked away with smiles. It's putting it into practice that's sometimes weak.*"

Although families did not provide a numerical rating of the meeting process, preliminary analysis of qualitative data from the interview schedules, supplemented by available transcripts, revealed several emergent themes around family members' experiences of S/NB planning meetings. In those cases where meetings were held, the overall trend was for mild weighting toward feelings of satisfaction, with positive or neutral feelings about the meeting's process and outcomes; in many cases, however, family members had mixed feelings or strongly negative experiences. Regarding the positive experiences, themes included:

- Feeling shared responsibility for meeting children's needs, with a diffusion of finger-pointing and blaming. One parent spoke of how "*We talked out a plan, and how we'd each hold up different parts of the bargain.*"
- Feeling appreciation for having their strengths acknowledged, sometimes for the first time in their relationship with the agency.
- Having general feelings of being supported and listened to. One parent summed up her feelings with emphasis: "*The meetings were wonderful!*"

Negative experiences, however, were nearly as prevalent, and a number of SN/B meeting-related issues arose. Among them:

- Parents sometimes felt "outnumbered," particularly in cases where they had minimal explanation beforehand of its purpose; the lack of timely notification (or any invitation at all) was a related problem for some.
- Lack of clarity about who parents could invite to attend, or key service providers (from the parents' perspective) being denied participation by caseworkers was occasionally cited.
- Family members sometimes felt not listened to, patronized or discounted. One parent termed her experience "*very upsetting, I'm only listened to when I get angry.*" Another felt the meeting's facilitator was too "pushy," and refused to let her bring up her own needs as they related to her child's. Sometimes a pro forma tone was evident, with a sense that services had already been decided and were being "pushed" on the family.

- The process itself could be exhausting, particularly for children and families with complex needs. As one parent described it, *“I can’t say it [an FDM] was successful. Basically because there was so much information...it is not something you just walk in and do. We spent from 4 in the afternoon to 7:50 writing out goals....”*
- The frequency and timing of meetings (or lack of frequency, and difficulty in coordinating schedules to arrange them) was mentioned as burdensome in a few cases.

Inconsistency was noted, moreover, in the planning, structuring, and facilitating of these meetings. For example, in many cases participants were told little if anything about the purpose of the meeting prior to attending. In general, knowledge about the S/NB approach was quite limited among family respondents and foster parents. Less than half of the family respondents (n=24, 45%) and about the same proportion of foster parents (n=8, 42%) said they had been told that their case was designated for something called Strengths/Needs Based planning. More important, even for those that had heard the phrase, their ability to describe what that meant or the purpose of the family decision meeting varied greatly and most often was meager. The following themes emerged from analysis of this latter groups’ responses to the question, *“Do you remember what they told you about this new system?”*

- Parents who were given information about S/NB planning were sometimes prepared for the meeting itself through discussion of the meeting’s purpose and goals, like the parent who reported, *“[the FDM was] to find out what was best for [child] and how to organize myself to bring her home.”*
- Some were told they could invite “anyone who was supportive” of them and their child(ren) to the meeting.
- Some parents were informed about the focus on strengths and needs of their child(ren) and family. As one parent put it, she was told, *“We want to focus on your positive side, and take care of business without forgetting how we got here. We want to focus on what we need to do.”*
- The mention of the potential availability of special funds to pay for needed services was recalled by a handful of parents.
- However, many parents received little information about S/NB planning or practice before their initial FDM.

The time involved in preparing family members and other participants to think in terms of strengths and needs from the start of case planning may be an obstacle for workers, given case load size and other system issues. However, when this extra effort occurs, it very likely contributes to the family’s and others’ ability to participate in and benefit from the planning process, whether planning occurs in a family decision meeting or in less formal circumstances.

Achieving Agreement with Families in the Planning Process

Since achieving agreement is a key element of the S/NB practice model, the evaluation focused on this issue by looking at the level of agreement between family and agency and between caseworker and family respondent across a variety of dimensions: agreement with the overall plans, with strengths and needs identified, with services planned, and about the degree to which services met needs.

Agreement with the “most” or “all” of the plans was achieved with 73% of families (n=38), while 27% said they agreed to only “a little” or “none” of the plans that were made. The families who said they attended a special planning meeting were also those most likely to agree with case plans ($\chi^2 = 6.52$, df 2, $p < .05$). However, the critical factor in the meeting may be the opportunity for the primary caregiver to feel valued in the planning process.

- **Families who felt their opinion counted “a lot” in the planning process (n=23, 44%), whether or not they attended a family decision meeting, were also significantly more likely to agree with the plans that were made in their case ($\chi^2=20.5$, df 2, $p < .001$).**

While close to half of the families reported their opinion counted “a lot,” more than half said “a little” or “not at all.” Achieving genuine collaboration with families is clearly a challenging task in many instances. By a large margin (81%), however, families said their caseworkers opinion counted “a lot,” and many said the court or the judge’s opinion was important (62%). When asked the specific question, “*From your point of view, who has had the most power in the situation?*”, the largest numbers of family members named their caseworker (n = 18) or SCF in general (n = 12). A recurrent theme in these cases was expressed by a parent’s statement that “*The agency has had the most power- I have to do everything or my kids would be taken away.*” Some parents perceived their caseworker as having inordinate power: “*It seems like his word is law.*” In some cases, family members made a point of distinguishing between a caseworker whose “hands were tied” by other agency personnel or policies and the agency itself.

- **Eleven family respondents (20%) stated that they themselves had the most power in the planning process or shared it equally with others in the case. As one parent stated,**

...we are the ones having to do all the footwork it takes to get our children back.... SCF is a doorway or a passageway to these things, a helping hand, you might say. But it is our decision...we have the power.

- **Foster families are more likely than family respondents to feel involved in the planning process, citing that their opinion counted “a lot” in the majority of cases (74%); only one foster parent respondent said her opinion counted “not much at all.” Not surprisingly, the majority of foster parents (58%) agreed**

“wholeheartedly” with case plans, and this percentage increases to 74% for those that attended a family decision meeting.

Contact With Workers. The other factor that appears to be linked with overall agreement is sufficient contact between the worker and the family. Parents often spoke of difficulty having calls returned or problems with inaccurate or untimely information, like the father who reported, *“I don’t get all the notices--I missed a Family Unity Meeting and a court date...”* In some cases there had been virtually no contact for months with the caseworker; one mother whose child was in a long-term relative placement stated, *“I haven’t seen him [her caseworker] in over a year.”* Nearly 50% of the family respondents (n=26) felt they needed more contact than they had. In a few cases (n=6, 11%), family members would have preferred less contact.

- **Families that reported they had the amount of contact they needed with the worker (40%, n=21) were more likely to also say they agreed with the plans that were made and to feel that their opinions counted in the planning process. These were statistically significant findings ($\chi^2= 10.07$, df 2, $p<.01$, and $\chi^2=6.42$, df 1, $p<.05$).**

Caseworkers somewhat overestimated family agreement, reporting they thought families agreed “wholeheartedly” with the plans in 38% of the cases and “to a large extent” in 49% of the cases, compared with family responses of agreement with “all of the plans” (30%) and “most of the plans” (42%). Some of this discrepancy may be the result of the way in which “agreement” is conceptualized. Some families told us that their “agreement” meant compliance only, rather than participation and involvement.

Individualized Crafting of Services

A core component of the Strengths/Needs Based practice model involves the crafting of individualized services matched to needs of the child that build on the unique strengths of the family. Training materials emphasized that needs lists should include specific statements of the child’s safety needs and attachment needs.

As a means of evaluating the implementation of individualized service crafting, the evaluation team designed an assessment tool (see Appendix for assessment instrument) which operationalized the key skills identified in the training modules. Interviewers reviewed all of the documentation in each of their cases to arrive at a rating on expression of needs, expression of strengths, and fit of services with needs/strengths. Two cases were omitted from the analysis due to insufficient information from which to make an evaluation. It is important to note that the ratings represent an evaluation of Strengths/Needs Based practice skills and that a high or low rating on any section is not necessarily indicative of either successful outcome of a case or family satisfaction. The summary that follows is an assessment of 51 cases, based on case documentation and contextualization as well as interviewer’s judgment.

Expression of Needs. Nearly three-quarters of the cases in this sample were rated either as high or medium on the expression of need. One-fourth of the cases (n=13) were rated high on needs statements; strengths/needs lists from family decision meetings contained specific and explicit statements of safety and attachment; many of the lists had separate categories labeled “safety” and “attachment” needs; the focus was on the child’s needs; and statements were expressed as emotional, behavioral, or educational needs of the child or family member, not in service terms. Another 43% of the cases (n=22) were rated as medium, while 31% (n=16) were assessed as low expression of needs. The most common problems in these cases were unstated or vague safety and attachment needs (41% of all cases) and services disguised as needs statements (56% of all cases). In some cases, needs listed under safety and attachment were not representative of these categories and, as well, were service statements. Examples of this are: [under safety] “The children need their mom to begin substance abuse treatment on (date);” [under attachment] “The child needs to learn social skills.” There were also expressions of needs such as “child needs love” or “child needs attention” with no specificity regarding love and attention from whom or in what manner.

Expression of Strengths. Three-quarters of the cases also appeared at the high or medium level in the expression of strengths. Twenty percent of the cases (n=10) were rated high, 53% (n=27) were rated medium, and 27% (n=14) were assessed as low regarding expression of strengths. Almost all of the written S/N lists from family decision meetings had multiple and clear statements of child and family strengths. Many also contained strength statements that expressed relationships within the family unit that could be used as a framework from which to build a service plan.

