

# STRENGTHS/NEEDS BASED SERVICES EVALUATION

## Interim Report

June 1998

Submitted by the  
**Regional Research Institute for Human Services**  
and the  
**Child Welfare Partnership**

Joan Shireman, Ph.D., Principal Investigator  
Diane Yatchmenoff, M.S., Project Manager  
Bart Wilson, M.S.W., Management Information Liaison  
Barbara Sussex, M.S.W., Field Coordinator  
Lynwood Gordon, M.S.W., Research Assistant  
Claire Poirier, B.A., Research Assistant  
Wendy Howard, Ph.D., Research Assistant  
Jeff Alworth, M.A., Research Analyst & Support Staff  
Susan Eggman, M.S.W., Graduate Research Assistant  
Richard Hooper, M.S.W., Graduate Research Assistant

*Portland State University  
Graduate School of Social Work  
Portland, Oregon*

## TABLE OF CONTENTS

Acknowledgment	v
Executive Summary	vi
Introduction	12
Methods	14
Data Collection Instruments	14
Interview Guides	14
Case File Data	15
Interviewer Judgments	15
The Sample	15
Sampling procedure	16
Final Sample	19
Interview Process/Procedures	19
Data Management and Analysis	19
Limitations	19
Family and Case Characteristics	21
Description of Sample	21
Response Time in Protective Services	22
Case Disposition and SOSCF Services	23
Assessment Only Group versus Open for Services Group	24
Strength/needs Based Service Delivery to the Assessment Only Group	26
Workers' Views	26
Families' Views	27
Case Disposition	28
Interviewer Judgments	28
Case Example, High S/NB Practice	30
Strength/Needs Based Service Delivery to the Open for Services Group	31
Branch Differences	31
Initial Contact	32
Families' Views	33
The Impact of Removing Children	35
The Planning Process	35
Services Delivery	36

Placement and Visitation	37
The Helping Relationship	40
Interviewers Judgments	44
Case Example: High S/NB	46
Case Example: Low S/NB	46
Client Engagement as an Outcome of Protective Services Casework	47
Composite Measure	49
Compliance	49
The Contribution of Practice to Engagement	51
Branch Differences	53
The Use of Strength/Needs Based Practice at the Front Door	54
The Agency Context	59
Need for a Single Message	59
Workload	60
Documentation	61
Flexible Funding and Contracting	61
Development of Foster Care Resources	62
Hiring for Strengths/Needs Based Practice	62
Training and Supervision	62
Community Partners	63
Discussion	64
Appendices	
Appendix A: Family interview	68
Appendix B: Caseworker Interview	83
Appendix C: Interviewer Judgments	95
Appendix D: Case File Data	99

## **TABLES**

1. Overall Sample - Sample Loss	18
2. Report Sample	18
3. Family Circumstances from Casework Interview	21
4. Branch Differences: Interval between Branch Assignment and First Contact	23
5. Family Factors: Assessment Only and Open for Services Groups	24
6. Interviewer's Judgments: Assessment Only Group	29
7. Prevalence of Family Factors in Pilot Branches: Caseworker's Reports	31
8. Collaboration Items: Family Respondents	42
9. Interviewer's Judgments: Open for Service Group	44
10. Client Engagement Preliminary Items for S/NB Evaluation	48
11. Follow-through/Compliance: Worker's Rating of Client Behaviors	50
12. Correlations among Compliance and Engagement Measures	51
13. Bivariate Among Predictor Variables and Family Engagement	52
14. Summary of Results by Branch: Means and Standard Deviations	53

## Acknowledgment

The research team wishes to thank the many contributors to the evaluation and to this report.

The project consults with a research advisory committee. 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 continued to help clarify assumptions and objectives underlying our work, and has provided guidance on methodology and sampling. Their assistance has been much appreciated.

We also want to thank members of the Family Advisory Board, comprised of parents who have been or are clients of SOSCF, and who have been willing to join the evaluation team. The Board was formed in the fall of 1997 and meets every other month.

The insights of Angela Sherbo and Judith Mayer of the Juvenile Rights Project are also reflected in the research questions that provide the framework for this phase of the evaluation.

The research team has also worked with division staff at the regional and state level to be sure that input from central office and field personnel is included in the development of evaluation objectives, procedures, and measures. At the branch level, branch managers, Case Management Consultants, and support staff have been extremely supportive and generous with their time.

In the end, however, there would be no evaluation without the help of SOSCF caseworkers and participating families, both of whom generously shared their experiences and their insights with us. With much appreciation, this report is dedicated to them.

## **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 delivery (S/NB), which was implemented in Phase I in six pilot branches in Multnomah, Deschutes and Polk Counties and is currently being implemented in nine additional Phase II branch offices around the state. This interim report presents findings from the second year of the evaluation, focusing on early contacts between protective service workers and families in the six Phase I pilot branches: Deschutes, Polk, and, in the metropolitan area, St. Johns, North/Northeast, Midtown, and East.

### **The Evaluation of Strengths/Needs Based Practice**

The Strengths/Needs Based practice model emphasizes (1) achieving agreement between the division 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, and (4) flexible funding to ensure that services can be found or created as necessary to meet identified needs. It is intended to improve service effectiveness for all families involved with the division.

Research questions central to the evaluation this year included:

- To what extent were protective service workers able to implement Strengths/Needs Based services during the initial assessment and planning period?
- To what extent did Strengths/Needs Based service planning contribute to engaging families in work to meet the needs of children?
- From the families' perspective, what aspects of Strengths/Needs Based services were helpful or not helpful?

Two additional questions are also addressed in the body of the report:

- From the workers' perspective, how useful is the Strengths/Needs Based approach in protective service work, and what kinds of additional training or support would be helpful to them in their work?
- What structural or systems issues at different levels in the division appear to facilitate or impede workers' abilities to implement Strengths/Needs Based services?

Findings in the report are based on a detailed examination of 93 randomly selected protective service cases in the six branch offices. Initial sampling resulted in a large number of

cases that had been closed after a very brief assessment; sampling procedures were adjusted subsequently to ensure that the final sample would include a sizeable number of cases that remained open for services. Data came from interviews with families and their caseworkers, and from case file material at the agency. Interviews were semi-structured, designed to gather both qualitative and quantitative data and to be conducted between 30 and 45 days following case opening. All of the families who participated in the study did so voluntarily.

### Major Findings

Though these were new cases judged serious enough for in-person investigation, as we sampled, we found:

- There was not enough information available to locate 57 of the 331 families identified for possible inclusion in the study; an additional 11 families had moved out of the area or could not be contacted by phone.
- Of the remaining 263 families, 54% agreed to be interviewed (n=143). Further attrition because of loss of contact or changing circumstances resulted in a final sample of 99, with data on 93 cases available in time for inclusion in this report.
- There were a number of cases in which there had been no contact with the worker within 30 days, and 2 that were dropped from the sample because there had been no contact after 60 days;
- An average of 5.4 days had elapsed from the receipt of protective service referral at the branch office to the date of the worker's first contact with the family; there was variation in the length of this interval among the branch offices in the study.

A large proportion of the protective service worker's time is spent in assessing a child's need for intervention in the family system, with many cases being closed with the decision that there is no need for services. The families in the study whose cases closed after a brief assessment (n=30) generally had fewer problems and more resources than those families who received services, though domestic violence was present in nearly 40% of both groups.

In initial contacts with these 'assessment only' families, workers were more likely to use basic social work skills that are reflective of Strengths/Needs Based values than to use the specific techniques of explicitly identifying children's needs or family strengths. Two-thirds of these families had a positive experience in interaction with the worker and two-thirds also reported that their views were considered and valued in the assessment process. What seemed to matter most was the caseworker's ability to convey a respectful, caring attitude.

More extensive analysis was done of the experiences of the 63 families whose cases remained open. In this group, a little less than half of the families viewed their initial contact with the agency as positive. Analysis of qualitative data pointed to the high value families placed on: truthfulness and clear information from the worker; the presentation of options and consequences in a non-threatening way; empathy; a sense of being listened to; and respectful, non-judgmental behavior. When a child was removed as a result of the referral, attitudes of

parents were somewhat more negative, but the difference was small, and in most cases the additional anger or anxiety were overcome so that a more positive relationship was established. The families who reported very negative initial experiences talked about feeling threatened, badgered, deceived, judged or intimidated by workers that they described as rude, authoritative, or cold.

Notable in the data are differences in perception between families and workers, particularly around the amount of collaboration in decision making.

- At the time of interview, a third of the families said they had seen their worker only once or twice; about a third reported somewhat more contact, but less than once a week; one in five reported quite intensive contact, and thirteen percent said they had seen their worker weekly since case opening. Workers and families disagreed on the adequacy of the amount of contact, with half of the families and three quarters of the workers thinking it adequate. Families' and workers' ratings on the adequacy of the amount differed among the pilot branch offices, from a high satisfaction rate of 71% to a low of 33%.
- About a third of the families reported attending a Family Decision Meeting. Caseworkers reported FDMs more often. Whatever planning process was used, however, about 70% of the time workers thought the process was empowering to families, while only about 40% of the families overall felt that their opinions counted "a lot" in the planning process. These ratings differed also among the branch offices, from a high of 79% to a low of 9%.

A collaboration scale was used to capture families' views of their workers' practices, including a strengths perspective, personal support, joint decision making, and helpfulness. Results suggest that many workers conveyed a positive focus on the children and on the parents' care and concern for the children. Items that reflected a respondent's sense of feeling understood and comfortable were rated lower, as were items pertaining to the recognition of family strengths. Responses from 44% percent of families were high, while about 20% were quite low. There was substantial variation among the pilot branches on the level of collaboration achieved in practice, based on this summary measure.

Children in twenty-six of the families were placed in foster care as a result of the referral; about half in the home of a relative or other biological parent. Among those placed in regular foster care, few were placed in their own neighborhood. Nevertheless, more than three-quarters of the families with children in foster care thought the quality of care good, and nearly all said that their children were safe. Seventy percent reported regular visits with their children, weekly or more often, although 40% said they waited longer than a week for their first visit. Two-thirds of the children had only one placement by the time of the interview.

A brief analysis of service delivery in the protective service phase of work indicated that services had been identified for at least 80% of the families in the sample, and that more than half of these services had begun or been completed by the time of the interview. Traditional services (parenting classes, substance abuse assessment or treatment, counseling) were more

## Executive Summary

common than services that were individually crafted for a particular child or family. Referrals for assistance with basic needs were made for about a third of the families.

Engagement of the family in a helping process with the agency to meet the needs of the children was used as a proximate outcome of early protective services work. A measure of engagement was developed to capture the family's investment in the helping process; expectation of being helped, capacity to acknowledge responsibility for meeting children's needs, and ownership over the goals of service. Parallel items for family respondents and their caseworker's were used to examine agreement, as were behaviors reflecting follow through or compliance with SOSCF expectations.

- The average rating on most dimensions is somewhat above the midpoint, reflecting the positive engagement of a substantial number of families, balanced against more adversarial relationships in other cases.
- Workers and families exhibited moderate agreement in overall assessments of degree of engagement ( $r=.57$ ,  $p<.01$ ).
- Workers were likely to consider the family to be engaged if they complied with worker's expectations. However, compliance was not very strongly associated with families' self-report of engagement. Workers reported generally compliant behavior from most families.
- The interpersonal relationship with the worker was the strongest predictor of the family's self-report of engagement with the agency to meet the child's needs ( $r=.70$ ,  $p<.001$ ).

Analysis of qualitative data suggest that most caseworkers thought it possible to focus on the needs of the child at the first contact, and that this focus often helped temper a client's anger or defensiveness. Caseworkers also saw value in the focus on family strengths, and families reported that this was important to them. However, interviewers noted a tendency for some workers to report that their practice was strengths-based when families perceived it otherwise. Conversely, some workers who expressed reservations about the applicability of S/NB strategies with all families in protective services nevertheless clearly conveyed to families the attitudes of respect and empathy that reflect underlying S/NB values.

Examination of the agency context suggests that there are philosophical, organizational, and practice issues which need to be articulated and debated within the agency in order that workers receive a unified coherent message about the expectations for their work. Issues of workload and supervisory and administrative support for the implementation of the more complex elements of Strengths/Needs Based practice also surfaced as we talked with workers and other SOSCF staff.

## Summary and Discussion Points

With respect to the three major research questions addressed this year:

- **To what extent were Strengths/Needs Based practices implemented?** The underlying values and philosophy of Strengths/Needs Based practice appeared to be reflected in roughly 40-45% of cases examined; much weaker practice appeared in approximately 20% of the cases. In general, services were not specially crafted to meet individual family needs during this early protective service work.
- **To what extent did S/NB practices contribute to the engagement of families in services?** The worker's ability to defuse anger at the initial contact, collaborative practices, and a strengths-perspective were predictive of positive engagement in a helping process. Families that felt they had power in the planning process were more likely to be positively engaged. One specific worker behavior that was linked with engagement was requesting feedback from the family on the planning process itself.
- **What practices did families find most helpful and important?** Families especially valued truthfulness, clarity, respect, empathy, and choice.

Sample numbers are small, but data seem consistent, with themes emerging through the branches, and quantitative data substantiated by qualitative data. The fact that some families declined to participate or failed to return phone calls requesting their participation raises some question about the representativeness of the sample; it is hoped that for the final report SOSCF will be able to develop some basic data which will allow us to compare refusals with those who participated. Of almost more concern are the 57 families whom neither the caseworkers nor the project could locate; the serious practice implications are evident when one remembers that these are new cases, being investigated for maltreatment of children. The long delays in initial contacts with the family by worker in some instances also raises concern about the safety of children.

It is notable that the work done with the majority of the "assessment only" cases families felt fairly positive about the contact, and indicated that workers had been respectful and involved the family in decision making. The high proportion of these "assessment only" cases in the protective service caseloads may be of concern to the division, as it means that workers are spending much of their time with families who need few or no services.

The presence of patterns of service delivery which were not congruent with strength/needs based practice may signal a need for changed practice within the division. The limited use of family decision meetings early in case planning may be appropriate, but is troubling in the context of 60% of families who thought they had limited voice in decision making. Worker confusion of compliance with engagement, and differences in worker and client perception of family "empowerment", may signal a need for re-examination of the use of authority, and may indicate a need for increased supervisory teaching and support in the use of collaborative relationships. The failure to arrange early visits for children in foster care is also disappointing, but more information is needed to determine if the responsibility lies with workers, foster parents, or the families.

Executive Summary

The strongest predictor of the family's self-report of being engaged in services was a positive relationship with the caseworker. In this respect this interim report is an optimistic one, in that its findings illustrate the positive results which can be attained through sensitive implementation of practice skills. The relationship with the worker, the worker's respect and empathy for the family, and the worker's willingness to share decision making with the family emerged as the crucial variables.

In the next year, the evaluation will be following those cases which remained open for services. This longitudinal work will provide information about the extent to which early positive relationships influence the progress of a case, and about the extent to which early engagement predicts continuing investment in collaborative work to meet the needs of children.

## **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 SOSCF, 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), has assumed responsibility for evaluating the implementation of the Strength/Needs Based (S/NB) service delivery system, the critical practice component of the System of Care. This interim report presents preliminary findings from the second year of the evaluation, examining the use of S/NB practice principles in protective services casework in the six pilot branch offices in Multnomah, Polk, and Deschutes Counties.

Strengths/Needs Based service delivery focuses on (1) achieving agreement between the division 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. It is intended to improve service effectiveness for all families involved with the agency: those referred for the first time because of an allegation of abuse or neglect; those who are receiving services to help ensure that they can provide a safe environment for their children; those who seek assistance on a voluntary basis; and those whose parental rights are being terminated because it appears that they will be unable or unwilling to care for their child(ren).

During the first phase of implementation in the six pilot branch offices, cases were selected for S/NB services at the discretion of individual workers. The majority of these cases had been open for services for some time. The focus of S/NB service delivery was largely on the planning process, with an emphasis on the use of family decision meetings as a way to develop collaborative relationships with family members, extended family members, and community partners and to be sure that children's needs were accurately identified (Regional Research Institute & Child Welfare Partnership, June 1997).

Fewer cases with new referrals to protective services were designated for S/NB services in the first phase of implementation. In fact, many protective service workers expressed concerns about meeting the expectations of S/NB practice during the investigation or assessment phase 'at the front end' of SOSCF involvement. Concerns centered around the time required for the S/NB approach to planning in the face of the volume and crisis-driven nature of protective services work, the necessity of focusing on immediate safety needs of children, and on the often adversarial relationship present between the family and the agency. As of April, 1997, however, implementation in the pilot branches was no longer phased in based on workers' selection of cases. Since then, all cases opened for services on a new referral to the division have been automatically designated for S/NB services.

The S/NB practice model suggests that Strengths/Needs Based practices can be used from the first contact with a family and that focusing on children's needs and on family strengths rather than on deficits is an effective way to engage families in a collaborative planning process. Furthermore, it suggests that early intensive work to establish a relationship with the family and

to involve extended family and community partners will pay off in more effective use of services, earlier safe case closings, and improved outcomes for children and families.

The evaluation this year identified a randomly selected sample of cases as they entered the service system in each of the pilot branches. The objective has been to examine the implementation of S/NB practices and service planning at the early stages of protective service work. Research questions underlying the evaluation this year included:

- 1) to what extent were protective service workers able to implement the S/NB service planning process during the initial assessment and planning period?
- 2) to what extent did S/NB service planning at the very front end of services contribute to engaging families in collaborative work to meet the needs of their children?
- 3) from the families' perspective, what aspects of casework practice or service delivery have been helpful or not helpful?
- 4) from workers' perspective, how useful is the S/NB approach in protective service work; and what kinds of additional training or support would be helpful to them in their work?
- 5) what structural or systems issues at different levels in the division appear to facilitate or impede workers' abilities to implement S/NB services?

This interim report will focus primarily on the first three of these questions. Questions four and five will be addressed in a limited way, based on impressions of the research team at this point in time. Additional analysis of qualitative data in the summer of 1998 will allow a more detailed and thorough presentation of findings related to workers' perceptions of S/NB practice in protective services and recommendations or suggestions about training of new and continuing workers.

A small number of specific additional questions have emerged from the set of agreements between SOSCF and the Juvenile Rights Project (JRP) in the larger System of Care. Although not necessarily directly related to the S/NB practice model, these questions reflect interests and concerns of both the division and the JRP, and when possible we have attempted to address them. These have included: the extent to which neighborhood foster care placements are found for children who are removed from their homes and not placed with relatives; the quality of out-of-home care generally and of visitation experiences of families whose children have been placed in care; and the timeliness of service delivery to families.

## **Methods**

The evaluation design is based on a case study methodology involving a detailed examination of a relatively small number of cases, randomly selected from the protective service units in the six pilot branches. The primary data for the project come from in-depth interviews with individual caseworkers and family respondents, initially designed to be conducted between 30 and 45 days following case opening, on each of the cases in the sample. Additional data were drawn from case files and from summary judgments made by project interviewers after reviewing all of the available information.

### **Data Collection Instruments**

#### Interview Guides

Interviews were semi-structured, using instruments designed to gather both qualitative and quantitative data. This year, much of the focus of the interviews was on the initial contact between SOSCF and family and on the early planning process. Caseworker and family interviews are parallel, covering much of the same material and capturing the perspectives of each respondent, with specific sections devoted to:

- the circumstances that brought families to the attention of the agency as well as additional family circumstances that may have an impact on the planning process;
- the first contact between agency and family and early impressions of family members and caseworkers;
- subsequent contacts between worker and family, the extent of contact and the nature and quality of contacts, degree of collaboration achieved;
- information about placement and visitation decisions and experiences for families whose child(ren) was/were removed;
- the service planning process and its impact on families, services provided as of the time of the interview and follow-through on the part of the agency and families;
- the degree of engagement of the family in a constructive helping process from the perspective of workers and family respondents.

Quantitative ratings on structured items and scales are used to summarize responses, but in all cases are accompanied by open-ended questions designed to elicit context and meaning that is essential to interpret numerical measures. The text of the interviews, along with selected quantitative measures that will be described in this report, are the primary data sources for the evaluation. Copies of the interview guides may be found in the Appendix.

### Case File Data

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

- family and child demographics: age, gender, ethnicity;
- identification of specific target child in the case;
- history with SOSCF;
- nature of allegations and/or founded abuse;
- case disposition;
- case narrative;
- reports from law enforcement;
- dates of referral, law enforcement contacts, assignment to branch, case contacts; and
- service agreements and/or family decision meeting notes.

This information was provided to the evaluation team by division personnel from each of the branch offices. The instrument used to collect this data is included in the Appendix to this report.

### Interviewer Judgments

Finally, the qualitative and quantitative data from both workers and family respondents, combined with case file information, allow the interviewers to make a series of overall judgments about the use of the S/NB service model on each case. These judgments include:

- the degree to which worker focused on child(ren)'s needs as a means of engaging families;
- the degree to which worker used family strengths to engage families and plan services;
- degree of collaboration of the family and other key people in the planing process;
- degree to which needs are identified specifically rather than as services;
- degree of individualization of service plans;
- overall degree of positive engagement of the family in a helping process.

In each case, interviewer judgments, while subjective, are anchored by the text of interviews with workers and families. Substantial qualitative material is reviewed and analyzed as these judgments are formed. In this report, examples from the text are presented alongside interviewer judgments, so that the reader can assess the validity of the judgments. The rating form that was utilized can be found in the Appendix.

### **The Sample**

The initial evaluation design called for random sample of protective service referrals, selected as close to 30 days after case opening as possible, in order to gather information about early contacts and the process of engaging in a working relationship with the division. The following types of cases were excluded from the sample:

- cases involving a juvenile offender awaiting jurisdiction, with the likelihood of the case being transferred to the Oregon Youth Authority;
- highly contested cases, in which lawyers had advised clients not to talk;
- self-referrals for homemaker service to assist during an emergency or for respite services.

The sample goal was 101 cases, with family and caseworker interviews to be conducted within 30 to 45 days of referral date. Sampling was stratified to reflect the relative numbers of families served in each branch. The process began in October of 1997 and continued through May of 1998. Sampling and data collection in the Metro branches were staggered across the entire period to spread the substantial time demands placed on workers; data collection in Deschutes was ongoing over four consecutive months and in Polk for three consecutive months.

The research team wanted to include the variety of cases seen in protective service -- those that were closed after an initial assessment, those that received services from the agency but only for a brief time, and those that received more intensive services with the probability of transfer to ongoing. At the same time, the longitudinal design necessitated that a substantial number of cases remain open for at least six months. After the first few months of random sampling of open cases (as described below), the sampling procedures were adjusted to maximize the possibility that cases would be those likely to receive services over time.

### Sampling Procedure

A random sample of SOSCF cases in pilot branches was drawn each month from a complete list of cases that had opened in the prior thirty days. Cases were over-sampled to allow for attrition and the exclusion criteria noted above. A small amount of additional information on case characteristics was examined at the branch office by the SOSCF management information liaison to the research project to determine if any of the exclusion criteria pertained.

Within a few days of sampling, letters were sent from the SOSCF branch manager to the resulting list of potential subjects, briefly explaining the evaluation and informing them of their selection in the sample; the letter indicated that the family could call a member of the evaluation team if he/she wanted to participate. The letter was followed up by a telephone contact from the SOSCF management information liaison to secure verbal agreement to participate. Only after the family volunteered or expressed interest in participating was the name of the family released to RRI/CWP. The interviewer then called the family to further explain the study, answer any questions, and schedule a time for an interview.

After the first two months of sampling and interviewing we encountered three design issues. First, the majority of cases had either been closed as the result of initial assessment or they had been opened briefly but were closed by the time of the interview, with few to no services and minimal contact by the caseworker. Second, in a number of instances the letter and phone call about the evaluation project preceded contact of the family by the caseworker, and the family had no knowledge of a referral. Last, there were many cases where, although the case had been opened, 30 days had elapsed with no contact by the caseworker, making our interview window of 30 to 45 after case opening unrealistic. Sampling procedures were adjusted accordingly:

Methods

- 
1. Upon receiving the monthly SOSCF list, the SOSCF management information liaison member gathered case information from the intake or child protective services supervisor prior to the sampling procedures. At that time, in addition to the usual exclusionary criteria, we also excluded cases that had been closed or were about to be closed after assessment and cases where only brief service had been provided.
  2. The interview window was extended to 60 days.

While the first change resulted in a higher percentage of cases open over time, it also decreased the sample from which to select cases. In some months the number of cases that met our criteria permitted random selection of cases; in months when the numbers were small, all cases on the list were contacted as possible subjects.

### Final Sample

Sample loss occurred at two points - during the recruitment period by the SOSCF staff member and during the interviewer scheduling period after the family had agreed to be interviewed. A total of 387 families were selected for recruitment by the SOSCF staff member and were sent letters. Of this number, 56 families were later excluded per criteria (15%). Inability of the caseworker to locate the family and provide telephone contact information to the evaluation team accounted for an additional 15% of sample loss (n=57); another 3% involved families out of the area or who didn't answer phone calls. Of the remaining 263 families, 54% (n=143) agreed to be interviewed, and only 19% (n=51) said they were not interested. In another 26% of cases (n=69) there was either no answer or no response to phone messages.

Of the 143 families who agreed to be interviewed, there was an additional 31% (n=44) sample loss. Attrition occurred primarily for the following reasons: research team was unable to contact families (11%); families failed to appear for the scheduled interview (6%); families changed their minds about participating (3%); special circumstances arose with families or caseworkers (5%); families did not meet study criteria (3%); and there had been no contact by caseworker with families within 60 days following referral (2%). 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.

The final sample of protective service cases consists of 99 families and 60 caseworkers (some of whom were managing two or more cases in the sample). Table 1 describes the overall sample and sample loss for each branch. Interview data on 93 families was ready for analysis in time to be included in this report, representing 57 individual caseworkers. Table 2 presents this sample.

**Table 1**  
**Overall Sample - Sample Loss**

	Deschutes	East	Midtown	N/NE	Polk	St. Johns	TOTAL / (% of N)
Study Population (N)	30	108	90	76	19	64	387
Excluded per criteria	4	19	13	8	4	8	56 (15%)
CW unable to locate	1	16	18	11	6	5	57 (15%)
Out of area / no answer	1	0	4	3	0	3	11 (3%)
Contact Sample (n)	22	63	61	58	14	43	263 (68%)
Declined / no response to messages	13	34	25	24	3	21	120 (46% of n)
Agreed to be interviewed (n <sub>1</sub> )	11	39	30	30	6	27	143 (54% of n)
Completed interviews	11	25	23	17	4	19	99 (69% of n <sub>1</sub> )

**Table 2**  
**Report Sample**

	Deschutes	East	Midtown	N/NE	Polk	St. Johns	TOTAL
<b>Cases</b>	11	25	17	17	4	19	93
<b>Individual CW</b>	5	16	10	11	3	12	57

Family interviews ranged from 25 days to 80 days following case opening, with a mean of 47.4 days and a median of 47 days. Caseworker interviews ranged from 20 days to 120 days after case opening, with a mean of 54.4 days and a median of 53 days. There were three family interviews and 9 caseworker interviews 70 days or more beyond case opening. In the family cases, two did not show for the scheduled interview and rescheduling took the case beyond 70 days. In one case the interviewer waited for the mother's release from jail after leaving a substance abuse treatment center. Caseworker interviews that went beyond the 60-day window were mainly due to scheduling difficulties and "phone tag" between caseworker and interviewer. However, in one case, the interview had to be delayed due to caseworker lack of contact with the family within 60 days of referral. Two cases involved caseworkers who did not return interviewer phone calls, necessitating contact with the supervisor to have the caseworker respond. In the vast majority of cases, both the families and the caseworkers were prompt in returning phone calls and extremely cooperative with setting up interviews.

## **Interview Process/Procedures**

The interview team consisted of six people, all highly trained researchers and interviewers who received additional training on both Strengths/Needs Based service delivery and the individual interview guides. In all cases the same interviewer conducted both the family and caseworker interview on a given case.

All interviews were face-to-face and ranged in length from forty-five minutes to two hours. Interviewers took written notes on the interview guide as well as audio-taped the interview (in four cases family members did not give permission; they were either uncomfortable being taped or in an adversarial relationship with SOSCF, and thus mistrustful that the tape might somehow be used against them). In the majority of cases, caseworker interviews took place at the SOSCF branch, and interviews with the family were conducted in their home (although families were also interviewed in restaurants, treatment centers, jail, prison, and public libraries).

Prior to beginning each interview, the interviewer reviewed with the family the Informed Consent Form and the concept of confidentiality and obtained written permission for both the interview and the audio-taping. Consent forms included a statement about mandatory reporting of incidents of child abuse/neglect. The family was also invited to 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.” Thirteen family members did not sign the Family Narrative Consent; in the majority of these cases, the family member was uncomfortable with the idea in general. The family received a \$25 check at the conclusion of the interview.

## **Data Management and Analysis**

Quantitative data from the interview schedules and case files were reviewed, edited and coded at RRI, entered into an ACCESS data base designed for the project and subsequently analyzed in SPSS 7.5. Qualitative data from audio-tapes were transcribed and entered into Ethnograph, a software program for analysis of qualitative data. 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 reported here are based on data from 93 protective services cases referred for services from October, 1997 through March, 1998 in the six pilot branches. As noted above, this reflects a final sample of 99 out of a total pool of 331 cases which were considered eligible to participate. Attrition at each stage of the sampling process introduces potential biases, and it is not possible to determine how data would differ on cases in families that were not located or refused to participate or where caseworker interviews did not occur as planned.