Caseworkers who found the process of generating strengths helpful for themselves as well as for the family (65%, n=33) commented on the empowerment aspect of the process, noting that it helped break down resistance and “develop trust” between the agency and the family. The following caseworker statements are illustrative of the positive aspects of the process.

It reminds me to keep the family involved and that it’s a team approach.

It gave me a global view of the family and helped me see how reunification might work.

The child didn’t know he had strengths, nor did I know.

It helped me see how mom survived in her community.

Caseworkers who found the process of generating strengths helpful for the family but not necessarily for themselves (n=6) noted that discussing strengths at the beginning of the family decision meeting helped the family feel good about themselves; it “*started the meeting off on a good foot.*” One caseworker said it was useful “*for the family to focus,*” and another said that it was good for the family to see everything “*in print.*”

Of the few caseworkers who did not find the process helpful (n=5), the most negative comment was:

The whole S/NB process is a waste of time, resources, and money. It's additional paperwork, another way of satisfying the courts and the Juvenile Rights Project. Not every family needs a Family Unity Meeting, just 'good casework.'

In response to a question about how caseworkers used strengths to develop the services, only three caseworkers said that they did not use family strengths. While most caseworkers provided an answer to the question, many answers did not contain enough descriptive or specific information to assess the degree of correspondence between strengths and service planning. In some cases interviewers did not probe for clarification, and in other instances caseworkers simply gave vague answers. However, some caseworkers provided very specific examples of how they were able to use the strengths of the family to build the service plan. One caseworker modified the plan based on the strengths of the family and allowed the mother to utilize Family Builders instead of having her attend parent training. Another used the family strength of loving and caring for the child to give them back the responsibility of creating a safety plan for the child. One worker said that identifying strengths helped him see one member of the family with certain strengths that could be utilized in crafting the visitation plan. Several workers noted that they used the mother's "resourcefulness" and "help-seeking" behavior as a tool in having her seek out services.

Fit of Services with Needs/Strengths. In evaluating whether services and supports were uniquely crafted to build on a specific strength and meet a specific need, the interviewer assessed not only the way needs and strengths were expressed but also looked for evidence of the following: Did the needs drive the service planning? Was there a clear relationship between needs and services, ideally a one-to-one relationship? What was the mix of traditional services and unique individualized services? If the needs called primarily for traditional services (e.g., parenting education, substance abuse treatment, mental health counseling), was there evidence that these services were tailored to meet individual needs or was the child or family expected to trim their needs to fit the existing service?

Seven cases (14%) were assessed as evidencing high practice skills with respect to individualized service crafting, 18 cases (35%) were rated medium-high, 15 cases (29%) were rated medium-low, and 11 cases (22%) were rated low. In all cases, identified needs were met primarily through traditional services or conventional actions. Services most utilized were SOSCF's Family Support Team services, substance abuse treatment, parenting education (most often at Volunteers of America), psychological assessment followed by mental health therapy, Family Options or Family Builders, and respite services. In the majority of cases, these services/actions were deemed highly necessary and appropriate given the issues and needs described. What differentiated the ratings in most cases was the degree to which traditional services were crafted to meet the unique needs of the case, the explicit matching of services to needs, and/or whether there was evidence that services were either related to or built on family strengths.

A few cases assessed as high with respect to needs and strengths statements broke down in the service planning section, with traditional service planning that had little relationship to the needs and strengths identified. Some had lists that contained too many or varied sets of needs and strengths to permit individualized service planning, or there were insufficient services given the unique needs of the case.

In about 30% of the cases (n=15) there was clear evidence that the service plan related to or capitalized on family strengths. This rating, along with the relatively high overall rating on expression of strengths, suggests that while caseworkers can effectively identify and draft strengths statements, they may need additional training around utilizing family strengths to craft services.

Use of Flexible Funds

One of the mechanisms for empowering caseworkers to craft services and meet highly individual family needs has been the availability of flexible funding for SN/B cases. As noted elsewhere in this report, accessing these funds has proven difficult during this first period of implementation. In our sample, only about a third of the cases (n=18) used flexible S/NB funds. When they were used, they were most often used to meet basic needs of the family or foster parent family (in 18% of the cases), for childcare (12%), special in-home services (10%) or for a service for which they would otherwise be ineligible. Workers considered the funds “quite” or “extremely” important to the case in 94% of cases in which they were used.

It should be noted, however, that the special resources allocated for SN/B cases were not the only source of flexible funds for these cases. In fact, workers reported that they were expected to use every other possible source of funds before requesting S/NB flex funds. As a result, workers often used foster care prevention funds or Family Support Team resources to assist families rather than S/NB dollars. Use of these other resources was not tracked for the evaluation.

Service Satisfaction

Family members and caseworkers were asked to rate the extent to which each service or action that was taken in the case met the need for which it was selected, on a scale from 1 “not at all” to 4 “very well.” Average ratings across services were used to examine the level of satisfaction among parents and caseworkers and agreement between workers and primary caregivers as to the effectiveness of services. Based on these averages, the perception of needs met by services among family respondents ranged from none on any service to high satisfaction on all services received. Half of the families had average ratings of 3.3 or higher, i.e., between “somewhat” and “a lot.” Caseworker ratings of needs met by specific services ranged from a little to a lot, with half of caseworkers scoring services, on average, as 3.7 or better, i.e., close to the highest possible rating of 4.0. Caseworkers had no cases where the average rating was 1, indicating needs “not at all” well met, while about 5% of families rated services across the board as not at all effective in meeting needs.

In fourteen cases in the sample (26%) there was near perfect agreement between worker and family member on service satisfaction, combined with high ratings from both. In another 20 cases (38%), average ratings were within one point (for example, the caseworker may have rated services on average as meeting the needs “somewhat,” while the family rated them as meeting the need on average “a little”). Where there was disagreement, workers generally rated services as more helpful than did families. This pattern may have reflected different perceptions of what was or wasn’t needed (particularly if agreement was not fully achieved in the planning process) or it may reflect the inability of workers to follow up consistently with families once services are in place. Workers may not be aware of the ways in which services did or did not meet families’ needs or expectations when caseload size or other factors prohibit routine follow-through.

When services or actions were planned but did not occur, family members often cited poor follow-through on the part of caseworkers, the agency, and community partners, or sometimes impossible demands on their time and resources; caseworkers cited poor follow-through on the part of the parents and sometimes community partners, or system barriers such as contracting and eligibility requirements, delay in the onset of services (especially getting into residential treatment programs), and the lack of available funding. In some cases, plans were changed and services were no longer appropriate or were deliberately deferred to a later time.

Safety and Attachment

Under the Strengths/Needs Based model, the safety and attachment needs of children are central to the planning process and are non-negotiable. In this study, examination of needs listed and the individual fit of services to children's needs was undertaken in part to determine the degree to which safety and attachment needs formed the core of service planning.

Beyond planning, however, is the issue of whether these central needs were successfully met. To consider this question, interviewers asked family respondents and caseworkers to rate the degree to which safety and attachment needs of children in the sample were met, on a scale from 1 "not well at all" to 4 "very well." Some families and workers were rating only one child; many were rating two or three; a few were rating four or more children.

The preponderance of ratings by both caseworkers and family members on safety and attachment needs of children in the sample were high or fairly high (as shown in Table 4), and with good agreement between worker and family. Both sets of respondents considered the needs for safety and attachment to the primary caretaker to be "very well" met more often than the needs for attachment to siblings and significant others in the children's lives. This is very likely a function of the disturbance to attachment that often occurs when a child is placed separate from siblings and outside his or her neighborhood. These issues may be unresolved or only partially resolved by visitation arrangements.

For children who were in care, foster parents in the research sample were also asked to rate "needs met" around attachment to primary caretaker, attachment to siblings, and attachment to important others in the child's life. In general, foster parents considered these needs to be "very well" met less often than did other respondents, but also considered attachment to primary caretaker more likely to be preserved than attachments to siblings or others.

Visitation. Families in the research sample who had one or more children that had been placed in care by the agency were asked to talk about their experiences with visitation. This included families whose children had been placed only briefly, as well as those whose children were in care during the S/NB planning period, in some cases, for long periods of time. Thirty-five families in our research sample had experience with visitation. Nearly 70% of them (n=24) reported regular visitation. For those who made visits, most often these occurred approximately once a week. For 8 families in the sample, however, visits occurred less than twice per month or not at all. Reasons cited by family members for this lack of visitation ranged from parental

choice, as in the mother who felt she was not emotionally healthy enough to handle visits, to difficulties coordinating with transportation providers or with foster parents, to barriers presented by the caseworker, agency or court. This latter point is illustrated by the parent who described her situation:

I get one hour a month...for eight months I didn't get any visits because CSD was supposed to have a person come and supervise them...they couldn't get somebody that was stable enough or whatever to be there to watch the meeting, so I just didn't get any, and they didn't even bother to call and tell me that it is canceled. I would take time off from work and drive all the way out there and didn't even get to see them...finally at the strength meeting the CSD worker said fine, she can do it. Because they weren't providing it, I wasn't getting to see them.

About 20% of the families reported regular visits in the home of the foster parent (n=5), while a third said most visits occurred at the SOSCF branch office (n=9) and half spent time with their children at relative's homes, or elsewhere. Few parents reported regular visits in their own home. Almost half of the family respondents felt they were not allowed a "reasonable" amount of contact with their children who were placed in care (49%, n=17), underscoring the stress on families that may result from this difficult aspect of child welfare services.

Summary Ratings on Safety and Attachment. To provide an overview of safety and attachment, ratings were averaged across all children named in the case. Results are presented below:

Table 4
Family, Foster Parent, and Caseworker Ratings
Average Ratings Across all Children in the Family¹

	Caseworker Average Ratings ²			Family Average Ratings ²			Foster Parent Average Ratings ²		
	4	3-3.9	1-2.9	4	3-3.9	1-2.9	4	3-3.9	1-2.9
Safety	75% (n=40)	23% (n=12)	2% (n=1)	77% (n=40)	12% (n=6)	11% (n=6)	Safety questions not asked in FP interview		
Attachment to Primary Caregiver	60% (n=31)	31% (n=16)	10% (n=5)	54% (n=28)	27% (n=14)	20% (n=10)	50% (n=9)	22% (n=4)	28% (n=5)
Attachment to Siblings	49% (n=21)	28% (n=12)	23% (n=10)	59% (n=27)	17% (n=8)	24% (n=11)	53% (n=9)	18% (n=3)	29% (n=5)
Attachment to Others	55% (n=27)	24% (n=12)	20% (n=10)	58% (n=29)	14% (n=7)	28% (n=14)	41% (n=7)	35% (n=6)	24% (n=4)

¹Sample sizes vary somewhat depending on whether there were siblings in the family and whether other questions were answered.

²Ratings were as follows: 4= need "very well" met; 3=need "somewhat" met; 2=need "a little" met; 1=need "not at all" met

While it appears that both caseworkers and families are satisfied with the degree to which safety and attachment needs are met in the majority of the families in the sample, this area of

children's needs, particularly safety, requires special vigilance. In the six cases where safety needs were rated by family members as being met (on average) "not at all" or "a little," reasons given by parents for these ratings fell into two categories: in three cases, the child's behavior still presented a danger to him/herself or others; and in three cases family members alleged that their children were either being abused or at risk of being harmed in their foster care placements. In the one case where the caseworker's rating of safety needs being met was low, she still had concerns about the safety of the children's home environment, despite the case having been closed.

- **In 21 cases in our sample (about 40%) there was absolute agreement between worker and family as to the level of needs met on safety and on attachment to primary caregiver. For children in out-of-home care at the time of the interview, the proportion drops slightly to 35%, reflecting parents' uneasiness about their children's needs while placed in out-of-home care.**
- **For most of the cases where there was high agreement, ratings were at 4 on both dimensions, indicating that the caseworker and family considered the children to be completely safe and to be supported in maintaining the central attachments in their lives. In three cases, both parent and caseworker rated the need for attachment to the primary caregiver as "somewhat" well met, and in one case, both rated safety as "somewhat" well met.**
- **In about a quarter of our sample (n=12), caseworker and family respondents were in total agreement on all four ratings (safety, attachment to primary caregiver, attachment to siblings, attachment to significant others). These ratings varied from an average of 2.50 (between "a little" and "somewhat") and 4.0 ("a lot" on all four measures), with 7 cases rated 4.0 by both worker and family member on every dimension.**

The foster parent ratings of attachment to the primary caregiver ("very well" met in 50% of the cases) may be somewhat misleading, as some foster parents considered themselves rather than the biological parent to be the primary caregiver in cases in which contact with biological parents was minimal. In a separate question, foster parents were asked to rate the children's attachment to themselves. In 61% of the cases (n=11), ratings indicated foster parents believed the child(ren) to be very attached. None believed that their foster children were not at all attached, and just one (6%) believed the child was only attached "a little."

Child Health and Well Being

While safety and attachment clearly are the critical core of responsibility of the child welfare system, the agency often identifies needs and provides services to children and their families in a wider range of life areas. Furthermore, when children are in the custody and care of the state, the responsibility for attending to their physical and emotional health and developmental needs becomes an important part of agency practice.

The research team wanted to examine the status of children in S/NB cases with regard to key dimensions of child functioning and health and to document the areas in which the agency has provided services to address children’s needs. The areas we examined included:

- **primary, basic needs: the provision of adequate food, shelter, warmth**
- **medical/dental needs: preventative and treatment**
- **educational needs: appropriateness of setting for child**
- **behavioral needs: intervention to assist in managing behavior; teaching appropriate behavior**
- **social skills, peer relations: intervention as needed to facilitate learning or improve skills**
- **cognitive: environment and interaction to stimulate healthy development**
- **recreational: opportunities for age appropriate activities**
- **mental health: intervention to address emotional or mental disorder**

Caseworkers were asked whether the child(ren) had needed and/or been provided services as part of the S/NB service delivery. Family members and foster parents (when applicable) provided estimates of how well children were doing in each of these areas at the time of the interview. A summary of this data is presented in tables 5 and 6 below.

Table 5
Service Needs & Services Provided to Children in S/NB Cases*

Service	Caseworker (n=53)		Received Service
	Needed Services	Did Not	
Primary/Basic	67% (n=35)	33% (n=17)	64% (n=34)
Medical/Dental	68% (n=36)	32% (n=17)	66% (n=35)
Educational	71% (n=37)	29% (n=15)	70% (n=37)
Behavior	83% (n=44)	17% (n=9)	79% (n=42)
Social Skills	63% (n=32)	37% (n=19)	57% (n=30)
Cognitive	72% (n=38)	28% (n=15)	68% (n=36)
Recreational	67% (n=35)	33% (n=17)	57% (n=30)
Mental Health	81% (n=43)	19% (n=10)	77% (n=41)

*From interviews with caseworkers

Table 6
Family and Foster Parent Ratings
“How Well Are Children Doing?”

Service	Family (n=53)*		Foster Parents (n=19)*	
	“Not at all”/ “A little well”	“Somewhat”/ “Very Well”	“Not at all”/ “A little well”	“Somewhat”/ “Very Well”
Primary/Basic	8% (n=4)	92% (n=46)	0% (n=0)	100% (n=19)
Medical/Dental	8% (n=4)	92% (n=44)	0% (n=0)	100% (n=19)
Educational	14% (n=6)	86% (n=38)	22% (n=4)	78% (n=14)
Behavioral	29% (n=14)	71% (n=35)	33% (n=6)	67% (n=12)
Social Skills	23% (n=11)	77% (n=37)	50% (n=9)	50% (n=9)
Cognitive	24% (n=12)	76% (n=38)	32% (n=6)	68% (n=13)
Recreational	16% (n=7)	84% (n=37)	28% (n=5)	72% (n=13)
Mental Health	38% (n=17)	62% (n=28)	23% (n=4)	77% (n=13)

*Sample sizes vary due to missing data; in particular, some family respondents said they didn’t know how their children were doing because they had not been told and didn’t have enough contact to know themselves. Foster parents also felt uncertain about some areas.

Collaboration and Engagement

One of the central practice principles of S/NB service delivery is approaching and dealing with families in a way that engages them as experts, appreciates their capabilities, and fosters their collaboration with the worker and the agency. To the extent that this can be achieved, families are considered to be more likely to follow through on services, more likely to be helped and more likely to resolve problems that present barriers to parenting.

From our conversations with family members, both informally in the development of the evaluation design, and through structured interviews, it is also evident that in many cases a family’s experience with the agency is largely driven by the quality of the relationship that is established between client and caseworker. Much depends on how family members perceive the worker’s helpfulness, kindness, and respect for them as individuals.

In order to consider this aspect of services and to examine the extent to which collaboration was achieved among S/NB cases in the pilot branches, a collaboration questionnaire was developed for the family interview packet. It consisted of 19 items pertaining to different aspects of the family/caseworker relationship. Although there is overlap among constructs in the questionnaire, conceptually items were selected to reflect the following dimensions: a strengths perspective; personal support and a caring attitude; joint decision making; and helpfulness.

Each item consisted of a statement beginning with, "*Considering your experiences with SOSCF over the past two-four months, how much has the caseworker you've had the most contact with...*" followed by a phrase such as "been supportive of you personally?" For each item, the family rated the level of collaboration from 4 "very much" to 1 "not at all."

Individual item responses are summarized in Table 7, with the percentages of families responding "somewhat" or "very much" and "not at all" or "a little". Average responses on individual items are also presented in the last column. They range from a low of 2.31 (indicating responses averaging between "a little" and "somewhat," to 3.27, indicating the average response falling between "somewhat" and "very much." Items are listed below in order of the magnitude of these rankings.

Two items have average rankings above 3.0 and a high percentage of positive responses. Both of these pertain to how the caseworker relates to the primary caregiver in regard to children in the family. These findings would suggest that caseworkers are using the S/NB approach of building rapport with parents by focusing on the child(ren) and on the parent's care and concern for their children's welfare.

Following a review of individual item responses, a composite measure of collaboration was derived. One item (pertaining to assistance in satisfying the service agreement with SOSCF) was eliminated because it was not applicable to all respondents. The other eighteen items were summed for an overall collaboration score. These summary scores ranged from 18 to 72, with a mean of 48.95 (s.d. 18.65). The internal consistency reliability of this measure was high, with an alpha coefficient of .98.

Distributions of the scores indicated that half the respondents had scores ranging from the low of 18 to the midpoint of 49, while the other half of respondents scored quite high, with 19 cases (close to 40%) scoring 65 or higher. This would suggest a split in the research sample between families who are very positive about their worker and families who are generally quite negative.