Second, our measures are based on self-report on the part of family members, on documentation as it exists in case files, and on personal and professional judgment of workers and research staff. Each stakeholder may have a different view of circumstances, processes, and outcomes. While we consider the multiple perspectives critical in understanding SOSCF 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.

Quantitative ratings and measures have been developed specifically for this project to supplement and in some cases summarize the richer qualitative data that comes from the text of interviews. While this means that the scales and ratings have been specially tailored to fit our research questions and our context, they are as yet untried beyond this evaluation project. Furthermore, elements of casework practice and families' experiences often do not lend themselves very well to the measurement of discrete variables. Constructs like collaboration, engagement, and empowerment are intertwined, as are the interviewers' judgments and families' ratings on parallel items. Caution is required particularly in the interpretation and use of findings from quantitative measures, and in comparisons or associations that are presented. Where comparisons among the pilot branches are presented, it should be noted that sample sizes are small and differences may be the result of sampling error.

Finally, missing data on some items reflects the difficulty of structuring questions so that they apply universally. In some instances missing data may also reflect a family's disinclination to answer one or another question in the interview process. Care has been taken in the reporting to exclude items with more than a very small amount of missing data; nevertheless, sample sizes vary somewhat and this should be taken into consideration as well.

## Family and Case Characteristics

### Description of the Sample

In the sample of 93 families with complete data available for inclusion in this report, most of the respondents were mothers (82%, n=76), while about 13% of the family interviews were conducted with couples (n=12) and a few with fathers only (n=5, 5%). Nearly a quarter of the families (27%, n=25) had only one child in the family (in most cases an infant), and another 60% (n=56) had either two or three children. A few (n=12) reported larger families, ranging from four to eight children. In 67% of the cases (n=62), the child who was the focus of SOSCF services was living at home at the time of the interview. Other target children were reported most often to be living with relatives (12%, n=11), with the other biological parent (3%, n=3), or in regular foster care (5%, n=5), with the remainder in various other residential settings. Half of the families (50%, n=46) reported that they had prior experience with SOSCF, in a few cases as a child only, more often as an adult or both. A little less than half of the respondents (n=43) were employed, but in some cases other members of the household were employed and contributed income to support the family.

Interviewers asked both caseworkers and family respondents about special difficulties or circumstances pertaining to adults or children in the family that might affect the caregiver's ability to parent or that were likely to influence case planning. As shown in Table 3, caseworkers reported substantial numbers of families to be affected by the following:

**Table 3**  
**Family Circumstances from Casework Interview**  
**(n=93)**

domestic violence	38% (n=35)
poverty	26% (n=24)
housing crisis	26% (n=24)
need for child or respite care	16% (n=15)
substance abuse	28% (n=26)
criminal/legal problems	20% (n=19)
mental health issues	25% (n=23) (most commonly depression)
behavioral problems of child	22% (n=20)
medical condition of child	18% (n=17)
mental health condition of child	15% (n=14) (most commonly ADHD)

Families reported these circumstances less frequently, in part because the interviewers were instructed to frame the question broadly (“*Are there any special stresses or challenges we should know about you or your children that would help us understand your case better?*”) rather than probe for information on particular issues.

Additional data on family and child demographics, the nature of allegations or founded abuse or neglect, and other circumstances were gathered from SOSCF case files with the assistance of branch staff. As of this report, these data were available on a subset of 71 families out of the current sample of 93. For this reason, the information available at this time is useful only as a rough estimate of proportions in the overall sample. Among the 71 cases in the sub-sample, referrals for abuse or neglect on the families came primarily from law enforcement (30%, n=21), medical professionals (25%, n=18) or schools (13%, n=9), and that the most common allegation was “threat of harm” (39%, n=28) followed by physical abuse (32%, n=23) and neglect (16%, n=11). Sexual abuse or sexual exploitation was alleged in 11% (n=8) of the families. The category of domestic violence/threat of harm was used less frequently (7%, n=5), despite the prevalence of domestic violence in the families (see Table 3 above). This suggests that other types of abuse may have been present and were considered more salient in these families, or that the category has been underutilized in the pilot branches.

Of this subset of 71, abuse was substantiated in about 66% (n=47) of the cases and undetermined in another 10% (n=9), with a little less than a quarter (n=17) designated as unfounded. Physical abuse and threat of harm appeared most frequently in the ‘founded’ category, as is consistent with division-wide statistics. Mothers were considered the perpetrators of maltreatment about half the time (n=33), with biological or adoptive fathers named in about a quarter of the cases (n=16), and other father figures, siblings, or others accounting for the rest. The primary adult named in the case was most often European-American (64%, n=45) or African American (20%, n=14), with other racial groups appearing less frequently. Ethnicity of the target children followed a similar pattern. Sixty percent were European American (n=42); 23% (n=16) were African American. There were more girls than boys in the sample of target children by a small margin (54%). Eighteen percent of the target children were infants (n=13). The rest ranged in age from one to 16, with a mean of 6 years (s.d. 4). Adults named as primary caregivers ranged in age from 16 to 44, with a mean of approximately 29 years (s.d. 6.8).

### **Response Time in Protective Services**

Our experience in sampling and recruiting families to participate in the evaluation led to a concern about possible inconsistencies in the division’s response to families who are referred for abuse or neglect. For this reason, using referral information and case narratives in the SOSCF case files for families in our sample, we examined the flow of cases through the system from the point of referral to the branch (or to the hotline in the metro region in Multnomah County). Key times points that were included in this review were (1) the date of the referral; (2) the date of assignment to the branch (in Metro); and (3) the date of the worker’s first contact with the primary caregiver. These data were available on the subset of 71 cases in time for inclusion in this report.

Based on this sample, the period of time between the point at which a call about a family is received at the Metro Hotline or branch screener to the point at which it is passed on to the branch office is most often quite short. In more than half of the cases (n=43, 62%), referrals resulted in a same-day assignment to the branch office; 80% had been assigned to the branch by the second day after the call, and the interval for the rest ranged from three to 18 days. The average time lag overall was a little more than one day. For those cases that took more time, delays may have resulted from high volume of calls to the screener(s) at a given point in time or the need to gather additional information at the point of screening prior to a decision as to whether or not to pass the referral on to the branch.

The period between assignment to the branch and the first recorded contact with the primary caregiver was longer, ranging from 0-41 days, with a mean of 5.4 (s.d. 9.04). For the branch offices in the study, the interval between assignment to branch and first contact are presented in Table 4.

**Table 4**  
**Branch Differences: Interval between Branch Assignment and First Contact**

<b>Branch (cases represented)*</b>	<b>Average Interval in Days (s.d.)</b>
Deschutes County (n=8)	1.8 (3.1)
East Branch Office (n=16)	3.0 (4.5)
Midtown Branch Office (n=8)	3.5 (2.8)
North/Northeast Branch Office (n=8)	15.5 (16.8)
Polk County (n=3)	3.7 (6.4)
St. Johns Branch Office (n=15)	5.9 (8.9)

\*Numbers in the table do not add to 71 because of unusual circumstances in some cases, resulting in documented contact prior to the referral date. These unusual cases were excluded from the calculation.

A longer time frame may be of concern especially when it occurs in the Metro Region, given the presumed seriousness of cases that are considered by Hotline screeners to warrant intervention by the division.

**Case Disposition and SOSCF Services**

At the time of interviews, generally 30-60 days after the referral date (in a few cases as early as 25 days or as late as 80 days), cases were at various levels of involvement with the agency. Some had been closed after a brief assessment; some received brief services and then closed; some were still open but appeared likely to be closed as “assessment only;” about half looked as if they would stay open for some time. As noted earlier, these proportions are not reflective of overall case practice; the sampling procedures were adjusted to be sure that a substantial number of cases in the evaluation would be likely to receive services over time. The case disposition recorded in the case files was not a good predictor of services or case status as reported by workers. For example, about 20% of the founded cases (according to the disposition recorded in the case file) had either been “assessed out” at the time of the interview, or were reported to be about to close as “assessment only.”

### “Assessment Only Group” versus “Open for Services Group”

For purposes of this analysis, we used information provided by workers to examine separately the group of families whose cases did not remain open for SOSCF services from those whose did.

About a third of our sample fell into the first category (n=30), which we have labeled Assessment Only. The majority of these (n=27) were closed after assessment by caseworkers. Three were kept open for monitoring with no other services planned.

The other group, which we have labeled Open for Services, consisted of about two-thirds of our total sample (n=63). These families received services beyond an assessment. Most (n=53) were open for services at the time of the research interview and appeared likely to stay open beyond the assessment period; the remainder had brief services and, according to the caseworker, were not considered “assessment only.” The Assessment Only Group and Open for Services Group are considered separately in this report.

Case and family characteristics of these two groups, as shown in Table 5, were similar in many respects, but the presence of family factors noted by caseworkers differed markedly. Families in the Open for Services Group were more likely to experience poverty, homelessness or a housing crisis, criminal or legal problems, substance abuse, and/or mental illness than those in the Assessment Only Group. However, domestic violence, the most prevalent family factor noted overall, did not differ among families who received services and those who did not.

**Table 5**  
**Family Factors: Assessment Only and Open for Services Groups**

	<b>Assessment Only SOSCF (n=30)</b>	<b>Open for Services SOSCF (n=63)</b>
Domestic violence	37% (n=11)	38% (n=24)
Poverty	10% (n=3)	33% (n=21)*
Housing crisis	13% (n=4)	32% (n=20)
Substance abuse	7% (n=2)	38% (n=24)**
Criminal/legal problems	13% (n=4)	24% (n=15)
Mental illness	7% (n=2)	33% (n=21)**
Child medical condition	17% (n=5)	19% (n=12)
Child behavior problems	7% (n=2)	29% (n=18)
Child mental illness	13% (n=4)	16% (n=10)

Based on Fisher’s exact test for significance; \*p<.05, \*\*p<.01

In addition, the two groups differed on their level of seriousness as perceived by their caseworkers. Workers were asked to rate each case, based on their initial perception of the level of seriousness, on a scale from one (“*among the least serious cases I’ve worked with*”) to five (“*among the most serious*”). These ratings were significantly higher (more serious) for the Open for Services Group than the Assessment Only Group. The average rating was 3.69 (s.d. 1.03) for the Open for Services Group compared with an average rating of 3.03 (s.d. 1.45) for the Assessment Only Group ( $t=2.49$ ,  $df\ 89$ ,  $p<.05$ ).

## **Strengths/Needs Based Service Delivery to the Assessment Only Group**

We included in the evaluation a group of cases that were “assessed out” or closed very soon after the initial referral (n=30) for three reasons. First, these cases appear to comprise the bulk of work in the protective services units; workers told us that as many as 70% of all cases that are referred to the pilot branches are closed very quickly as “assessment only.” In the four branches that comprise the Metro region, this is also true, despite the fact that all of these cases have been ‘screened in’ at the hotline, i.e., considered serious enough to be passed on to the branch for action. This means that the assessment process, rather than service planning or delivery, is by and large the focus of protective service casework and is important to consider in any evaluation of ‘front-end’ agency practice. We were eager to examine the utilization of the Strengths/Needs Based approach in the decision making process that is at the heart of assessment.

Second, in branch discussions workers told us that some of the best S/NB work was accomplished in the assessment and early closing of cases. They told us that the S/NB approach made it possible in some instances to close cases because the worker was able very quickly to join with the family to identify strengths and resources that could be mobilized to create a safety plan. We wanted to capture this optimal casework. Workers also told us that the cases that remained open for services were often those in which it proved especially difficult to engage the family (i.e., if a family could be positively engaged, the case would be closed) so that if we looked only at open cases, we would miss much of the most successful practice.

Finally, the families interviewed in the evaluation had strong feelings about SOSCF practice and their own experiences, whether they had brief or more lengthy contact. A relationship with the worker, whether positive or negative, and with the service system as a whole, clearly was initiated and impressions were formed, at the very first moment of contact.

Findings are presented for the Assessment Only Group as a whole. The sample size is not large enough to support branch comparisons.

### **Workers’ Views**

We asked workers for their impression of the family’s attitude towards their intervention at the point of this first contact. Specifically, we asked how the worker would rate the family’s attitude on a scale from one to five (from “*very hostile or defensive*” to “*very open, possibly relieved or glad for the intervention*”). In most cases, the answer was positive, with a rating of four or five on this scale in 73% of the cases (n=22) and a mean rating of just under 4.0 (s.d. .98), suggesting that workers perceived fairly positive initial attitudes on the part of the majority of families. In about 10% of the cases (n=23), workers perceived a much more negative response.

Analysis of qualitative data revealed that when caseworkers perceived positive initial attitudes this was associated with caseworkers’ acknowledgment of family strengths, respectful discussion, and non-threatening behavior, as the following quotes illustrate:

*They were open to discussion. I think we had a pretty good one-to-one discussion, where we treated each other as equals.*

*I felt like she trusted us to do our assessment and that we weren't in there to necessarily remove her kids from her but to see what happened. How we could help her.*

*This is a family very guarded about governmental intervention in their family. I think they appreciated the fact that we recognized that they had the ability within their family to deal with this.*

When workers perceived negative responses from families, they attributed it more to the situation than to family characteristics.

*She was very angry and frustrated. That happens a lot. I think that's a pretty reasonable emotion to have.*

*In general, sometimes I'm the bad guy. Sometimes families like this one are angry at me because the state got involved in their lives and they don't think that was merited.*

## **Families' Views**

We also asked family members to rate their experiences of the initial contact with the agency, on a scale from one ("terrible") to five ("wonderful").

- **More than two-thirds (67%, n=20) gave a rating of four or five, with an average rating of 3.8 (s.d. 1.33), indicating positive experiences on the whole in this Assessment Only Group.**
- **Furthermore, two-thirds (67%, n=20) also said their opinion counted "a lot" in the assessment process, indicating that workers had accorded significant power to family members and their views in the assessment process.**

Consistent with the results of the 1997 S/NB evaluation, what mattered most was the interpersonal skills of the worker and his or her ability to convey a respectful, caring attitude.

*I felt really comfortable that they were going to take care of it. He was really open and willing to listen to what I had to say, even if it wasn't pertinent.*

*She made me feel really at ease, very comfortable. She was just the type of person that it is easy to talk to. She just presented that. I felt very comfortable talking with her.*

*You know, she was real understanding. She appeared to be very, very sincere. She was very down to earth and said, "It looks like your children love you very much, they look very clean and they look very nice."*

Sometimes families were expecting to be judged harshly and instead encountered the opposite.

*I am thinking with my past history, I'm screwed, I'm hunted. I'm done. They got me and they are going to get me now. And it wasn't like that. That I thought was awesome. She was very personal. Very easy to talk to. ... not a judgmental thing.*

*You know, I think it would probably be easy for them, when they first saw us and how broken down we were, maybe to not want to believe what he had heard. He was compassionate, kind, and professional.*

However, about one in five families reported very negative initial contacts, usually having to do with a perceived judgmental attitude by the caseworker and a feeling of disrespect.

*I really don't want nothing to do with him by the way he presented himself... I felt like basically this was a person who had preplanned whatever my future and my son's future was going to be. He never gave me the opportunity to say what I had to say.*

*I feel looked down his nose at by the caseworker. I felt like I was totally disrespected, my children were disrespected. I don't hit my kids. They are all very healthy. They do well in school. And they didn't look at any of that. They looked at my laundry.*

## **Case Disposition**

Workers reported that cases were “assessed out” or closed after a single contact most often either because the allegation was considered to be unfounded (n=11, 38%) or because, although abuse or neglect were substantiated, the family had already taken steps to address the problem (n=12, 41%); in a few cases, family circumstances had changed and the risk to the child(ren) was no longer present, or the family accepted referrals provided by the worker and continuing risk was perceived to be minimal. In others it was ‘undetermined’ whether or not abuse had occurred; caseworkers felt that intervention was not justifiable. In a little less than one-quarter (n=7), needs beyond the immediate safety of the child were considered; these families received information and referrals to other services in the community.

## **Interviewer Judgments**

After hearing the perspectives of both worker and family member(s), and examining all of the information available against the backdrop of S/NB practice principles, interviewers rated assessment practices. Ratings were made along a series of dimensions reflecting various elements of the S/NB model as it could be applied to the Assessment Only Group cases. Applicable items and the average resulting ratings are presented in Table 6 below, ordered from the most to least positive average responses. Ratings are from one (very low) to five (very high).

**Table 6**  
**Interviewer's Judgments**  
**Assessment Only Group (n=30)\***  
**Based on scores from 1 (low) to 5 (high)**

"Degree to which..."	1-2 (low)	3 (med)	4-5 (high)	Mean (s.d.)
worker evidenced careful listening	13% (n=4)	20% (n=6)	68% (n=20)	3.90 (1.24)
worker was able to defuse family's anger, fear...	20% (n=6)	13% (n=4)	68% (n=20)	3.87 (1.33)
worker collaborated with family in decision making	23% (n=7)	17% (n=5)	60% (n=18)	3.77 (1.30)
family understood status of case	23% (n=7)	7% (n=2)	68% (n=20)	3.72 (1.39)
worker focused on needs of child as means of engaging family	27% (n=8)	30% (n=9)	43% (n=13)	3.37 (1.35)
worker verbally acknowledged strengths	33% (n=10)	17% (n=5)	50% (n=15)	3.33 (1.52)

\*Sample sizes vary somewhat due to a small amount of missing data; rounding errors account for percentages that do not add to 100%.

By and large, these ratings support the notion that high quality Strengths/Needs Based practice often occurs in "assessment only" cases. For four of the six items, more than 50% of the cases were rated high. It also appears that the workers used basic social work skills that are reflective of S/NB values (listening, defusing anger, working collaboratively, providing information) somewhat more often in these cases than the specific practice strategies of the S/NB model (focusing on the identification of children's needs and/or explicitly acknowledging family strengths). This may be because, in some situations, the worker was quickly aware that no further intervention would be needed.

Finally, to summarize the interviewers' impressions of the use of S/NB practice principles in each case, an overall rating, ranging from a low of one to a possible high of seven, was assigned. Cases with a rating at the high end of the scale (7) demonstrated strong and consistent use of the practice model (the scale, with anchoring definitions, can be found in the Appendix).

- **On average the cases in the Assessment Only Group were rated on this scale at approximately 4.52 (s.d. 1.55), with somewhat more than half of the cases scoring at 5 or higher, above the midpoint, suggesting positive to very positive ratings.**
- **About 20% were rated at the midpoint, 20% just below the midpoint, and about 7% at the low end of the scale.**

Practices that stood out in cases in the Assessment Only Group reflected the positive initial contacts and respectful attitude of the worker, as suggested by the following example of a case that initially came to the attention of SOSCF for alleged medical neglect of a young child.

### **Case Example: High S/NB Practice**

Although the worker had some initial difficulty in tracking down the youthful mother and her child, his thorough efforts to discover the child's potential needs and the mother's strengths through contacts with the referral source, medical personnel and extended family gave him solid grounding for his later meeting with the mother. The mother reported that when she heard that an SOSCF worker was trying to contact her, she was initially frightened; she had been in foster care herself as a child. Her actual contact with this particular worker quickly dispelled her anxiety, however: he listened and understood her point of view, was able to recognize and commend the mother on her appropriate actions to meet her son's medical needs, and was able to establish that the child was indeed being cared for well. He let the mother know how impressed he was with the supports she had gathered around her to help her care for her son, notably moving in with her older sister, who provided child care while the mother was at school.

He responded quickly to the mother's request for clarification about the possibility of her son visiting his maternal grandmother out of state (since there was no petition, and no need, for the agency to assume temporary custody, there was no problem). Furthermore, the worker discovered that the allegations essentially stemmed from the non-custodial parent's (and his mother's) desire for greater control over their contact with the child; the worker arranged to meet informally together with the paternal grandmother and the mother to clarify the agency's (non-) role in such interfamilial custody issues and to bring them back to a focus on the child's relationship needs and how to best meet them. Although the disposition was 'unfounded,' at the time of the interview the worker stated that he planned to keep the case open for an additional month, in case the mother needed temporary assistance from the agency. This case, although brief, had positive outcomes, achieved through solid use of Strengths/Needs Based principles: a satisfied mother who felt respected, recognized and encouraged; lessened tension among extended family members; and a base of good will in the event this mother needed help from the agency in the future.

## Strengths/Needs Based Practice with the Open for Services Group

The larger group of cases in the sample (n=63) received either brief services (n=10) or were open at the time of the interview and were considered by workers as likely to remain open and be transferred to an ‘ongoing’ unit for continuing services (n=53). In about 41% (n=26) of these cases, the target child in the family had been removed as a result of the referral. Less than a third of these children (31%, n=8) had been returned home by the time of the interview. As noted earlier, families in this group were more likely to have serious problems with alcohol or drug abuse, poverty issues (including housing) and mental illness than the families whose cases were closed after assessment. By and large, these families appeared likely to need more services and to be more difficult to engage in a helping process.

### Branch Differences

We examined the data on family and case characteristics for the Open for Services Group in each branch office in the evaluation, in order to provide context for comparisons of practice. Sample sizes, when broken out by individual branch offices, are quite small so that differences in these and other findings may in some cases be due to chance rather than to replicable conditions. However, based on caseworker’s reports, the findings suggest that families served by the East Branch or Midtown Branch offices in the Metro Region may be more likely to have difficulties with domestic violence, while families in North/Northeast may have more difficulties with criminal/legal problems. Substance abuse appears quite uniformly distributed (with the exception of Polk County, which has a sample of only four cases). Note, however, that this information came from interviews with workers and was therefore dependent on contact between worker and family, combined with referral information. Where more contact had occurred, presumably more information was available. This data is summarized in Table 7 below.

**Table 7**  
**Prevalence of Family Factors in Pilot Branches**  
**Caseworker’s Reports (n=63)**

	East Branch (n=17)	Midtown (n=10)	North/NE (n=11)	St. Johns (n=14)	Deschutes (n=7)	Polk (n=4)
Substance abuse	6 (35%)	3 (30%)	4 (36%)	6 (43%)	2 (29%)	3 (75%)
Domestic Violence	11 (65%)	5 (50%)	2 (18%)	5 (36%)	0	1 (25%)
Poverty	6 (35%)	2 (20%)	3 (27%)	7 (50%)	1 (14%)	2 (50%)
Housing Crisis	8 (47%)	4 (40%)	2 (18%)	5 (36%)	0	1 (25%)
Criminal Activity	5 (29%)	0	6 (55%)	1 (7%)	1 (11%)	2 (50%)
Mental Illness	2 (12%)	4 (40%)	2 (18%)	7 (50%)	3 (43%)	3 (75%)

## Initial Contact

Despite the serious issues with many families in the Open for Services Group, in about half of the cases (n=34) workers found families to be open to SOSCF's involvement at the point of the first contact, with ratings of four or five on a 5-point scale (from 1 "very hostile" to 5 "very open").

In about one case in five, however, workers rated the family's attitude as initially very hostile or defensive, with about a quarter of the families falling in the middle.

Workers characterized positive attitudes with descriptions such as: cooperative, open to the agency's involvement and/or receptive to services, up-front and/or honest, admits to problem and is remorseful, and acknowledges the need for help. In caseworkers' words:

*She appeared very open, cooperative, friendly, easy to talk to, accepting my suggestions for domestic violence [counseling], and parenting, and individual counseling.*

*But this family was clearly very out front, and I think actually that was the biggest reason I didn't remove their child.*

*She was really cooperative. She wasn't crying, she seemed really calm, really together as far as she understood that what had happened was wrong. She felt some remorse that the kids had gone through what they did, that they really didn't need to be living like this anymore and she needed to make some changes. And she was willing to really work on them and knew that she was the one that could do this. So she was willing to take on that responsibility at that time.*

For the families who presented a greater challenge, workers noted that at the point of first contact the family exhibited hostility or anger, failed to acknowledge responsibility for the issues that brought them to the attention of the agency, and were especially fearful that their children would be removed.

*I remember her very abrupt and not acknowledging any responsibility at that point and hung up the phone. I gather she contacted her husband, because he showed up at the school very shortly thereafter. And he was very angry and very much out of control.*

*When I explained about if the kids could not be safe in their home, then what those options would be- looking at foster care, relatives, whatever that would mean - she became very hostile, probably a ten in her body language and everything would surface, and her voice would become real agitated and she smoked one cigarette right after another. You could tell she just did not want that to happen.*

In working with the anxiety, fear, or anger that some families present at the time of the initial contact, workers provided examples of how they defuse situations and establish rapport with families. Behaviors reflect attending skills as well as S/NB practices of noting strengths and focusing on child's needs:

*Whenever I am in a really bad situation, I am really up front. I say, this is why I am here and I have these concerns and we need to talk about these concerns. Often they are going to be really, really negative and you can pull a strength out of, "Well, you are very opinionated, you have a very strong feeling about what you are saying here," you know. If you can give them a tinge of having them feeling like they are even being listened to, then it opens the door a little bit more.*

## **Families' Views**

- **A substantial number of families in the Open for Services Group viewed the initial contact with the agency positively (44%, n=27), rating the experience a four or five on a scale from one ('terrible') to five ('wonderful'), while about one-quarter reported very negative experiences, with ratings of one or two.**
- **Average ratings on this item suggest that families from the St. Johns and the Deschutes County Branch offices had the most positive initial experiences (means of 3.93 and 3.83 respectively, (s.d. 1.4 and 1.2), to a lower average rating of 3.1 in North/Northeast (s.d. 1.1).**

To assess caseworkers' behaviors that may promote positive or negative initial engagement with families, we asked families, "How would you like to be treated by a caseworker? How does this compare with how you were treated?" The following themes emerged:

- ***Truthfulness and clear, up-front information:***

*She was straight up. She didn't lie to me, like before [as a previous worker had]. She was up and forward to me, which is what I need. I need to know that if I don't do something I'm gonna lose him. I need the truth, not a lie.*

*If he would have been more informative on the first visit, if he wouldn't have just come in and told us what he could do and then left.*

- ***Presenting options and choices in a non-threatening way:***

*It would be more body language. You know people come off really strong... an attitude that I have authority, I can make these decisions. I feel that they can maintain that power but in a caring and loving way instead of an accusation type way.*

*If she did say..., "Well, if you don't take this class I'm taking you son away", or if she started to be that way, then I'd be more reckless. I don't know how to say it ... I'd fight ... I would not do things. With her giving me my choice, I'm okay with that.*

- ***Open communication and empathy with parent's feelings:***

*I have feelings too. I would just like to be treated with a little respect and a little bit of honesty.*

*I felt badgered...[I would have liked] a little more calm with me, a little bit of compassion.*

• **Respectful, non-judgmental, non-condescending behavior:**

*She wasn't demeaning..I know that some caseworkers can be that way. They talk to you like you are illiterate and don't understand or can't keep up with what they are saying. I can't stand that. I hate that more than anything.*

*I would like to be treated like I am a person...who needs help, not somebody that doesn't want help. And somebody that wants their family, not one of those people who would ditch their baby in a garbage can or something. I want them to look at the good side of me and see what I've done for my kids and try to give me the help to be even better than what I am.*

Cases that exhibited positive first contacts between family and SOSCF were very often characterized by caseworker behaviors and attitudes in sync with how families want to be treated, as shown by the following examples:

*She came in with a smile on her face. She didn't come in with an attitude like most workers do. And she seemed to care about my son and me, not just about my son. She asked me questions like how I was feeling that time when she came in. Just basics like that. It really made me feel good about that because I don't like too many SOSCF workers.*

*She was very polite, and direct with her questioning, she wasn't being sneaky or trying to trick me into saying anything or anything like that... she was very professional, and she was empathetic with how I felt, and when I got off the phone I felt a lot better, because somebody else knew, somebody else was gonna help me take care of the problem, and she handled it — well, y'know, it was my first contact with them — but from what I saw she handled it well. She set my mind at ease, basically.*

Families who viewed their first contact in a more negative light described their initial experience with their caseworker as feeling badgered, attacked, deceived, accused, judged, and intimidated and described their caseworker as threatening, rude, cold, and/or argumentative. Family members said:

*I was a little more concerned because of the attitude of, "Well, we have seen this all before." I am like, "Seen what?" Basically, simply put, we spanked him too hard. I mean it is not like he had broken bones, or he was battered from head to toe. Sure it is something serious, but the way he made it sound it was more serious than what it ended up being. I was stressed out for weeks. I couldn't sleep my stomach was in knots, because they said they could take both my kids away, both of them.*

*She was trying to be informative, but at the same time she was saying, "Now is not the time to talk to me about this, I have other things to do." I was going, "Wait a minute, you have my son. I want some answers. It seems you would allot yourself more time to talk to the parents and get the parent's side before the hearing." She wouldn't even talk to me after the hearing. Like I said, she is a very frustrating person.*

## **The Impact of Removing Children**

Families who had a child removed from the home as a result of the referral (n=26, 41%) not surprisingly rated the initial contact with the worker somewhat less positively than did families whose child was not removed. However, this difference was small and was not statistically significant, suggesting that placement alone does not necessarily result in hostility on the part of parents. In the majority of these cases, the caseworker interviewed was not directly involved in the initial removal of the children; law enforcement personnel frequently made this decision. While families were upset about their children's removal, many recognized that out-of-home placement was at least a temporary necessity, and held no grudges against the agency or their worker. In fact, about a third of the families (n=10) told their interviewer that they felt the decision to remove the child was warranted. As one father described his feelings at the time of his daughter's placement into care,

*Looking back at it, they had absolutely no choice...I forcibly agreed upon [the decision to place the child]. I kind of volunteered, not wanting to volunteer. I signed a thing saying, "Here, go ahead and take my daughter even though you shouldn't have her."*

In one case, a mother whose two young children had been removed by SOSCF workers due to serious neglect reported that her husband had been

*...really stressed out and crying and really scared, you know. He couldn't figure out what exactly was going on. Because he had just woken up...by the time he got up, they said, "You need to get your kids dressed and change their diapers." So he got them dressed and changed their diapers and then they said..."Say goodbye to your kids." And they took them away. They didn't give him much explanation until after the kids were already in the car. And then they explained to him what was going on.*

Some families reported anger and confusion about the lack of information, or misleading (even deceptive) information, provided at the time of removal. In all but one these cases, however, the family member interviewed went on to describe his or her caseworker in positive terms, suggesting that an unhappy start could be overcome by later constructive and collaborative actions.