We anticipated that families scoring high on this measure would also be those where agreement was highest with the worker on the various dimensions of case planning and decision-making, where the family respondent felt her or his opinion counted in the planning process, and where ratings were high on other dimensions as well. Spearman's rho correlations were calculated to examine the relationships between collaboration and the following variables: overall agreement with plans, family's rating of "needs met" by services, and family's rating of

the degree to which their opinion counted in the planning process. In all three cases, collaboration achieved between worker and family was significantly linked with positive ratings on other dimensions of casework practice and services. The association with the family's sense that their opinion counted was particularly high ($r=.75$, $p<.001$) but was also strong with overall agreement ($r=.53$, $p<.001$) and moderate with "needs met" ($r=.33$, $p<.05$).

Table 7
Collaboration Items
Family Respondents
(n=52)

How much has the caseworker you've had the most contact with . . .	Very much or Somewhat	A little or Not at all	Mean Response
believed that you really care about your children?	78% (n=40)	22% (n=11)	3.27 (sd 1.05)
talked about your children in a positive way?	80% (n=41)	20% (n=10)	3.27 (sd .99)
recognized your strengths as an individual?	67% (n=35)	33% (n=17)	2.92 (sd 1.10)
believed that you understood your child's needs best?	62% (n=32)	39% (n=20)	2.85 (s.d. 1.23)
encouraged you to say what you thought?	60% (n=31)	40% (n=21)	2.83 (s.d. 1.25)
listened to you?	58% (n=30)	42% (n=22)	2.77 (s.d. 1.20)
cared about you as a person?	62% (n=32)	39% (n=20)	2.75 (s.d. 1.22)
included you in planning meetings when decisions were made about your child	60% (n=31)	40% (n=21)	2.73 (s.d. 1.25)
been supportive of you personally?	60% (n=31)	40% (n=21)	2.71 (s.d. 1.27)
thought your ideas were important in deciding what services were/weren't needed?	56% (n=29)	44% (n=23)	2.69 (s.d. 1.16)
helped you get things you really needed?	56% (n=29)	44% (n=23)	2.63 (s.d. 1.25)
considered your opinions important in deciding what your children need?	50% (n=26)	50% (n=26)	2.62 (s.d. 1.25)
made you feel as comfortable as possible in the situation?	54% (n=28)	46% (n=24)	2.62 (s.d. 1.29)
understood your point of view?	56% (n=28)	44% (n=22)	2.61 (s.d. 1.16)
believed you and your family would solve the problems you were having?	54% (n=28)	46% (n=24)	2.56 (s.d 1.24)
really helped you satisfy your service agreement with SOSCF	51% (n=23)	49% (n=22)	2.51 (s.d. 1.31)
seemed like someone you could talk to?	52% (n=27)	48% (n=25)	2.46 (s.d. 1.34)
was someone you came to trust and rely on?	48% (n=25)	52% (n=27)	2.35 (s.d. 1.27)
helped you discover good things about yourself and your family?	45% (n=23)	55% (n=28)	2.31 (s.d. 1.26)

Analysis of responses to the open-ended question “*What were those contacts [with your caseworker] like for you? What goes on when you meet?*” revealed themes consistent with the quantitative findings presented. Responses fell into the three general categories of positive, negative, and neutral/mixed, with roughly equal numbers in each.

Negative themes emerged around frustration at unreturned phone calls and other instances of non-communication ran through many parents’ comments. As one parent recounted: “*Basically I feel like I’ve been cut out...He answers me because I call him and I get irate or I call his supervisor- that’s the only reason he calls me back...[he is] not professional.*” Some parents reported being threatened with loss of visitation, loss of physical custody, or termination of their parental rights based on unverified accusations. Some parents described highly adversarial relationships with their caseworkers; some resented what they saw as disrespectful, overly intrusive behavior. For example, one mother stated: “*He comes here, he just pops in without notice. Whenever he wants he just comes in here and searches the house, does whatever he wants. It’s very disruptive.*” A surprising number of parents reported having virtually no contact whatsoever with their caseworker, although their cases remained open. Finally, a strong theme of feeling either angry or discouraged about lack of follow-through on caseworkers’ part in accessing needed or agreed-upon services was also evident in several negative responses.

In cases where comments seemed neutral or mixed, family members had sometimes experienced differences between caseworkers, in either direction (i.e., one was “good” and the other “bad”). Moreover, at times the relationship and contact were benignly superficial or essentially formal, as in the case of the mother who reported, “*The only time she wants me to come in is when she wants me to sign an agreement or something.*”

On the other hand, some families had very positive experiences. Their comments centered around feelings of being listened to, supported emotionally, and informed about relevant issues in their child’s life or their case. One mother who had requested services voluntarily described her experience as “*great...she would ask how I was doing, how the pregnancy was going, how my kids were, how was the worker [a housekeeper/respice care provider] working out...she explained everything to me...then after the baby was born she still called.*” Several parents valued being able to openly discuss issues with their caseworker, while others related the boost they received from their caseworker’s encouragement, respect, praise or understanding. The value of caseworkers’ consistent follow-through was also mentioned.

Overall Satisfaction

One of the major assumptions underlying the S/NB Service system is that families in this System of Care will receive more effective and meaningful assistance and that workers will be better able to deliver the quality of casework that makes them in turn feel successful. For this reason, the overall satisfaction of both of these participants is a major outcome measure for this study of implementation.

Family Satisfaction. In order to examine overall satisfaction among family respondents, a brief questionnaire was included in the interview packet, consisting of 8 items pertaining to different aspects of the family’s overall experience with SOSCF (see Table 8 below). The family respondent is asked to consider how much they agree or disagree with each statement on a scale from 1 “strongly disagree” to 5 “strongly agree.”

On all but two items in the measure, more than half of the family respondents indicated at least mild agreement. In particular, families appear to recognize benefits to them of the services they received and benefit to their children as well.

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 3.63 (indicating that the average response fell between neutral and “agree”) to a low of 2.79 (indicating an average response below the neutral point). Item stems are presented in order of magnitude from the highest to lowest agreement.

Table 8
Family Satisfaction Overall with SOSCF Services
(n=52)

	Strongly agree or agree	Strongly disagree or disagree	Mean (sd)
Overall, the services we’ve received have been helpful.	71% (n=37)	17% (n=9)	3.63 (1.22)
I think my children have been helped by the agency’s actions.	54% (n=28)	31% (n=16)	3.24 (1.41)
All things considered, it was a good thing that SCF got involved with my family.	52% (n=27)	33% (n=17)	3.21 (1.59)
I would be likely to call my caseworker if I needed help in the future.	54% (n=28)	39% (n=20)	3.10 (1.59)
I have felt fairly treated by the agency.	50% (n=26)	42% (n=22)	3.08 (1.41)
Our family has gotten stronger as a result of SCF’s actions.	52% (n=27)	44% (n=23)	3.04 (1.51)
If asked, I would say that SCF is not as bad as it is portrayed on TV or in the paper.	46% (n=24)	40% (n=21)	3.02 (1.51)
When I needed information about my case or just to talk with my caseworker, I could get a hold of her/him.	42% (n=22)	48% (n=25)	2.79 (1.51)

Only two items had positive responses from less than 50% of the family members. The item relating to how SCF “is portrayed on TV or in the paper” regularly evoked prior experiences or knowledge about the experiences of friends or relatives rather than the respondent’s current experience. However, the last item, pertaining to accessibility of the caseworker, was acknowledged as a source of much frustration to some of the families in the sample.

In order to examine the relationship of overall satisfaction to other measures in the study, a composite score was derived by summing item responses. Scores on this measure of overall family satisfaction ranged from 8 to 40, with a mean of 25.1 (s.d. 9.98), somewhat higher than the midpoint of the scale, as was expected. Internal consistency reliability was high, with an alpha coefficient of .94.

Spearman’s rho and Pearson product-moment correlations were used to examine the degree to which the family’s overall satisfaction was associated with collaboration, “needs met” rating, agreement with service plans, and the degree to which respondent felt their opinion counted in the planning process. All of these were significantly associated with overall satisfaction.

- **Families who were more in agreement with plans were also more satisfied overall with SOSCF ($r=.67$, $p < .001$)**
- **Families who felt their opinion counted in the planning process were more satisfied overall with SOSCF ($r=.74 < .001$)**
- **Families who rated services as meeting their families’ needs to a greater extent were more satisfied overall with SOSCF ($r=.49$ $p < .001$)**
- **And, to a dramatic extent, families who scored higher on the collaboration scale were likely to score higher on the overall measure of satisfaction ($r=.86$, $p < .001$). The relationship with the caseworker proved to be the strongest predictor of overall satisfaction.**

These quantitative findings were supported by qualitative analysis of parents’ responses to open-ended questions in the interview process. At the end of the interview, family members were invited to respond to separate questions regarding “*What was most helpful [and least helpful] to you of the things that SCF or your caseworker did or arranged during the last couple of months?*” Responses were usually brief, and family members typically focused on positive or negative appraisal of specific services or actions. Some family members believed “nothing” was most helpful ($n = 6$) or least helpful ($n= 14$).

Of the “most helpful things” cited, a number of themes emerged:

- The interesting perception of several parents that the placement of their child, whether in regular or medical foster care, with a relative, or in residential treatment, was the biggest help they or their children had received.
- Making provisions for visitation was valued by parents.
- Parents reported that services for their children (often counseling, but sometimes a “nontraditional” service like a Big Sister) and/or for themselves (both substance abuse treatment and parenting classes received particular commendation) had been particularly helpful.
- Provision of needed concrete supports or services, including help with transportation, was a welcome action for some families, like the mother who spoke of how “...*they’ve helped me get a bed for the boys, a couple of dressers, they helped me get my heat back on, they’ve given me the advocate [to teach her about budgeting and household management] to basically help me.*”
- Family decision meetings were cited by a few parents as especially valuable, both to “*talk about our needs*” and “*because they got to listen to us...on how we feel about our family and how important it is to us.*”
- General emotional support from, respect given by, and responsibility shared with their caseworker were cited by several parents as helpful.