## **The Planning Process**

A central goal of Strengths/Needs Based service delivery is the individualization of services based on a collaborative planning process between agency, family, and community partners. Services are intended to be built around family strengths and to address very specific needs of the child(ren), focusing especially on safety and attachment needs. The S/NB model suggests that this planning begins at the very start of protective service casework and is based on agreement between worker and primary caregiver about the child(ren)'s needs.

In practice, throughout the entire System of Care reform thus far, much Strengths/Needs Based service planning has been accomplished in family decision or family unity meetings that may occur at any point during the life of an SOSCF case. This has been increasingly true as

agency policy and state legislation have emphasized the role of family meetings in ensuring a collaborative and inclusive planning process. Many workers virtually equate S/NB practice with the family decision meeting and/or the use of flexible funds to secure special services.

In protective services, based on the sample of 63 cases in the Open for Services Group, about a third (32%, n=20) of the families said they had attended one or more family unity or family decision meetings. Caseworkers reported family meetings in somewhat more cases than did families (n=25, 40%). The discrepancy is not surprising, given the imprecise definition of what constitutes a family decision meeting. A wide variety of meetings (from those that are scheduled in advance with an outside facilitator and include a range of community partners, to informal meetings between worker and primary caregiver, occurring without pre-planning but possibly including other family members or significant others) may be designated as a family decision meeting. Some meetings took place at court, for example, because the worker found this to be a good opportunity to talk with multiple case participants and/or extended family.

Regardless of whether planning occurred in a formal meeting, an informal meeting or simply between worker and family member, the SN/B collaborative approach implies that families will have a powerful voice in deciding what services are or are not needed for themselves and their children.

- **Caseworkers, about 62% of the time (n=39), felt that the planning process they employed was very empowering for families. In contrast, about 40% (n=25) of the families said they felt their opinions counted “a lot” in the planning process.**
- **There were differences in this rate among the protective service units, with 79% (n=11) of family respondents in St. Johns reporting that their opinion counted a lot, in contrast to 9% (n=1) in North/Northeast, with the other branches ranging from 35% in East to 57% in Deschutes. Despite the small sample sizes, there was a significant association between branch office and these ratings ( $\chi^2=18.93$ , df 10,  $p<.05$ ), indicating that the relationship was unlikely to be due to chance.**

## Services Delivery

With the focus on the early contacts between agency and family, our evaluation did not explore service delivery in depth; rather, interviewers noted service needs that had been identified and whether specific services had begun at the time of the interview. According to the reports of families, in 19% (n=12) of cases in the Open for Services Group (n=63), no services had yet been planned. This number was slightly lower according to caseworkers, who reported only 13% (n=8) of the cases to be without any planned services at that time. No distinction was made in these figures between services consisting of assessments or evaluations and substantive services aimed at outcomes for caregivers and their children.

Families and caseworkers were largely agreed on the type and number of service referrals, which ranged from assessments and evaluations to counseling, treatment, and assistance to meet basic needs. The most common referral was for parenting classes. According to family reports, 53% (n=27) of all cases receiving services were referred to parenting classes; caseworkers also put the figure at about half (47%, n=26). Other common service referrals included drug and

alcohol assessment, substance abuse treatment, and family counseling, with both families and caseworkers reporting these referrals in 22% to 29% of all cases receiving services. A final category of referrals for assistance with basic needs (e.g., housing, clothing, employment) was also common, though families and caseworkers disagreed about the frequency. According to families, these referrals came in 29% (n=15) of cases. However, caseworkers reported they had made referrals for assistance with basic needs in 42% (n=23) of cases.

In reporting the status of service referrals, families were more knowledgeable than caseworkers about whether services had begun or were completed. According to family respondents, of the 161 referrals made (of all types) about half had begun (55%, n=88) or had been completed. In many cases, assessment, counseling, or treatment was scheduled to begin, but had not at the time of the interview. None of the six referrals for anger management had begun, and only 11 of the 27 parenting classes had begun (41%). Because of the variation in the time between case opening and family and worker interviews, it is not possible to draw conclusions about timeliness of service delivery from this data. Data from subsequent interviews will be used to consider this issue in more depth.

### **Placement and Visitation**

In 41% (n=26) of the Open for Services Group, the target child was removed as a result of the referral. When this occurred, about a quarter of the children went to a relative's home (n=7); 42% (n=11) went into regular foster care; about 8% (n=2;) went to the other biological parent; and about a quarter (n=6) went to other types of care. Of those who went into regular foster care, less than 25% were placed in their own neighborhood. However, caseworkers reported that they had some degree of choice about where to place the child a little more than half the time (n=13), though the nature of the options was not specified in the interview.

A few families (n=3) reported that they were allowed to visit their children immediately; another few (n=4) were provided with a visit within 24 hours, and 30% visited within a week. However, 40% of the families reported that their first visit with their child was more than a week following the placement.

Approximately 60% of the target children who were removed from their primary caregiver had a single placement (n=15) at the time of the interview, while eight had 2-3 placements during this period and one child had six different placements.

- **Families rated the quality of their children's out-of-home placements as good in nearly 80% of the cases and poor in only a single case, with other families reporting mixed impressions or finding the placement(s) acceptable if not of high quality.**
- **Furthermore, more than 90% of the families considered their children to be safe in care.**

As one parent put it:

*I knew she was in good hands ... it was very good ... God bless them for being there. It is a good place for situations like [my daughter's] and other situations. But if they weren't*

*there, especially good ones like the one [my daughter] was in, I don't know where these kids would be.*

Parents also expressed their satisfaction with the provision of nurturing, stimulating care, whether in the home of a relative or a regular foster parent; direct communication with the foster parent (or kinship care provider) was an additional important contributor to overall satisfaction with out-of-home placement:

*So we asked that she [the foster parent] would give us contact and keep calling us. So she did. She called us and we saw the boys, we saw how great they were, how they were acting and how much smarter, they were both learning so much in preschool and everything. That's when we realized, "Wait a minute, you know, this is actually helping out everybody." It is helping us out because we needed time to straighten out our lives.*

The provision of a structured, predictable environment was also seen as beneficial, and in the best interests of both child and parent. The father of a teenager placed in a shelter care setting put it this way:

*Right now she is at White Shield [a residential program for teenaged girls in Portland] because I just can't tolerate her behavior. I just think that is the best place for her until she gets her counseling and stuff going to try to help things out.*

In some cases, however, as the quantitative findings suggest, families were less than satisfied with the quality of their child or children's placement. Another parent of an adolescent described what little she knew of her son's foster home:

*All I know is that he is living in a house with no other children and I think [my son] said the lady told him she was 56 or 57 years old. He hasn't been in school as far as I know .... His form of entertainment was Nintendo. I asked [the caseworker], I think it was a week after they had him, I said, "Why isn't somebody going by the school and picking up school work for him .... She [the caseworker] said, "Oh, that's an idea." It is amazing that somebody else hadn't thought about it ahead of time.*

Later in this same interview, this parent brought up the issue of the negative effects of lack of communication about children in care, a theme echoed in other families' experiences. She continued,

*... They won't allow him to call me. I can't understand why. Even if the foster mother had called me to tell me what he has been doing, or anything else. Needing more information about the child while the child is [in care]. It is hard not knowing. And depending on people that you don't know. Just more information about what's going on with the child and the case.*

## Visitation

Visitations were reported as regular by 73% of the families (n=19): once a week for almost half, and more than once a week for one-quarter of the families. Visits were rarely in the foster home or the home of the family respondent, more often at SOSCF or another location.

The text of interviews with family respondents provided extensive material illustrating the importance of visitation to families. On the positive side, the involvement of unplaced siblings and extended family members in visitation was commended. The frequency of visits -virtually unlimited visitation was offered in some kinship care placements - was cited appreciatively by some parents. When foster parents felt comfortable with contact with biological parents, this had a positive effect on satisfaction with visitation. Children's reactions to visits were occasionally described in positive terms, even under conditions of supervision by SOSCF staff. As one mother described her husband's visit with their daughter, "*It was great ... both of them enjoyed themselves immensely. They just played like she wasn't even there.*" The use of telephone contact to augment visitation was spoken of positively by some families, as illustrated by the case of a mother who described how her anxiety about a diminished relationship with her young daughter was lessened through visitation supplemented by telephone contact. In response to a question regarding her feelings about the adequacy of the visitation plan in maintaining an attachment to her daughter, she replied:

*Oh, yeah. Because I was afraid that she would like, not want to talk to me or just take herself away from me. But every time I talk to her she just gets more and more excited. That keeps me going, just to know that she is still excited to hear me.*

Visitation, in short, plays an important role in "keeping families going" when their children are removed from their homes due to abuse or neglect.

Negative experiences around visitation were also present, however. Some parents reported that both their children and themselves were "torn up" by the "heavy feelings" surrounding visits. The emotions engendered by saying goodbye, by re-experiencing separation at the end of visits, could be painful. Some parents were uncomfortable and put off by the physical setting of visits; one parent spoke for several others when he offered suggestions for improving visitation:

*However, they need, and I mean NEED, it may sound trivial but it is not, they have a need for a more comfortable, relaxed setting for visitations. Because it is a traumatic experience for parent and child as it is. And to be in an unnatural setting in a very cramped atmosphere is really bad. I mean it is heart-wrenching anyway, but it needs to be a bigger room, a more comfortable setting and a different situation .... You want it as relaxed and natural as possible, you would think. Summertime, maybe a park setting.*

A few parents felt intimidated by having SOSCF staff supervise their visits, and unfairly constrained from offering what they felt was comforting, appropriate words to their child. As one mother (whose partner had allegedly abused her son) saw it, she was unhappy,

*Because they tried to intimidate me right off the bat, you know, during the visitation. I said to [my son], "Mom and Dad love you," and they stopped the visitation right then. [My*

*partner] is the only man I've lived with since before he was born ... he is the only man [my son] has ever known. And they just automatically didn't like that. "You know [partner] is not [your son's] Dad so you are traumatizing [your son] by mentioning his name." That upset me.*

The most frequently-cited barrier to visitation was transportation; both lack of funds for bus fare and the need to make multiple transfers of buses in order to reach the site of visitation were mentioned in this regard. A division-related barrier, mentioned by several caseworkers, was an overburdened Human Services Assistant staff. Arrangements for transportation, space and supervision for visits frequently fell on this staff who had little or no time in their schedules for another family. Some parents reported that their visits had to be cut short because the assistant needed to leave for another duty. Finally, the lack of timely, regular and frequent visitation was emphasized by a significant minority of parents. One mother reported, *"I've demanded to see my children since I have been in town, and I have been in town for 33 days and not seen them yet."* Another mother, asked if she had had a reasonable amount of contact with her son, commented, *"No, I don't think it is reasonable. It has been 16 days, now. Today makes day 17. I've seen him once."* Whether for reasons related to problems with setting, frequency or facilitation of visits, visitation was a source of dissatisfaction for some.

### **The Helping Relationship**

At the time of interview, a third of the families said they had seen their worker only once or twice (n=19); about a third reported somewhat more contact, but less than once a week (n=22); one in five reported quite intensive contact (n=12); and thirteen percent said they had seen their worker weekly since case opening (n=8). It should be noted that these figures reflect the timing of the interview relative to the date the case opened, as well as variation in practice.

A little less than half of the families in the Open for Services Group (n=30) were satisfied with the amount of contact, indicating it was sufficient; the rest felt it was inadequate. Adequacy of contact, based on families' ratings, varied somewhat between protective service units, from a high satisfaction rate of 71% (n= 10) in St. Johns to a low of one-third in North/Northeast (n=4), with East, Midtown, and Deschutes branches in the middle, at about 50%. (Polk is not included in this comparison because of the very small sample of cases from that branch.) Workers reported more frequent contact with the families than did family respondents. In 74% (n=46) of the cases overall, workers considered the amount of contact to have been adequate. Workers' perceptions also varied somewhat among branch offices, from a low of 64% in North/Northeast to a high of 86% Deschutes.

Despite fairly limited contact with their workers in many instances, families' experiences with the service system as a whole were largely driven by how they felt treated by their worker and the quality of the relationship that was established between client and caseworker. Much depended on whether family members felt listened to, respected and cared for. To examine this aspect of services, a collaboration questionnaire developed for the S/NB evaluation was administered to the families in this sample. It consisted of 18 items pertaining to different aspects of the family/caseworker relationship. Although there is overlap among the constructs in the questionnaire, items were developed to reflect the following dimensions of casework practice: a strengths perspective; personal support and a caring attitude; joint decision making;

and helpfulness. Two items were eliminated for this analysis because of missing data on 5% or more of the cases (these were items for which a number of families felt they did not have enough contact with the worker to make a judgment).

Each item consisted of a statement beginning with, “*Considering your experiences with SOSCF since your case opened, how much has your worker...*” followed by a phrase such as “*been supportive of you personally?*” For each item, the family rated the level of collaboration from 4 “*very much*” to 1 “*not at all.*”

Individual item responses are presented in Table 8, along with average responses on individual items. They range from a high of 3.44 to a low of 2.67. Items are listed below in order of the magnitude of these mean scores.

**Table 8**  
**Collaboration Items**  
**Family Respondents**  
**(n=63)**

How much has your worker...	Very much	somewhat	A little	Not at all	Mean (s.d.)
believed that you really care about your children?	71% (n=42)	10% (n=6)	10% (n=6)	9% (n=5)	3.44 (.99)
talked about your children in a positive way?	61% (n=36)	15% (n=9)	12% (n=7)	12% (n=7)	3.25 (1.08)
believed that you understood your child's needs best?	43% (n=27)	32% (n=20)	11% (n=7)	14% (n=9)	3.03 (1.06)
listened to you?	42% (n=26)	26% (n=16)	19% (n=12)	13% (n=8)	2.97 (1.07)
believed that you and your family would solve the problems you were having?	40% (n=24)	28% (n=17)	13% (n=8)	18% (n=11)	2.90 (1.13)
encouraged you to say what you thought?	42% (n=26)	21% (n=13)	19% (n=12)	18% (n=11)	2.87 (1.15)
considered your opinions important in deciding what your children need?	39% (n=24)	24% (n=15)	18% (n=11)	19% (n=12)	2.82 (1.15)
recognized your strengths as an individual?	45% (n=28)	15% (n=9)	16% (n=10)	24% (n=15)	2.81 (1.25)
thought your ideas were important in deciding what services were or weren't needed?	38% (n=24)	22% (n=14)	21% (n=13)	19% (n=12)	2.79 (1.15)
helped you get things you really need?	38% (n=23)	25% (n=15)	10% (n=6)	27% (n=16)	2.75 (1.23)
made you feel as comfortable as possible in the situation?	38% (n=24)	21% (n=13)	19% (n=12)	22% (n=14)	2.75 (1.19)
been supportive of you personally?	38% (n=24)	22% (n=14)	16% (n=10)	24% (n=15)	2.75 (1.20)
cared about you as a person?	38% (n=23)	23% (n=14)	15% (n=9)	25% (n=15)	2.74 (1.21)
understood your point of view?	36% (n=22)	23% (n=14)	21% (n=13)	21% (n=13)	2.73 (1.16)
seemed like someone you could talk to?	36% (n=22)	13% (n=8)	26% (n=16)	26% (n=16)	2.58 (1.22)
was someone you came to trust?	33% (n=21)	11% (n=7)	32% (n=20)	24% (n=15)	2.54 (1.19)

Three items had average responses at or above 3.0 (that is, between “*very much*” and “*somewhat*”) with 75% or more of responses falling in these two categories. Consistent with prior findings, items with the highest number of positive responses pertained to how the caseworker related to the respondent with regard to the child(ren). These findings suggest that

workers build rapport with families by focusing on the child(ren) and on the parent's care and concern for their children's welfare as a means of engaging them in a collaborative relationship. It is also apparent, however, that workers are somewhat less likely to focus on strengths in such a way that family members feel recognized, respected or understood. Less than 40% of family respondents rated their workers highly on these dimensions.

Following a review of individual item responses, a composite measure of collaboration was derived by summing the 16 items. These summary scores ranged from 16 to 64, with a mean of 45.7 (s.d. 15.26). The internal consistency reliability of this measure was high, with an alpha coefficient of .97.

- **Distributions of the scores indicated that 44% of the respondents (n=28) had scores between 50 and 64, i.e., at the very high end of the range, indicating positive responses on all or nearly all of the items. Half scored 44 or below, with about 20% with scores at or below 30, indicating quite negative responses.**
- **Branch differences on the summary measure of collaboration indicate a high mean score of 54.2 (s.d. 15.48) in St. Johns and a low of 35.3 (s.d. 12.39) in North/Northeast, with other branches ranging from 41.1 (s.d. 13.9) in East to 51.7 (s.d. 13.43) in Deschutes. The mean differences among the branch offices was statistically significant, based on one-way analysis of variance (F=3.72, df 5, p<.01).**

One worker behavior that was strongly linked with ratings on the collaboration items emerged from a single item in the family interview asking the respondent, "*did your worker ever ask you for feedback about how the process was going for you?*"

- **Overall, about half the families in the sample (n=31) reported that this had occurred. For families that answered "yes" to this question, the mean collaboration score was 56. (s.d. 11.9). For families that answered no, the mean score was 35.1 (s.d. 9.5). This difference was statistically significant (t=-7.931, df 61, p<.001).**
- **Branch differences on this measure indicate that 70-80% of the families in St. Johns and Midtown said their worker asked for their feedback (n=11; n=7), about 50% in East and Deschutes County (n=9; n=3), and 9% in North/Northeast (n=1). Despite the very small sample sizes, these differences were significant, based on chi-square test of association ( $\chi^2=17.73$ , df 5, p<.01), indicating that the association was unlikely to be due to chance.**

While clearly this single practice of requesting feedback from families would not alone be enough to change the nature of a relationship between the agency and a hostile client, it may serve as a proxy for a set of behaviors, skills, and attitudes, that are especially effective in achieving collaborative relationships with families.

## Interviewers' Judgments

Interviewers from the evaluation team used information provided by workers and families, combined with data from the case records, to form overall impressions of the utilization of Strengths/Needs Based principles and practices in these cases (the rating form for interviewer judgments can be found in the appendix). Individual ratings (from a low of one to a high of 5) focused on:

- the identification of child(ren)'s needs;
- the use of family strengths in assessment and planning;
- the level of collaboration achieved with families;
- the degree to which service plans appeared to be individualized;
- worker's respect and attention to family class and culture issues.

The interviewers' judgments after examining the 63 cases in this group are presented below in Table 9, ordered from those with the highest ratings to the lowest.

**Table 9**  
**Interviewers' Judgments**  
**Open for Service Group (n=63)\***  
**Based on scores from 1 (low) to 5 (high)**

<b>"Degree to which..."</b>	<b>1-2 (low)</b>	<b>3 (med)</b>	<b>4-5 (high)</b>	<b>Mean (s.d.)</b>
service plan was individualized	41% (n=24)	19% (n=11)	40% (n=23)	2.97 (1.43)
worker showed respect and attention to issues of class and culture	13% (n=8)	23% (n=14)	64% (n=39)	3.80 (1.06)
attention and planning has focused on child's needs (though other needs may have been considered also)	21% (n=13)	24% (n=15)	54% (n=34)	3.63 (1.28)
family was involved in service planning	23% (n=14)	25% (n=15)	52% (n=31)	3.50 (1.26)
worker has worked with family to discover needs of child	30% (n=19)	22% (n=14)	48% (n=30)	3.30 (1.25)
service plan capitalizes on family strengths	35% (n=20)	14% (n=8)	52% (n=30)	3.24 (1.33)
relevant strengths of the family were incorporated in service/safety plan	32% (n=20)	18% (n=11)	51% (n=32)	3.18 (1.40)
needs were clearly identified (not expressed as services or actions required)	35% (n=20)	22% (n=13)	43% (n=25)	3.16 (1.35)
family was involved in identifying strengths	40% (n=25)	14% (n=9)	46% (n=29)	3.10 (1.42)

\*Sample sizes vary somewhat due to a small amount of missing data; rounding errors account for percentages that do not add to 100%.

From the table it is apparent that interviewers found practice at both extremes of the spectrum, with half or close to half of the cases scoring very high on these measures and 20-40% scoring very low in areas such as involving the family in identifying strengths, clearly identifying the needs of the child, capitalizing on family strengths in service planning, and individualizing services. Similar to findings presented earlier, while workers may verbally endorse the use of strengths and often state that they “have always been” strengths-based in their practice, there is sometimes a discrepancy between their perceptions and the experiences of family respondents. This discrepancy is worth noting with respect to needs for training, mentoring and clinical supervision.

A final overall judgment was made of the quality of Strengths/Needs Based practice in the protective services casework with these families. These overall ratings ranged from one to seven, with the highest ratings indicating:

*“strengths of the child and family actively sought; awareness and sensitivity to cultural dynamics demonstrated; focus on children’s safety and attachment needs emphasized throughout; family members’ views of children’s needs thoroughly solicited and taken seriously; substantial ‘common ground’ established with family on needs of child; process perceived and pursued as a ‘win-win’ endeavor with clear goals and benefits for all parties.”*

Cases at the low end of the scale demonstrated much less attention to the individual child and family:

*“strengths of child and family not solicited or accepted; focus on safety only or inadequate attention to safety; cultural dynamics ignored, denied or discounted; family members’ views of children’s needs not sought or sought in a pro-forma manner; minimal or no ‘common ground’ established with family on needs of child; process perceived and pursued as ‘agency wins-all’ endeavor with paternalistic goals.”*

Based on the numeric score assigned by the interviewers, in the total ‘Open for Services’ group of 63 cases, the average “overall S/NB practice” rating was 4.51 (s.d. 1.68), with a median of five, suggesting that half of the cases scored quite high and the rest were distributed across the lower end of the scale. Branch differences followed much the same pattern as in prior comparisons, with a high average rating on cases of 5.14 (s.d. 1.66) in St. Johns and a low of 3.18 (s.d. 1.60) in North/Northeast, with other branch averages ranging from 4.4 to 5.0.

Vignettes of cases that interviewers rated high and low on this scale are presented below.

### **Case Example: High S/NB Practice**

At the high end of the scale is a case with very strong use of family strengths, collaborative planning, provision of flex funds, respect for and attention to family class issues, and high engagement of the family. This case involves a young mother and her boyfriend who were residing with the maternal parents. The mother, overwhelmed with parenting her two-month old newborn, was hospitalized after attempting to stop the baby's breathing. On his initial visit to the family home (which occurred on Christmas eve), the caseworker held an informal family decision meeting with all members of the household to address the safety needs of the child and to build on family strengths to maintain or enhance mother-child attachment. It was agreed by all that the mother would continue to care for her child in her parents home under the supervision of family members; the bio-dad would have the primary responsibility, and when he was at work the maternal grandfather would oversee supervision. This informal family decision meeting was one of three held in the first six weeks, with an evolving plan as community partners and other family friends were drawn into the support system. The service plan included IFS to address inter-generational conflicts and to build communication and cooperation within the household, a therapist to work with the mother on her mental health issues, and a community health nurse to monitor the well-being of the baby. Flex funds and foster care prevention funds were provided to the maternal grandfather. It appeared that the worker established trust and a good rapport with the family. The mother reported feeling listened to and treated with respect. The mother also reported satisfaction with the family decision meeting process: "They were very well put together. Everyone agrees, everyone has their own two cents put in. Everyone listens and tries to build a good foundation."

### **Case Example: Low S/NB Practice**

A case assessed as low by interviewers involves a non-offending mother who felt that the caseworker threatened removal of her children in order to have the mother comply with services. In the interviewer's judgment, the mother could have been receptive to services had she understood the need for them. The case was brought to SOSCF attention by school personnel who reported a divorced father for transporting his daughter to school, despite the fact that he was awaiting trial for sexually assaulting another child in the family and had been ordered not to have contact with minors. Three caseworkers went out on immediate response to the mother's apartment (prior to the initial contact with the mother, the biological father was arrested and incarcerated). The mother felt threatened, badgered, and disrespected. In retelling her version of the first contact with the agency, the mother said, "Some...lady just started stating that they could have showed up with two police officers, could have took my children away, my two girls right out of school." The worker noted that the mother was scared, visibly upset, and non-cooperative; yet appeared to do nothing to allay her fears during this first contact. Despite later efforts by the worker to engage the mother, the initial visit set the tone for the mother feeling threatened and forced to comply with the agency's requests. The mother essentially felt powerless. Little or no agreement of the needs of the children was achieved. In spite of the worker's acknowledgment to the interviewer of many strengths in the family, the family was not involved in the process of identifying them, and the strengths were not utilized to engage the family and achieve agreement.

## Client Engagement as an Outcome of Protective Service Casework

The adoption of a Strengths/Needs Based service approach at SOSCF rested on two assumptions about the goals and processes of child welfare casework with families:

- first, that families can be engaged in a positive helping relationship with the service system, and that focusing on the needs of children, while recognizing and acknowledging family strengths, will be an effective way to engage families;
- second, that services can be individualized through collaborative work with families and community partners to identify and respond to children's needs, and that these individualized services will lead to improved outcomes.

The evaluation of S/NB cases this year focused on the first of these assumptions: client engagement as a key proximate outcome of protective services. In doing so, we wanted to make a distinction between compliance (simply following the service agreement, attending or even completing services) and an internalized state of engagement, since workers and family members alike have been clear that some clients are just “going through the motions” to “get the agency out of my face,” while others are genuinely invested in making changes in their lives. We felt that, while engagement might contribute to compliance or follow through, it was not synonymous with it.

Also, we conceptualized engagement as more than the relationship between the worker and the client. We knew from prior evaluations, and the data in this report strongly support it, that the interpersonal aspects of casework practice were extremely important to families. But our definition of engagement included other dimensions as well. We wanted to include a sense of investment in the planning/helping process; a sense of hope or expectancy about receiving help through the agency's involvement; a sense of ownership of the goals, or buy-in, on the part of clients; and a readiness to acknowledge responsibility for meeting the child(ren)'s needs.

To capture engagement along these dimensions, we developed a preliminary set of items for family respondents and a roughly parallel set for workers' perceptions of the families' state of engagement. In each case, the rating is made on a 5-point scale, based on how much of the time the family feels, or conveys the feelings, described in each item, from “*all or nearly all of the time*” to “*none or nearly none of the time*.” Some items are worded positively and others negatively in an effort to reduce response bias as much as possible. Parallel items for family respondents and caseworkers are listed below in Table 10, along with mean responses from workers and family members. Negative items have been reverse scored so that items with higher mean scores always reflect greater engagement as defined by the item.

**Table 10**  
**Client Engagement**  
**Preliminary Items for S/NB Evaluation**  
**(n=63)**

<b>Family Items</b>	<b>Mean (s.d.)</b>	<b>Worker Items</b>	<b>Mean (s.d.)</b>
I believe my family will get help we really need from SCF.	3.05 (1.5)	I think this client feels hopeful about the outcome of SCF's involvement.	3.41 (1.2)
I was fine before the agency got involved. The problem is theirs, not mine.	2.17 (1.6)	This client denies any responsibility for the circumstances that got the agency involved.	2.27 (1.4)
I need to make some changes in my life for my children's sake.	3.67 (1.0)	This client is ready to make some changes in behavior or lifestyle to safeguard her/his children.	3.54 (1.3)
What SCF wants me to do has nothing to do with what I think should happen	2.26 (1.3)	The client wants the same things for her/himself and the family as the agency wants.	3.9 (1.1)
I'm a little bit excited about the possibility that things will get better now.	3.59 (1.4)	I think this client is overwhelmed by SCF's involvement and is feeling pretty helpless.	2.05 (1.1)
I am pretty open about my feelings when I talk with my worker.	3.92 (1.2)	I believe this client is honest with me about her/his feelings.	3.68 (1.2)
I have no control over the plans that are made in my case.	2.59 (1.6)	In my opinion this client feels genuine ownership over the case plans and goals	3.47 (1.3)
I am extremely careful and cautious about what I tell my worker about my life.	2.55 (1.5)	I believe this clients is fairly open about what goes on in the family	3.52 (1.2)
I feel pretty hopeless about how my case with SCF is going to turn out.	2.13 (1.2)	I think this client believes we can help her/him.	3.77 (1.1)
[I can tell my worker the truth about things.]	4.16 (1.2)	This client is able to focus on the needs of her/his child.	3.73 (1.2)
What the agency wants me to do is the same as what I want.	3.72 (1.4)	This client has a completely different agenda than the agency.	1.87 (1.2)
I am in a real battle with the agency.	1.97 (1.5)	This client is in a real battle with the agency, not working with us.	1.73 (1.1)

Scores Range from 1, "none or nearly none of the time" to 5, "all or nearly all of the time."

The average rating on most items is somewhat above the midpoint, in keeping with other data in the project, reflecting the positive experiences of a substantial number of clients balanced against more adversarial relationships between the agency and family members in other cases.