“Least helpful things” also reflected a range of contrasting themes:

- The largest number of parents (n = 14, again), stated “nothing [was least helpful].” One parent elaborated further: “*Everything that they have wanted us to do, or we have had to do, has been positive in our lives.*”
- Lack of contact, lack of timely or needed information, or lack of adequate communication with their caseworker was underscored frequently by parents.
- Problems with visitation arrangements or the complete lack of visitation, as described previously, were mentioned by several parents.
- Many parents made comments related to their relationship with their caseworker. Some parents had extremely negative experiences with their caseworker. These included feeling threatened (with curtailment or outright loss of visitation, or termination of parental rights), feeling blamed and disrespected, or experiencing what one parent summed up as her caseworker’s highly critical “attitude.” Some parents had slightly milder experiences of feeling “cut out,” of their worker “playing favorites” with the foster parent in the case, or of their worker not coming through with advocacy for their child and family at critical points in time.

- The length of time it took for services to begin (spoken of literally as “slowness”), or the fact that they had never begun at all, was stressed by several family members.
- A related issue, the lack of follow-through on agreed-upon services or actions on caseworkers’ or community providers’ part, appeared a few times.
- A few of parents also spoke of problems with services themselves, whether lack of effectiveness, basic inappropriateness (poorly matched to their or their children’s needs), or occasionally, too many at once. Issues of coordination of and transportation to services also arose occasionally.
- The lack of progress toward reunification was mentioned, as were problems with the out-of-home placement in the case, by a small number of parents.

Caseworker’s Overall Assessment. Our examination of overall satisfaction also included a questionnaire for caseworkers consisting of 11 statements about the quality of practice on the particular S/NB case that was the focus of the interview. The worker was asked to consider agency practice during the time he/she was the S/NB caseworker for the family and to indicate the level of agreement or disagreement with a series of statements, on a scale from 1 “strongly disagree” to 5 “strongly agree.”

Individual item stems 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 4.52, suggesting average responses above the midpoint on the scales. The items are ordered from highest to lowest agreement on the statements.

Table 9
Caseworker Satisfaction Overall with SOSCF Services
(n=52)

	Strongly agree or agree	Strongly disagree or disagree	Mean (sd)
Overall, I think we helped this family.	92% (n=48)	6% (n=1)	4.52(.80)
I felt good about my casework with this family	96% (n=49)	2% (n=1)	4.43(.63)
During this period, I think the risk of maltreatment in this family has gone down (n=48).	83% (n=39)	11% (n=5)	4.36(1.07)
I believe the child(ren)'s needs were well served in this case.	88% (n=45)	4% (n=2)	4.33(.78)
The services this family has received have been helpful to them.	87% (n=45)	2% (n=1)	4.31(.76)
I believe that the services this family has received were well chosen in light of the family's needs.	86% (n=44)	6% (n=3)	4.27(.84)
I would be comfortable submitting this case for SCF administrative review.	92% (n=48)	6% (n=3)	4.25(.90)
I am satisfied with how our agency handled this case.	85% (n=44)	12% (n=6)	4.12(.94)
As of right now, I am satisfied with the outcome of this case so far.	77% (n=40)	15% (n=8)	4.00(1.05)
I believe the needs of the parent(s) were well served in this case.	65% (n=33)	10% (n=5)	3.86(.97)
I believe this family felt fairly treated by our agency in this case.	67% (n=35)	23% (n=12)	3.71(1.16)

From this data it is apparent that caseworker satisfaction with their own work and the services provided to the family overall is quite high. Workers are less certain that families felt fairly treated or that the needs of the parents were met.

A composite score on overall satisfaction was computed for caseworkers, using all items except the one regarding a change in the level of risk of maltreatment in the family, which was excluded because in some cases (n=5) caseworkers considered the risk to be minimal at the start of their work with the family. The remaining items were summed, resulting in a measure of overall satisfaction ranging from 28 to 50, mean 41.8 (sd.5.7). Internal consistency reliability was high, with an alpha coefficient of .84.

Caseworker satisfaction was modestly linked with family satisfaction ($r=.28, p<.05$), suggesting that when families are more satisfied, workers tend also to be more satisfied. Worker satisfaction was also linked with the degree to which both family respondents and the worker him/herself rated needs to be met by services and to approximately the same extent ($r=.44, p<.01$ and $r=.43, p<.01$). There was no link, however, between worker satisfaction and family ratings on collaboration.

Most Helpful

In response to the question *What kinds of things were most helpful to you in your work on this case?* caseworkers most often mentioned the community partners' involvement, the parents' cooperation and follow-through, communication amongst the various parties involved, the family meetings, and the support of foster parents. In the follow-up question concerning what else would have been helpful, caseworkers cited community partner support and follow-through, family cooperation, internal agency practices working more smoothly, better communication all around, and easier access to funding. A typical response depicting the frustration of caseworkers:

If some of the community partners had a greater understanding of S/NB services. I feel the community partners can be limited in supplying what the family needs, and I think it is going to be really difficult to supply the exact service needed.

The Impact on Caseworkers and their Practice

One of the core principles in utilizing S/NB services is that it is a way of "thinking" that increases collaboration with families, and children, and providers. In the interviews, the caseworkers were asked whether the fact that the case was SOC made a difference in the way they handled the case, or in what ways, if any, the case was different (e.g., more or less difficult).

In response to a question about whether there was anything different about this case or the way it was handled because it was SOC, somewhat less than half the caseworkers responded "no," most without further comment. A few of the "no" responses did elaborate:

There wasn't anything different besides actually my approach in finding out the strengths and the needs. But as far as the services and implementing them, I would have probably gone the same way. Without her saying that she needed these services, I would have probably said that these are the services that you need.

Families will come in and they will have a family unity meeting, they will say yes, yes, yes. Everybody will build them up and say, okay, these are your strengths, these are the needs. Then they just don't follow through with it. That's not every family, but generally speaking a lot of families are that way. They are going to do what they want to do. They have their own agenda...they need to be committed to the process and many times I find that they are not.

Of the caseworkers who said the case was different because it was S/NB (60%), themes involved more teamwork and people involved, more engagement and empowerment of families, and more flexibility in accessing funds and creating services. Caseworkers said:

I don't feel as locked in to the way things typically happen.

[I] got to step outside the box in terms of being limited to “canned” services...engage family more...more planning...more flexibility beyond services we already have contracts for.

*..more people involved...caseworker did not have to make all the decisions. We’re doing this/that and would you like to be part of the plan or decision. **We** made this decision, instead of **I** made this decision.*

Yes, I think we got into more work than would have been done if it weren’t a SOC case. But, potentially it is preventative work. Preventing a future placement, that would be my hope.

Family support team makes the process smoother, because you have so many people working as a team on one case. Working alone as a caseworker...problem building trust and communication.

Yes, it takes a lot more energy and more knowledge. I felt more obligated to make face-to-face contact with all the players, including the children.

In terms of whether there was anything more difficult because this was a S/NB case, approximately two-thirds of caseworkers responded “no” to this question with little or no follow-up comments. Of those that responded in the affirmative (one-third) they overwhelmingly cited that their S/NB case was more difficult because it involved more time planning, scheduling, and organizing, and entailed more documentation. Some of the typical responses were:

Takes more documentation. Setting up meetings can be more time consuming, but in this case the CASA and the family picked up a lot of this work.

Timeliness...right now I have 36 cases and I have time for 22. More work. In the long run you have a lot of innovative things going on with this family that you have to track all these components, whether it’s the school or the counselor; but you have more quality type things actually going into the family.

Yes, bringing together the players, the community partners and the family, scheduling was very tricky for this family and the more people that we got involved, which is the idea especially with family, the harder it is to schedule and that comes in to where the community partners don’t work hours where the family is available.

I don’t want to say that it made it harder, but it just gives you a little more work to do as far as the paperwork and going into flex funds. You have certain forms you have to fill out and you have to go in front of a board to get the funds and things like that.

When asked whether there was any special impact on them because the case was S/NB, caseworkers' responses were split evenly between a simple "no" (without comment) and "yes," with a variety of responses. Caseworkers who felt the impact said that the process entailed more work, planning time, and documentation; allowed them more flexibility in terms of available resources and options; and improved the rapport with the families through a more positive approach by focusing on family strengths--as typified by the following comments:

My attitude in terms of how I approach [the case] is much more flexible...more innovative...more problem solving...lot more comfortable having family come up with a plan and seeing my role as a resource person, rather than my responsibility. People resent interference into their lives, even if it's for their own good; they are not in control...their energy goes into resisting...shift that around and say how can we help you, here's a problem, let's work together. By them participating in the process, they're owning it, you're empowering them.

The way I do casework...SOC. Family Unity Meeting pulls everything together...no fingers pointed at family...they start with a clean slate.

Yes, I felt more stress and accountability.

Lots of time thinking and planning about the case.

Foster Parent Interviews

A major theme that came up throughout the interviewing process was the foster parents' sense that they were intermediaries in a system in which the goal was to help children cope with the loss of a parent and prepare them for the return to that parent. There seem to be no illusions about the complexities of the situation. Foster parents are in the unique position of being able to see the both sides of the coin: how inundated the agency is with requests for time and services on the one hand, and constant contact with the needs of the child on the other. Discussing her experience, one foster parent sounded a familiar theme when she said, "*It's frustrating, but I want [our foster child] here as he has nowhere else to go and has no one else.*"

As a result, foster parents communicated a sense of being able to manage for the children's sake despite many difficulties. Foster parents overwhelmingly agreed (n=17, 89%) that, given the payment and other supports they receive, they were able to manage their level of involvement and responsibility for the children, though 42% said it was stressful. And, although they managed with these supports, 47% (n=9) called them only "somewhat adequate, could have been more."