## Composite Measure

In order to examine the link between engagement and other variables in the study, tentative summary measures of family engagement (one for workers' and one for families' views) were derived by summing item responses. One item ("*I can tell my worker the truth about things*") was excluded from the summary measure because interviewers felt it was not consistently generating responses indicative of engagement or the lack of engagement.

For family respondents, scores on the summary measure (derived from the 10 included items) ranged from 18 to 55, with a mean of 40.3 (s.d. 9.9) and a median of 42. Visual inspection suggests a good distribution of this variable across the full range of values, with slight negative skewing. Internal consistency was high, with an alpha of .86.

A summary measure of worker's views was also derived, resulting in a distribution of scores from 15 to 65, with a mean of 49 (s.d. 11.76) and a median of 50. Internal consistency reliability of this measure was also high, with an alpha of .94. Visual inspection of the distribution suggests a tendency for workers to attribute a greater degree of engagement to families than did the families. A Pearson product-moment correlation of .57 ( $p < .01$ ) between the worker and family scores indicated a moderate, but by no means exact, relationship between the two. In cases in which families rated their engagement as high, workers also tended to rate engagement as high, but not in all cases or to the same degree. Impressionistically, interviewers noted that workers sometimes believed that families were more positively involved than appeared to be the case, based on families' statements during the interview process.

We examined several other perspectives on client engagement as well, recognizing that the concept is difficult to define and may have multiple meanings. These included a single criterion item consisting of the overall judgment on the workers' part, "*In my opinion this client is positively engaged with SCF,*" rated on a five-point scale from ("*all or nearly all of the time*") to ("*none or nearly none of the time*") and a single item consisting of the research interviewer's overall judgment based on all of the available information about the case (the "*degree of engagement of this family with the worker and the helping process,*") on a 5-point scale from ("*very high*") to ("*very low*"). These measures provided us with additional criteria by which to assess engagement and an opportunity to examine agreement among workers, family members and interviewers. Workers' judgments on the single criterion item, not surprisingly, were strongly associated with the summary score of worker perceptions, based on a Pearson product-moment correlation ( $r = .89, p < .001$ ), but only moderately linked with the families' view of their own engagement ( $r = .53, p < .001$ ). Interviewers' judgments were predictive of family's self-report ( $r = .63, p < .001$ ) and of worker's perceptions as well ( $r = .59, p < .001$ ).

## Compliance

We also examined concrete indicators of follow-through on the part of families, recognizing that while compliant behaviors may not indicate an internalized state of engagement, meeting expectations and completing agreed-upon service plans are important in their own right. These indicators are listed below in Table 11. In each case, the worker was asked to rate the families' behavior on a five-point scale from ("*none or nearly none of the time*") to ("*all or nearly all of the time*").

**Table 11**  
**Follow-through/Compliance**  
**Worker's Rating of Client Behaviors**  
**(n=63)\***

Item stem	Mean (s.d.)
This client returns my phone calls promptly	4.17 (.98)
This client is following through on what we've agreed she/he would do.	3.91 (1.18)
This client is following through on service referrals.	4.08 (1.23)
[This client follows through on visitation plans (if child in care).] (n= 24)	4.17 (1.27)
This client shows up for scheduled appointments with me.	4.46 (.98)
This client initiates contact with me when appropriate.	4.10 (1.24)
[Overall, this client is in compliance with the court's expectations.] (n= 28)	4.21 (1.26)

\*sample sizes vary because some items were not applicable to all respondents.

In order to examine the relationship between **compliance** and **engagement**, it was necessary to derive a summary measure of compliance as well. Items bracketed in the table were excluded because they could not be answered by all respondents (i.e., pertaining to visitation and compliance with court expectations). The remaining items were summed for an overall “compliance” score. Scores on this resulting measure ranged from 5 to 25, with a mean of 20.76 (s.d. 4.17), suggesting that workers reported generally compliant behavior from most families. Internal consistency of the items was high, with an alpha of .84. This measure of compliance was associated with workers’ perceptions of engagement, both on the criterion item and the scale ( $r=.69$  and  $r=.66$ , respectively,  $p<.001$ ) but not as strongly with the family’s report of their own internalized state of engagement ( $r=.30$ ,  $p<.05$ ).

- **Workers were likely to consider the family to be engaged if they behaved in a compliant fashion, while families’ self-report of engagement was not as highly linked to their compliance.**

These relationships are summarized in Table 12 below.

**Table 12**  
**Correlations among Compliance and Engagement Measures**

	1	2	3	4	5
1 Engagement measure (family view) . Summary measure	—	.57***	.53***	.63***	.30*
2 Engagement measure (worker) . Summary measure		—	.89***	.59***	.66***
3 Engagement item (worker view) . (“In my opinion this family is positively engaged with SCF”)			—	.58***	.69***
4 Engagement (interviewer judgment) . (“degree of engagement of this family with worker and the helping process”)				—	.49***
5 Compliance score . Summary measure					—

\*p<.05 \*\*\*p<.001

### The Contribution of Practice to Engagement

If protective services casework, in addition to ensuring the immediate safety of children, is intended to engage families in a positive helping relationship with the service system, then engagement may be considered an important proximate outcome of practice. While families clearly vary in their readiness to be helped, and these differences have a substantial impact on their experience, it is also worth examining whether the Strengths/Needs Based approach, and possibly other aspects of practice as well, may contribute to the positive involvement of families. Our capacity to measure aspects of practice is limited at this juncture to worker and family perceptions and self-reports and to the judgments of our interview team. All of these are subjective or impressionistic. The construct of engagement also lends itself to multiple interpretations. More important, understanding the relationship of engagement, as we are able to assess it, and longer term service outcomes for children and families must wait for longitudinal data and more controlled studies. Our present work is therefore preliminary and tentative.

We examined the relationship between engagement as a proximate measure of success and a number of possible predictors of engagement. For this purpose, we selected the families’ self report measure of engagement as the dependent variable. The variables hypothesized as possible predictors of engagement were the following:

- the families rating of the initial contact with SOSCF, on a scale from 1 “*terrible*” to 5 “*wonderful*” (**Family Rating**);
- the worker’s rating of the family’s attitude at the first contact, on a scale from 1 “*very hostile*” to 5 “*very open to being helped*” (**Worker Rating**);

- the interviewer’s judgment about the extent to which the worker was able to defuse anger in the initial contact with the family (**Interviewer Rating**);
- interpersonal aspects of the relationship between worker and family, as measured by the Collaboration Scale (**Relationship**);
- whether or not the worker ever asked the family for feedback on the process and way of working together (**Feedback**);
- the extent to which families said their opinion counted (**Power**).

The relationships among these variables and the summary measure of engagement, based on the families’ self-report, and the workers’ summary ratings, were calculated using Pearson’s product-moment or point biserial correlations and are presented in Table 13.

- **The interpersonal relationship with the worker was the strongest predictor of a family’s engagement; more positive relationships were linked with greater engagement, as would be expected.**
- **The interviewer’s judgment about the extent to which the worker was able to defuse anger or fear in the initial contact with the family was also positively associated with engagement, as was the practice of asking families for feedback on how things were going and the degree to which families felt their opinion counted.**
- **The workers’ rating of the families’ initial attitude was not a good predictor.**

**Table 13**  
**Bivariate Among Predictor Variables and Family Engagement (n=63)**

	1	2	3	4	5	6	7
Engagement (family)	—	.52**	-.01	.63**	.81**	.50**	.50**
Family Rating (initial contact)		—	-.04	.55**	.63**	.52**	.32*
Worker Rating (initial contact)			—	-.06	-.11	-.07	-.10
Interviewer Rating (defusing anger)				—	.74**	.59**	.63*
Relationship (collaboration scale)					—	.70**	.75*
Feedback (requested from client)						—	.53**
Power (Opinion counted)							—

\*p<.05 \*\*p<.001

### Branch Differences

We examined differences among the protective service units in five of the six pilot branches (Polk was excluded from comparisons due to the especially small number of cases) in S/NB practices and in the level of engagement achieved with families, based on our preliminary measures derived from the reports of family members, workers, and interviewers. We found differences in engagement that were consistent with other differences reported elsewhere in this document. Table 14 summarizes results on these key quantitative measures for the pilot branches. Means and standard deviation are presented for the continuous variables; percentages are presented for dichotomous (yes/no) variables.

**Table 14**  
**Summarize of Results by Branch**  
**Means and Percentages**  
**(n=63)**

	East Branch	Midtown	St. Johns	North/ Northeast	Deschutes	Range
Engagement ( Family measure)	40.46 (10.8)	39.67 (8.7)	44.43 (9.3)	35.60 (8.9)	44.85 (8.3)	18-55
Engagement (Worker measure)	48.88 (12)	45 (12.7)	53.17 (6.9)	43.10 (13.6)	58 (7.9)	15-65
Engagement (Interviewer measure)	3.06 (1)	3.1 (.74)	3.57 (1.3)	2.09 (1.1)	3.43 (1.5)	1-5
Compliance (Worker measure)	21.1 (4.1)	20.7 (3.3)	21.12 (3.4)	18.21 (5.8)	23.05 (2.2)	5-25
Defused Anger (interviewer measure)	3.3 (1.4)	3.0 (1)	3.7 (1.5)	2.4 (1.3)	3.8 (1.3)	1-5
Feedback	53%	70%	79%	9%	43%	N/A
Power	35%	30%	79%	9%	57%	N/A

It should be noted that the consistency in the pattern of differences among the branch offices reflects the overlap among the constructs represented.

## The Use of Strengths/Needs Based Practice at the “Front Door”

One of the objectives of the evaluation was to assess the usefulness of the Strengths/Needs Based practice model from the perspective of workers.

We asked, “*What aspects of the S/NB model do and don’t work? Are you able to use the strengths of the family during this initial contact? What are the barriers to using the model in protective service cases? Has the training you’ve received prepared you to do this practice at the front door? What kinds of additional training or support would be helpful?*” As noted previously, we have not fully analyzed the qualitative data related to workers’ recommendations regarding training and support; however, we conducted a preliminary analysis of workers’ responses to the first two questions about the appropriateness of the S/NB approach at the front door.

Of the 35 caseworkers for whom we had transcribed interview data in time for inclusion in this report, 28 said that identifying and talking about needs and strengths with the family is appropriate and doable from “day one” of a case. The remaining caseworkers had mixed feelings, believing that it was either unnecessary or inadvisable. While caseworkers noted that there are some families and situations where it is difficult to use the principles to engage the family (e.g., police involved at initial contact or families with a lot of anger and denial), many believed that focusing on the needs of the child and/or the strengths of the family can “defuse an angry client” and temper a client’s defensiveness.

Caseworkers who had very positive responses said that using strengths and needs during the initial contact: takes the punitive element out of the situation; is less adversarial and more client-friendly; helps to develop relationships; leads to engagement of the family and makes families more invested; is a respectful and non-threatening way of working with the family; fosters communication and joint planning; leads to families feeling more empowered to make a choice to change; and changes the image of the agency.

In caseworkers own words:

*I think it is a lot less adversarial ... a lot of our problem before has been that we have gone in, taken over, and they have not known, they don’t have a clue what they need to do for awhile and where we are going with it. I think the families feel more empowered to be able to make a change or make that choice to change.*

*I think it is good in the very beginning. A lot of times it can prevent placement ...make a safety plan in the initial stage that the worker is comfortable with and that basically the family comes up with.*

*[It] is a really good way to do it because it allows you to let the family know that the important thing is that the kids are safe, and we are assessing what these kids need in order to be safe, physically, emotionally, the whole thing ... it empowers the parent to have some say. If that happens, then you are more likely to have success in a service agreement because they are more bought into it. Sometimes you can give your opinion about what you*

*think the needs are if they don't come up with them themselves. And a lot of times you will get agreement.*

Some workers pointed out that the S/NB approach is helpful for families who have had prior negative contact with SOSCF and/or who have preconceived negative images of the agency. As well, it fosters a more positive image of SOSCF with families and with the community at large.

*I think the community has this image of the agency which isn't very popular, and we have like this perceived power ... and they only know us as people who come and remove kids really hastily and carelessly. All the time when I go out people talk about, 'You guys, I am really afraid of SOSCF. I've heard about you guys. My friends kids got taken away by you guys.' So I think that it helps in developing relationships, and you can't get anywhere with somebody if they are guarded and defensive and angry.*

*To engage someone who is really hostile to what your agency has represented over the decades ... is to overcome the prejudice that people have ... that all we want to do is destroy their family. We want to pull their kids and give them to some foster parent who is going to sexually abuse them and beat them and hurt them, and you are going to keep them away from their kids; that's their whole CSD dragon myth you are always fighting. So when you show up as a regular person and say, 'Hey, let's sit down and talk about it' in a non-threatening manner...*

The S/NB model also appears to assist caseworkers with reframing situations for themselves and with remaining open to particularly intense situations. As one caseworker said in talking about a domestic violence case,

*... on the drive home, I think, "Oh, what are the strengths of this guy?" ... my first instincts would be not to look at the strengths of this guy who just broke his wife's nose in front of his children. I don't think that would be any of our first instincts. But I think it is a good thing, because when you start thinking about the strengths of someone like that it makes you more invested in what you can do to try to help them as opposed to what you want to do to punish them.*

The following quotes illustrate how caseworkers actually employ S/NB practices in the first contact and how they identify strengths even in uncomfortable situations:

*What I do is, after we've kind of gotten through the process, the engaging process, at closure we say, "How are we going to work with this." We made a list. It is a real positive thing to be able to talk about your family strengths at the end. Say, "I see some really good things about your family and this is what I see. Tell me what you think is good about your family." ... and then we talked about needs together. I try to let them identify first and then I write it out. ... I have to sometimes guide them, because I still think the Strengths/Needs concept is really hard for people to get sometimes.*

*What my theory is when I first meet a client, I want to be able to be let back in this home again. You don't want to ever disrespect this family or treat them bad .... And kind of a*

neat thing to work for, it takes a lot of energy. And sometimes when you want to grit your teeth and say, “Why the hell am I doing this?” When you sitting on their sticky chairs and their stuff is all yuk and there are cockroaches on the wall, you are sitting there going, “OK, OK, you got this side of the kitchen clean, good job.”... But you have to look at what they are doing right. The thing is if you can engage them, they are going to work with you. If you don’t, if you piss them off, you come to the door, they are not going to do anything.