When asked about caseworker responsiveness and helpfulness, foster families were generally positive. The majority responded that caseworkers called back immediately (63%) and were helpful (68%). However, when the response came more

slowly, foster families felt it was less helpful. Impressionistically, it seems that foster parents feel more satisfaction with their work when they have an open line of communication with the agency and feel included in decision-making. As one parent put it, “SCF doesn’t often have the time to pat foster parents on the back, and it’s great when it happens.”

Predictably, foster parents were largely pleased overall with their involvement with SOSCF. Asked to respond to a series of positive statements about their case, foster families agreed or strongly agreed 70% of the time. The greatest agreement came in the area of services, in which 79% (n=15) of families agreed that the agency had provided the services that were really needed and 74% (n=14) felt that enough services had been provided.

Foster families were less positive about whether the children had been helped by the agency. Thirty-seven percent (n=7) were unsure about or disagreed with the statement that their foster children had been helped.

Table 10
Foster Parent Overall Assessment

	Agree or strongly agree	Disagree or strongly disagree	Not sure
I think SOSCF has done a good job with this child’s case during the time I have been involved.	67% (n=12)	0%	33% (n=6)
The agency provided services to the child(ren) that were really needed.	79% (n=15)	16% (n=3)	5% (n=1)
The agency provided enough services for the child(ren).	74% (n=14)	21% (n=4)	5% (n=1)
I think this child(ren) has been helped by the agency’s actions during this period.	63% (n=12)	21% (n=4)	16% (n=3)
When I needed information or to talk with the caseworker, I could get in touch with him/her.	74% (n=14)	26% (n=5)	0%
I think Strengths/Needs Based planning is an improvement for the agency.	81% (n=13)	0%	19% (n=3)

The Community Partner Perspective

The final component of our evaluation was a brief telephone interview with the community partners connected to these cases. This group of interviews was almost entirely in an open-ended discussion format and has not lent itself to quantification. Rather, we are able to speak more generally about the themes that arose.

Community partners represented agencies which varied widely and included: health care providers (medical and mental health), substance abuse providers, local community, private non-profits, and other members of the community such as clergy and public school workers. For the most part, we tried to interview only those partners who did not have an intimate, ongoing relationship with the agency and whose client base was not comprised exclusively of SOSCF clients. Because of the large number of community partners identified with the cases in our evaluation, as well as overlap between agencies, we chose to interview all partners connected to a sample of the cases in our evaluation. Our final sample included 13 cases and 34 community partners.

Throughout the pilot branches, community partners have most commonly become aware of and a part of S/NB services through involvement in case specific family decision meetings. With very few exceptions, partners' feedback reflects strong support for this collaborative, service driven, team oriented process. Areas described as problematic arise in assuring communication among partners and SOSCF, as well as concern among partners and clients about accountability for carrying out plans that were developed. Notwithstanding these concerns, partners endorse SOSCF's use of the S/NB approach and see the family decision meeting as a key ingredient to its engagement and empowerment of clients and partners.

Group Differences in Implementation of S/NB

Because of the relatively small size of our research sample, it was not feasible to investigate potential group differences in any detail. However, we examined major findings on family satisfaction, caseworker satisfaction, agreement with service plan, estimate of the degree to which services met needs, and safety and attachment, looking for differences among key SOSCF client subpopulations and between the metro region and outlying branches.

Protective Service Versus Ongoing Cases. We hypothesized that families who were in the intake or protective service stage of case planning might differ in some respects from families in ongoing or permanent planning units, for whom involvement with the agency would presumably be of longer duration. Unfortunately, our sample from intake/protective service units included a number of families whose case had been returned from an ongoing unit to protective service because of a new allegation of abuse or neglect. Very few families who were entirely new to the agency appeared in our sample, so it was not possible to examine the use of S/NB planning from the point of first contact. And, indeed, there were no differences on any of the findings between the protective service and ongoing cases we reviewed.

Substance Abuse. Approximately 50% (n=26) of the families in our sample had significant substance abuse issues. We anticipated that these families might be more difficult to engage in the S/NB planning process and would be more likely to rate various aspects of their experience lower than other families. In fact, this was generally not the case. Families with substance abuse were identical on measures of satisfaction, collaboration, safety and attachment, and agreement with plans. On average, however, these families rated the degree to which services met their needs lower than did families without substance abuse problems, with mean ratings between 2 and 3 (between "a little" and "somewhat") rather than between 3 and 4 ("somewhat" to "a lot"). This finding was statistically significant ($t=3.05$, $df 47$, $p<.01$).

Branch Differences. We also recognized that the development and implementation of S/NB Service Delivery was somewhat different in the metro region than in the two pilot branches in Deschutes and Polk Counties. Our research sample in metro was much larger than in the outlying branches (n=40 versus n=13) making it difficult to interpret differences or to make inferences based on findings. Tentatively, we found that families in the outlying areas were likely to rate overall satisfaction with SOSCF higher than did families in the metro area (t=-2.63, df 50, p<.05) and to have formed a relationship with the caseworker that was perceived as more collaborative or supportive (t=-2.33, df 39, p<.05). These were the only two differences, however. Families' agreement with overall plans was not different, and family respondents rated "needs met" overall and safety and attachment needs met no differently in the metro branches than did families in Deschutes and Polk County.

Selected Case Studies

Cases were selected as illustrative of S/NB practice when quantitative and qualitative data alike suggested high ratings on elements of the model, individualized service crafting based on needs and strengths, and a high level of agreement between workers and families. Names are changed and identifying information deleted in the following case studies. Additionally, each family has agreed to have this material presented as a "story."

Vignette #1

When Jeremy White was born in May of 1996 as a drug-affected infant, he immediately went into foster care. His mother, Sharon White, was addicted to toluene and was told she would have to go into drug treatment before Jeremy could be returned to her. Sharon began treatment but had trouble in getting the other pieces of her life--stable housing, adequate furnishings, and a support system of non-using friends--together. Unfortunately, Sharon's first protective services caseworker was unable to give her the support that she needed: the caseworker didn't inform Sharon clearly what was expected of her, was hard to reach, and couldn't follow through on promised help with a deposit and rent assistance on a decent apartment.

Things turned around, however, when the White case was transferred to an ongoing worker. Sharon spoke of her introduction to her current caseworker (and to Strengths/Needs Based practice) glowingly:

[Worker] is excellent...I had just met her that day, and we were having a meeting because I was going to get out pretty soon [from inpatient treatment], it was with my counselor and someone else...she said she didn't want to hear anything bad...she only wanted to hear the good things I was doing, she only wanted to write those down. I was like, Wow!, impressed, it made me feel good.

This meeting, held in late October of 1996, was documented as a family unity meeting, but had all the elements of a Strengths/Needs Based family decision meeting: family and community partner representation, a listing of specific strengths of the family, and a listing of

needs, along with matching supports/actions and who was responsible for seeing they took place. In Jeremy and Sharon's case, needs included child care, help in obtaining furnishings for Jeremy, assistance in understanding and coping with Jeremy's medical and developmental needs, continued treatment and support for Sharon to remain clean and sober, and the aforementioned assistance with a deposit and rent on an apartment.

In the ensuing months, each party held up their part of the agreed-upon actions: Sharon completed her inpatient treatment, and when the outpatient treatment with the same provider was unsatisfactory, she advocated successfully for a different, more appropriate provider with her worker, the community partners (treatment counselors) communicated regularly with her worker, and followed through with their agreed-upon supports to Sharon; [the worker] used Foster Care Prevention funds flexibly to finance purchase of baby furniture and a car seat, and to provide a deposit on a decent apartment; and perhaps most important, [the worker] kept in touch regularly with Sharon, checking on how things were going, reassuring Sharon that he would be staying with her (Sharon and her baby had been reunited near the end of her inpatient stay), and offering her emotional support. Sharon had this to say about her contacts with [the worker]:

[I have contact with her] two or three times a month...she asks how Jeremy's doing, how's my love life [Sharon laughs]; she just likes to know what's going on...she always praises me...she calls me up, she's been here one time for a home visit, and I've been to the office once...I've had as much [contact] as I needed.

When Sharon was interviewed for this evaluation, Jeremy woke up from his nap, alert and calling out for attention. Sharon brought him a cracker; it wasn't what he wanted. She brought him toys; they held his interest for a few minutes. Finally, she brought him out of his playpen (purchased with SCF-provided funds), and he joined us in the interview. A normal, healthy toddler with his loving, committed mother: a reunited family, brought back together through hard work on his mother's part, appropriate services and supports from the community, and thoughtful application of Strengths/Needs Based service planning and delivery on his family's caseworker's part.

Vignette #2

This is a two-year-old case transferred to the ongoing worker approximately one year ago involving the parents of two girls, age three and four, who failed to pick up their girls from day care. The children were placed into protective custody and formally placed with the step-grandmother, who had notified SOSCF. The family issues were substance abuse, domestic violence, and residential instability. Upon receiving the case, the ongoing worker assessed the motivation of the parents regarding reunification. The parents were ambivalent about wanting the children returned; they were experiencing marital difficulties, and the mother had been unsuccessful in drug treatment. The caseworker informed the parents that she was going to implement a concurrent plan for termination of parental rights in case "return to parents" was not feasible. This announcement proved to be a wake-up call for the parents and triggered movement in the case, as both parents soon entered substance abuse treatment and began following through with services. The parents stated that this ultimatum "*turned our life around.*"

Three family planning meetings were held at strategic points in this case. The meetings clearly spelled out the purpose of the meeting, the strengths of the family, the safety and attachment needs of the children, and a detailed plan for all to follow. There was a vast array of attendees, including bio-parents, extended family, foster mother, the children's therapist, the CASA worker, the mother's substance abuse counselor, and the minister of their church.

The needs identified in this case focused on safety and attachment issues of the children:

- to have parents that are clean and sober, leading a safe and stable lifestyle
- to have parents communicate with each other without domestic violence
- to have their caretakers (parents and foster mother) have consistent rules, expectations, and clear consequences
- to have parents/caretakers who understand their needs, fears, and concerns about current and future living arrangements
- to continue services at school to address delays in reading and behavior issues.

The services and actions provided to meet these needs were essentially some of the basic services, such as substance abuse treatment, psychological evaluations, family and marital counseling, children's counseling, expansion of visits with parents, after school program and Title I for reading. Individualization of services consisted of having the children's counselor work with the foster mother and the parents during visitations and having the parents help the children with their reading.

Between the caseworker and the family, there was a high degree of agreement in the identification of the needs, the services planned to meet the needs, and how well the actions met the needs. Overall, it appears that the worker and family worked very well together. The parents rated the caseworker and the agency very positively on both the collaboration scale and the overall assessment.

The caseworker was able to utilize the parents' identified strength of "determination" to encourage them to take an active role in the process of inviting participants to the meetings and by having them do the footwork in setting up the necessary services. On the process of generating strengths, the caseworker commented:

It helped to build a level of trust with clients. You could acknowledge their strengths. If they know you can see their strengths when you come to them with concerns, they're more apt to listen because they know you're seeing both sides. They know you're not just looking for the negative--able to hear better--empowering to them to know people are acknowledging the good things they are doing. So by acknowledging the positives, we are giving them more power to continue doing those positive things. By acknowledging their strengths, we can rule out things that they don't need to do. A lot of times you will see people just kind of get a laundry list of things that people need to do and by seeing the strengths you can rule out certain things.

At the meetings, the parents felt that both their opinion and the caseworker's opinion counted a lot, although they noted that the caseworker had the final say. The parents expressed a

high degree of personal satisfaction, which appeared to reflect the empowerment they felt from all their hard work and successes.

The caseworker stated that she opted for S/NB in this case in order to obtain flex funds to supplement costs for drug treatment for the father. Although this has not yet been accomplished, flex funds were utilized to supplement initial housing costs to address the children's need for stability in their lives.

There were several community partners involved in this case. The caseworker characterized the community partners' participation in the planning process and following through on delivering services as very helpful, stating that she felt that the responsibility in the case was truly shared by herself and the community partners. The caseworker reported that the children's counselor was especially helpful in identifying services for the children, particularly regarding school behavior and academic needs. The parents commented on how helpful the church people had been through attending planning meetings and contributing many household items, including furniture. Both parents and the foster parents reported that CASA was especially helpful in all aspects of the case.

The foster parent in this case was the step-grandmother. She participated in the planning meetings (felt her opinion counted a lot) and was heavily involved in the planning process. In the foster parent interview, the foster mother reported that she has been involved in a full array of responsibilities for the children. The caseworker stated that the foster mom was very much involved in the discussions and the planning process, but that her full-time work schedule limited her from becoming more involved.

In terms of S/NB service delivery, this case is a good representation of the model.

- Agreement was reached with the family about their children's needs, achieved through the format of a series of family planning meetings;
- The caseworker identified and used family strengths in building the service plan;
- Although the services were primarily the traditional services, they matched well with the identified needs of the children;
- Community partners stretched their roles to provide individualized services;
- Flexible funding was utilized for housing needs to fulfill the children's need for stability in their lives.

The parents came away with a positive feeling about SOSCF and Strengths/Needs Based planning. For them, the message from SOSCF is: *"We want to focus on your positive side. Take care of business without forgetting how we got here. Focus on what we need to do."*

SYSTEMS ISSUES IN THE IMPLEMENTATION OF STRENGTHS/NEEDS BASED SERVICES

In the extensive contact which the evaluation team has had with the pilot branches, both in the development of instruments and in the collection of data, impressions have been formed about the conditions under which Strength/Needs Based practice is best developed, and about system barriers to implementation of System of Care. Though unsystematically gathered, these ideas may be of use as implementation continues statewide.

Information developed throughout this section is the result of visits and conversations in branches and communities with staff, foster parents, and community partners. Their willingness to share the strengths and limitations of this service initiative were all provided in the spirit of moving SOSCF forward successful implementation of the S/NB services model. The candor of all of the participants provided valuable information that may not have been available to the research team otherwise and was greatly appreciated by the team.

As the data in preceding sections of this report show, implementation of S/NB service is progressing in each of the pilot counties in a manner consistent with that local office's place in the community and service emphasis. Deschutes and Polk give the impression of being further ahead in implementation than does Metro, internally and in the community, yet issues that have slowed Metro down, in addition to size and complexity, are also identifiable as implementation struggles in Deschutes and Polk Counties. In spite of difficulties, all six branches have actively re-engineered their office systems to blend S/NB service principles into the fabric of daily service delivery.

As implementation has developed in the pilot branches several system barriers have materialized. These have slowed down implementation in all offices. The major unexpected system barrier was the inability of SOSCF to create rapidly a flexible contracting process that supported branch direct service efforts at individualized service crafting. A small contract was as difficult to execute as one involving large sums of money. Workers often found that contracting difficulties prevented a service from being delivered in a timely manner.

Another system barrier has been the inability of the SOSCF to overcome the liability barriers that arise from using vendors or providers in non-traditional patterns. It requires significant efforts to integrate extended and kinship family, as well as community partners into the process of "rebuilding" the family system. The inability to place children with neighbors, employers, or relatives in crisis situations without violating policy has been a limitation to full implementation of S/NB service model.

Throughout the six pilot branches extensive local office efforts have gone into development of forms and systems that are now being integrated into daily work production. Branches are carrying out day-to-day work expectations and creating new branch operating systems "on the fly."

There now needs to be equal vigor extended to the knotty problem of creating local neighborhood foster care placements and expanding the base pool of foster homes available to all

children needing foster care. No pilot county has the breadth of resources to optimally meet the needs of any child requiring placement.

Deschutes and Polk have been able to enlarge their respective pools of foster parents and create placement options for children. Deschutes has targeted recruiting into under-served areas of their county through schools to begin increasing neighborhood placement and local school options for families. Polk has utilized the resource developer's certification experience to broaden the number of staff who can focus on this S/NB service area. The Polk resource developer has been able to assume the responsibility for special certifications which has combined nicely with her larger role of locating unique or non-traditional resources for S/NB cases. This has freed up the regular certifier to focus her efforts on recruitment, retention and training of the regular family foster care providers across the county, as well as into under-resourced areas of the county.

Metro appears to face the gravest shortage of foster homes among the pilot counties. A recurring workload dilemma in Metro is the significant amount of time spent in "special certification" activities (mostly for relative homes); few of these move into regular foster care status. Certification staff note that upwards of 75% of a certifier's time is spent on homes that have limited long-term benefit to other than the one child. Workers suggest the need for a simpler, more streamlined process that allows certifier time to be spent on regular family foster care applicants who can be certified for the broadest pool of children, while still recognizing relative, kinship and other special certification needs.

Not surprisingly, community partners' understanding of S/NB service model appears to be further advanced in the smaller and more cohesive communities served by Polk and Deschutes Branches. If these Branches can articulate some of the ways in which they have involved their community partners, it may be of great assistance to the next group of branches to work with S/NB services.

SOSCF and the Juvenile Rights Project determined that a key role for SOSCF central office leadership staff for the implementation of S/NB service model was to work with nationally known consultants to help initiate the S/NB service system. That role has been invaluable in the creation of a clear foundation of understanding of S/NB service principles and constructs in each of the pilot branches.

However, the implementation phase has now moved from theoretical concepts to service delivery within each branch. Throughout the pilot offices, staff seek more specific individual skills building training, client engagement training, creative service crafting assistance, time and organizational paper management issues and assistance in with the larger systemic issues. As implementation moves to more concrete areas of need, different consultants who can facilitate those areas may need to be considered. Training needs can be expected to change and to become more branch-specific as experience with the model is gained.

Furthermore, leadership at the branch and unit level and solid clinical supervision of workers appeared to the research team as essential to the continued improvement of practice. With implementation moving in the next biennium to 100% of cases coming into the agency in these six pilot branches, workers will need continuing support and guidance as they attempt to

apply the practice principles of SN/B service delivery across the many different families, situations, and levels of risk they encounter. At a time when direct clinical supervision of case-carrying staff has been eroded by increased administrative and management demands on supervisors and CETs, it will require solid commitment at the agency level to ensure that direct practice receives the attention and time it warrants.

During the course of contacts with pilot branches it was clear that the pilot offices had developed or were in the process of developing local systems and practices that would be helpful to share with phase II branches as they move into implementation activities. These ideas in particular seemed to emerge:

- Branch resource developers need to be hired, oriented, trained, non case carrying, and fully available to staff the day implementation is to begin. The group of resource developers in the pilot offices could be asked to prepare a list of critical training and information areas for new resource developers to have in their hands the weeks before they start this assignment. Accomplishing the hiring and training of these staff prior to implementation will shorten their learning curve, increase their value immediately to the whole office and accelerate the engagement of branch staff in S/NB service model.
- All of the pilot offices have developed local forms, processes and systems to authorize flex funds, to document family decision meetings, and to include strength focus into court, agency and other documentation requirements. The most functional of these should be packaged together in a “practice” manual format and provided to each Phase II office to help them benefit from the efforts already completed by the pilot offices. The availability of these already developed and tested systems will save a great amount of duplicated efforts and shorten the implementation process for each subsequent phase.
- Foster parents as key partners in the S/NB services model need to have specific outreach and education/orientation sessions about agency expectations for their expanded roles in S/NB services model. Often foster parents have heard only by accident about this service initiative and have had limited interaction with agency staff about the ways they can expand their partnership relationship with SOSCF and the children and families they jointly work with. Broader inclusion of foster parents can open doors in recruitment of new foster parents, in the visitation and working with the families of children, in retention of foster homes, and in the creation of individualized services and a wide range of non-traditional services.

DISCUSSION

Data presented in this report suggest that the pilot branches are struggling to deliver Strength/Needs Based services, and that some aspects of the model are more consistently and more successfully implemented than others. Most caseworkers agree with the philosophy of Strength/Needs Based planning and believe it expresses the work that they consistently attempt to do. New workers with Master's in Social Work degrees in particular find the philosophy a good fit with their training. However, workers have expressed the need for more on-site consultation and training in the specific skills of the model.

The individualization of services to meet the needs of the child and to utilize the strengths of the family is a part of the model which has received a great deal of attention in the pilot branches. A common mechanism for the accomplishment of this joint planning is the family decision meeting, used in more than three quarters of the cases. Greater preparation for the meeting, so that families had more idea of its purpose and whom it might be appropriate to invite, emerged as important. To some families, the focus on their strengths has been rewarding. Needs were well documented in about one-quarter of the cases examined. A collaboration scale suggests that focus on the children's needs does seem to engage parents, as the model suggests. Individualized service planning was judged to have been achieved, however, with only half of the families and consisted of limited use of both non-traditional services and individualization of traditional services. Less than one-third of the plans built on family strengths. Thus it seems that the link between needs, strengths, and service planning needs to be strengthened.

Workers cite system barriers as sometimes preventing the delivery of services, particularly difficulties in contracting for unusual services, or unresolved liability issues when they attempt to utilize friends or relatives, as the model suggests. These are indeed difficult issues for a state agency to resolve; careful and creative thinking is going to be necessary. Workload is also cited as a problem, with both families and caseworkers noting that the follow-through necessary to assure that families are supported takes time that is difficult to find with large caseloads and multiple crises. The issue of responsibility when a plan involves service delivered by a community partner is also complex, for when a partner fails to engage a family in a planned service, the unmet need of the child becomes the caseworker's responsibility. Families also cite impossible demands on their time and resources as a reason that they have not followed through on planned services. A service plan which the family views as unrealistic suggests that families may sometimes, as some have told interviewers, feel overwhelmed and uncertain about participation in the family decision meetings.

The family decision meeting is a major tool for pulling those involved in a difficult situation together, establishing alignment around family strengths and children's needs and identifying services designed to meet those needs. Teams are a partnership and S/NB services support the families role in this process. When team members operate independently, the strength of this model begins to break down and families stay relatively isolated. The case is more likely to be successful when the caseworker functions as the coordinator of the team and there is regular communication among the participants to determine how well the network is being maintained. Progress stops when one member feels overburdened with responsibility.

A major tenet of the model is that parents will be engaged as partners with the agency in meeting the needs of their children. A collaboration scale suggests a split in the research sample, with half the families scoring very high on the scale, seeming to be very positively engaged with their worker. The other half was distributed across the lower range of the scale, with some being quite negative. The importance of the relationship with the caseworker was underscored by families, who were distressed when unable to reach a caseworker, or when they felt a caseworker was not keeping them informed. Caseworkers do not stress the importance of this relationship as much, but are more focused on service delivery. This will be an issue for SOSCF. It is to be hoped that the implementation of this model, and the additional resources available, will build worker morale and lower turnover, so that families do not have to continually re-build relationships with new workers. However, the system itself disrupts relationships, as families are transferred from one worker to another as their service needs change.

Outcome measures for this preliminary work are not extensive. The basic outcome is, of course, whether the child's needs for safety and attachment are being met. For 40% of the families, caseworker and family were in absolute agreement that the children were both completely safe and fully supported in maintaining attachments to primary caregivers. Caseworkers and family respondents had complete confidence in the safety of all of the children in 77% of the cases. Ratings on both safety and attachment in this group were universally high, with ratings of "very well met" on both dimensions for most children.

The noting that seven children were not absolutely safe is, of course, of concern. Three of these children were identified by parents as children whose behavior was still self-destructive despite services being delivered; there is little additional action that could be taken. In three instances parents were worried about children in foster care; abuse had been an issue during the foster care experience. One might expect that if the collaborative aspects of the Strengths/Needs Based model were being used, and if the foster care resources of SOSCF were adequate, these worries could have been heard and either the parents made more comfortable or the children placed elsewhere. In one instance a worker was worried about a child in his own family home; this case is a balancing of risks that is part of protective service, where workers must provide continuing support and monitoring to the home.

The range of children's needs, beyond those of safety and attachment, which SOSCF is expected to meet has been an interesting issue for this project. The "model" cases which workers shared in early exploration were all cases in which a wide range of needs of both children and family had been met. Furthermore, many family needs had been met in order to stabilize the home (meeting attachment needs) and provide a better standard of child care (meeting a wide range of needs). As the measurement instruments were developed, workers were disturbed by questions regarding needs beyond those of safety and attachment, being clear that there was no expectation that they were responsible for meeting these needs. In this sample, services to meet medical, educational, mental health, cognitive, and behavioral needs of children were provided to over two-thirds of the children. It is clear that the agency serves many children in ways that go beyond basic safety and attachment needs. It is also clear that workers view this as good child welfare practice, but do not want meeting a broad range of needs to become a work expectation.

The other outcome measure of this evaluation is that of client satisfaction. It appears that the implementation of major components of the Strengths/Needs Based model is associated with

client satisfaction. The client satisfaction scale indicates that overall most families do feel that their contact with SOSCF has been helpful. Almost three-quarters agreed with the item “*Overall the services we’ve received have been helpful.*” The mean score on overall satisfaction was somewhat higher than the midpoint on the scale, which indicates average responses in the positive range. As would be expected, there were statistically significant associations between the family’s overall satisfaction and collaboration, the “needs met” rating, agreement with service plans, and the degree to which the families felt that their opinion counted.

We also asked caseworkers for their impressions about Strengths/Needs Based services. The philosophy was clearly a “fit” with that of the workers. About half of the workers felt their practice was changing with this approach. Half said that the change had impacted their work. They noted improved rapport with families through a more positive approach by focusing on family strengths. Caseworkers also talked of the process involving more work, planning time and documentation, at the same time that it allowed them more flexibility in terms of available resources and options. Whether the increased “up front” work will eventually lighten worker loads, as the model suggests, has not been tested in this short time frame.

A significant tenet of S/NB service model is changing practice orientations from a deficit based system to an empowerment system, of both the client family and the worker. The provision of the resources to enable successful practice seems crucial to worker feelings of well-being. The intransigence of the contracting system to meet the unique needs of clients and respond to field staff contract requests in a “real time” fashion sent a discouraging message to staff. This area needs to be much more in tune with the branch needs and to complement local staff’s efforts at creating individualized, unique and non traditional services for clients.

Throughout the pilot counties, staff members express hesitation about their ability to fully integrate S/NB service principles into daily practice until there is a richer understanding of this philosophy across the major agency collaborative constituencies. Richer understanding of the inter-relationship of S/NB service principles and how SOSCF links them to basic child safety and attachment for Juvenile Court Judges, Law Enforcement Officers, Deputy District Attorneys and colleague DHR Agencies, will encourage currently fragile working relationships. Building on better understanding of this SOSCF initiative will strengthen partnerships. Local offices will need to create and implement a strategic plan to work out the delivery of S/NB services with community partners.

Initiation of the S/NB services effort within SOSCF has been built on a “ground up” premise. Initial training and efforts have focused on field implementation, and in field pilot offices S/NB services are being integrated into daily practice. The wider Agency system changes in contracting, placement liability, and casework supervision appear not to have been re-engineered as quickly. Workers, concerned about workload pressures, need the support of training and case supervision, and also need to be able to access, with some ease, the resources their clients need.

Because it was not possible to find an SOSCF branch unaware of the principles of Strengths/Needs Based service delivery, or not using the closely related family unity meetings, there is no group with which to compare this sample. It thus cannot be determined whether Strengths/Needs Based service delivery is “better” than past services. What can be noted is that many elements of

sound practice are being implemented, and that many of the families are reporting positive and helpful experiences with SOSCF.

Thus there seems to be a good base of positive experiences of foster parents, interest and enthusiasm of community partners, and worker sense that Strengths/Needs Based service delivery is a “fit” with their practice philosophy. Issues have been highlighted here which could only be discovered as a service delivery system is piloted. The hope is that this evaluation will be of use as the implementation of this service delivery model is expanded.

**APPENDICES
INSTRUMENTS FOR DATA COLLECTION**

1. Family Protective Service/Intake Interview
2. Caseworker Protective Service/Intake Interview
3. Foster Family Interview
4. Assessment of Individualized Crafting of Services to Needs/Strengths

Appendices not included. For a copy of the instruments,
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