Additionally, many workers noted ways they mentally and emotionally prepare themselves prior to the “first knock” as well as attitudes and behaviors they’ve adopted to stay open and deflect families’ negative feelings:

*I try to think what that family is feeling. I don’t take it personally when they say things to me or hate me or all that. I think that’s coming from years of being a worker now. I remember when I first did it I used to go home and cry at night. But I have to acknowledge that ... I wouldn’t be fun to have me at your door. This is invasive in your life. I can understand them being mad at me. I would be mad if someone woke me up .... It doesn’t affect me because I know they are not yelling at me, they don’t know me. They are yelling at the situation, and they need to get that anger out.*

*When I go out on an initial investigation or referral, [I] really strive to make the attempts ... [to treat] this case as brand new, so they feel like you are not just going through the motions with them. Kind of pay special attention, so they feel you are giving them the due attention and listening to what they have to say.*

*... before I knock on that door, when I pick up the 307 ... I ignore some of the language that describes the issues of that family, some of the language that is used by screeners and intake workers that really can color how I would even start to think about the family. I don’t make a judgment, don’t start making judgments if I have zero previous referrals or ten previous referrals.*

Many caseworkers acknowledged the power they had and talked about the importance of presenting a non-threatening behavior with families. One worker said “*you have to be very, very careful that you are aware of how that power affects other people, to make it decline somewhat.*” Some workers made critical comments about caseworkers who use threatening behaviors with families.

*... try not to threaten them ever. I’ve seen workers do that and it just drives me crazy. “Let me in or I’m bringing the police back.” Oh, right, great. You guys are setting up to be a real winner here.*

*I’ve seen caseworkers go out and be very threatening in the three years I’ve been with the agency. “You screwed up, you have to prove that you didn’t, and too bad if you can’t.” That kind of an approach that some people use. They are burnt out and they haven’t the ability to unify families with a constructive partnered approach to things. That’s why we have been so isolated, both in the media and in the way we are treated by the community.*

Only a few caseworkers had negative comments about the use of S/NB practices during the initial contact. One caseworker, although coming from a strengths perspective, believed that S/NB was a manipulative way of getting families to cooperate.

*I have mixed feelings about it. On one level, I think it is really great. It is a very positive way to open up a case plan, focusing on the child's needs and the services that you can bring to the family to get those needs met. From that point of view, how can the family not want to participate in services with you to better their children's lives .... It also seems kind of manipulative to me. If you want clean and sober parents and the parents don't want to go for treatment, this is really kind of a sneaky way of convincing the parents that they need to be in treatment. "Well, your kid really needs to be safe." ... Going at it through the children is a good way to get the parents involved, but it also really seems like a way to really soften the responsibility again, for the parents taking responsibility for their own actions. Rather than working on it for themselves, now they have got to do it for their kids, instead.*

The most negative response was from a caseworker who believed strongly in the S/NB approach but was incredibly frustrated with the systematization of it:

*I find S/NB services incredibly frustrating, irritating, annoying, cumbersome, you name it ... the agency has completely manipulated S/NB services into being paperwork. We've always done S/NB; I have my M.S.W., it's a strengths perspective, we should all be going out with a strengths perspective, but it's a way of thinking, it's a way of talking, it's a way of communicating, it's a perspective when you're dealing with people. It is not a matter of filling out this, filling out that, documenting this, documenting that. It is a way that you are talking to somebody, and it's something we have always done. And suddenly we have 50 extra pieces of paper that we have to fill out, get signed, submit, etc., in a very cumbersome, non family-friendly way.*

The data suggests that most caseworkers see S/NB approaches as an integral component of doing a risk assessment; they do not see them as separate and conflicting practices. Some caseworkers, however, had mixed feelings, believing that talking about strengths/needs "gets in the way" of risk assessment/investigatory functions and is not necessarily a priority during the initial contact. The following quotes from caseworkers provide examples of the latter belief:

*I think they need to hear the allegations, they need to be confronted with that. That's very important because that's why we are involved and I think it can be kind of diluted or washed over by immediately jumping into strengths on a large scale. I think it is always good to leave the family with hope and to talk about some strengths that appear evident at that time. I think there needs to be a little bit of time for them to think about what they have done.*

*I think that it is harder on cases where you have to go out and in your initial contact you have to be really hard-nosed. You walk into something and you just can't be all, "Well, let's talk about your strengths and how we can help you," and things like that. There comes a point when you are doing protective service investigations where you have to treat it like an investigation and you can't treat it as social work as you would want to.*

*... it is just what brought [the case] to the agency. What child welfare stuff is important here? Do I have a baby that tested positive for cocaine? Do I have other things I need to look at when I go to the home? I start thinking, "Oh, gee, I am going to have to remove these kids." I have got to have as much of that social history first. Then I like to be able to check with collaterals on that stuff before I can start talking about, "Gee, what's your strengths here." I don't really want to know your strengths if we are not going to be able to work with them.*

The following caseworker statements are illustrative of the integration of approaches:

*I try to [talk about strengths/needs] when I engage them in a conversation. I try to let them know that I am not judging them, that I am there as a result of a report. I don't know whether it is allegations, I don't know whether that report is accurate or not at this point. And that it would be very helpful to me to make a determination, if they would share information with me and tell me from their perspective what occurred .... And a lot of times, by them then opening up and telling me things, I get a picture of what is going on in their world, what their little dragons are that they have to slay, what their strengths are. And then we can start developing and formulating what areas need work and what areas are strengths, and what areas are not working for them and those types of things. And then we can make a determination as to whether a) there is maltreatment, or b) there is not maltreatment. It is all part of the package.*

*I usually think Strengths/Needs Based as kind of my own discipline, that is a way of thinking about what I'm hearing. I usually don't go in talk and ask straight on when I first meet — what are your needs? If I do, usually you'll just get sort of a blank stare. I just go in and talk to them about why I've come and what the concern was that brought a CPS worker to their door that day. And, ask them their story — and sort of let them say it in their own words — I don't try to impose a nomenclature on it or try to redefine how they see their situation — I'm just listening. So, maybe afterwards, while listening, I may process what I'm hearing from them, trying to move things into needs and strengths categories .... My first contacts, I usually talk about what it is the caller was worried about and...share that with them and then ask them what are their concerns or worries — But I'm doing that to try to extract the sense of what the basic needs are in the situation. Strengths/Needs Based, more of a self discipline — my own way of thinking about the people that I am dealing with. I think it does affect the way I act with them, the kind of questions I ask them and what I say back, and what I reflect back to them when they tell me their story and such. I guess that's how I see Strengths/Needs Based from the front end.*

## **The Agency Context**

The extensive contacts which project staff have with the six original pilot branches, and with regional and state administrative staff, have increasingly led us to realize the complex nature of protective service work, and the intricate issues involved in implementing an individualized system of practice in a large bureaucracy. These observations are not the result of any systematic sampling or analysis process. They are presented in the hope that they will be of use as statewide implementation continues.

### **The Need for a Single Message**

SOSCF is a large and complex division, with multiple initiatives. It is not always clear that there is examination of the assumptions underlying these initiatives to determine the points of potential conflict among them. Nor does there seem to always be coordinated emphasis on the implementation of Strengths/Needs Based practice.

For example, Strengths/Needs Based practice is based on the assumption that parents want to parent and that the worker's role is to help the parent identify the children's needs and then to provide the support and resources so that parents can meet those needs. The renewed emphasis on adoption is based on the assumption that many parents are not going to make the changes in their own lives necessary to parent their children. Strengths/Needs Based service is influenced by the philosophy of family preservation. Adoption planning within a relatively short time frame is focused more on the need of children for stability and permanency, with their own or another family. There has been little guidance about how to implement these two approaches, and how to reconcile the apparent conflicts.

There is interesting debate occurring among many we have talked with about the role of risk assessment, and about discussing with the parent the maltreatment episode which brought the case to the attention of the agency, within the context of joining with the parent in a mutual assessment of the needs of the child, and the extent to which they can be met. The traditional assumption about protective service, particularly in first contacts, is that the worker has an important and authoritarian role in making decisions about the safety of the child. The Strengths/Needs Based model suggests that worker and parents can together make decisions about the child. These are not irreconcilable positions, but they need further open and extended discussion to assure clarity of the practice model being used.

Family decision meetings have assumed increasing importance in the implementation of Strengths/Needs Based practice, leading to Legislative enthusiasm that has mandated their use unless there is documented reason not to have a meeting. Workers are asking how to handle cases in which planning is resolved with meetings of parents and caseworker without need for a formal or large meeting. There has been no clear policy answer. There is still debate about the best format for these meetings. Research currently underway (Anna Rockhill's work in the Child Welfare Partnership) will be a first step in the systematic drawing together of the experiences of those using the meetings, though she is studying only Family Unity Meetings and Family decision meetings. It would be interesting to explore others of the multiple forms these meetings can take.

The Strengths/Needs Based services model emphasizes the worker and parents joining together in an effort to identify, plan around, and meet the needs of the child. Each child's needs are unique, and planning and services need to be individualized. This implies considerable worker autonomy in decision making and worker capacity in mobilizing resources.

It is becoming increasingly evident (to workers as well as management and administration) that there needs to be greater investment in selective hiring, and in training and supervision, to support and guide worker action. However, creativity and flexibility run counter to needs for control and uniform practice. Rules to insure equity for the families working with SOSCF also undermine individualized responsiveness. In the end SOSCF will have to decide how tightly workers are to be bound by policy.

There are traditional modes of service delivery within SOSCF that are not a good fit with Strengths/Needs Based service delivery. Most apparent is the customary transfer of cases from protective service (or intake) to ongoing workers. If the caseworker is charged with developing a good working relationship with the parents from the first contact, and if this relationship is seen as crucial to the management of the case, transferring a case so that another relationship has to be developed makes little sense. However, the issue is open for discussion; some workers find it easier to form this relationship when the anger, anxiety, and decision making of the initial contact is over--so that the transfer works toward the development of a good working relationship. The issue needs to be identified and debated.

There is enormous interest in the outcome of child welfare services, within SOSCF and within the community. Though there is clarity about ultimate outcomes, there has been little success in conceptualizing proximate outcome measures--measures that would tell workers, within a reasonable time frame, whether they were being successful. Easy to collect data, such as numbers of foster care placements or numbers of family decision meetings, are unsatisfactory indicators of outcome as they presume that family needs are uniform. More difficult to collect but reliable data, such as measures of child development, seem to reflect only partial outcomes, reflecting an absolute status, not change or progress. Outcome measures such as meeting the needs of the child raise question about the breadth of the responsibility of the child welfare system. If satisfactory outcome measures could be agreed upon, it would not be as necessary to monitor the method through which they are achieved. However, in the absence of consensus about outcomes, what SOSCF can do is to implement a service system which reflects agreed upon values and can be shown to protect children.

## **Workload**

A major issue in the implementation of Strengths/Needs Based services has been the heavy workload of the caseworkers; this year's work has highlighted the difficulties of the protective service workers. The requirement that extensive and good work be done at the initial opening of a case makes great sense to everyone. However, there needs to be an input of extra time (in the form of more protective service workers, probably). in order to create the conditions that would make it possible to set up family meetings, develop and nurture relationships, develop unique services to meet special needs, and/or access the funding to pay for these services.. Probably, over time, good "front end" work will lower caseloads, but this does not happen in the short term. Workers are not yet seeing the promised lessened workload.

Instead, during this year two things have worked against the provision of extra time to do intensive work at initial case openings. First, there has been a growing number of protective service referrals. Thus, any time created is absorbed by new demands. Second, a large proportion of protective service workers' time is spent in assessing cases which it is decided need little or no service. This is a problem nationwide. Community pressure to expand child welfare services, expressed through media publicity about families who are referred and not served, and through demands to include new categories of families in services, exacerbates the problem. For SOSCF, the recognition that family violence constitutes a risk to children, and must be assessed, typifies the increased demand on protective service workers.

Thus protective service workers feel trapped. With a new set of demands to do a type of work they want to do, and to respond to an increasing number of referrals, they often feel defeated by their inability to meet their own goals within a reasonable working day. Indicators of failure to resolve this conflict are seen in long response times, slow delivery of services, and sometimes work with clients which does not meet the worker's own standards.

### **Documentation**

Initially branches experimented with differing modes of documentation of Strengths/Needs Based services, searching for forms which would shape practice to the needs of the model. There seems to have been little sharing of these efforts, and workers tell us that old systems of recording still exist parallel to the new documentation. The perception that documentation is difficult and time consuming increases worker unhappiness with Strengths/Needs Based services in the pilot branches. And, of course, the time spent on documentation is time lost to the provision of direct services, and may in part be responsible for the length of time it takes to accomplish every transition point in a case.

### **Flexible Funding and Contracting**

Strengths/Needs Based services is not effective without flexible funds available to buy the unique services which meet individual needs. Resource developers are invaluable in helping caseworkers identify resources, and in developing methods of paying for these resources. However, too often there is a long delay in service delivery because a worker must ascertain that there is no source other than the flexible funds to pay for the service. Inability to develop a contracting process which will support branch efforts to deliver individualized services has remained a problem; small contracts still seem to be as difficult to execute as those involving large sums. SOSCF has also been unable to overcome liability barriers that arise from using vendors or providers in non-traditional patterns, or involving extended family or neighbors in non-traditional ways in helping to meet the needs of a child.

## **Development of Foster Care Resources**

When a child must be placed in foster care, it is important that the worker have a choice of foster homes, in order to select one which will best meet the child's needs. The issue is complicated by the realization that the foster home may become the permanent home; a high proportion of the adoptions of special needs children are by foster parents. The preference for use of extended family for foster care results in the study and certification of numbers of homes for a single child; the pool of available foster homes is not increased by this work.

Our work has focused this year on initial contacts, and we have not interviewed foster parents, so we have formed no new impressions of the support given to retain foster homes. Even with the extensive use of kinship care, we were surprised to find half of the workers in our sample telling us they had choice in the placement plan for a child, for it is our impression that, particularly in the Metro branches, an acute shortage of foster homes remains, so that too often a child is placed where a bed is available, or a foster parent is talked into taking too many children, in order to find a place for a child to sleep. The basic principle of focusing on the needs of the individual child, and providing services to meet these needs, cannot be met under these conditions.

## **Hiring for Strengths/Needs Based Practice**

The worker autonomy and the importance of the parent/worker relationship which are part of Strengths/Needs Based services imply that SOSCF may need to develop criteria for hiring which reflect the demands of this practice model. Perhaps most difficult to develop during in-service training is a value base of respect for families, belief in their capacity, and respect for different styles of families and modes of parenting (cultural competence). The use of relationship in a helping process is a lifelong learning task; the willingness to examine oneself and to invest in this learning should be present in new employees. Knowledge of child development is an obvious need of the caseworker; knowledge of the potential for life-long development may assist with work with parents and extended family. The success, frequently noted in discussions of child welfare practice, of various types of teams in which workers from different disciplines combine their expert knowledge, suggests that there are a variety of educational backgrounds which should be utilized; however, each worker's education should probably contain the core noted above.

## **Training and Supervision**

The training of caseworkers seems also to have need for presentation of a single message. Initial presentation of the Strengths/Needs Based model, and continued training in its use, has largely been done by outside consultants. SOSCF's own core training has continued to reflect the emphasis on risk assessment, use of foster care, and documentation which the program managers request, with some infusion of the value system underlying Strengths/Needs Based work. The training by the consultants is often not well received, in part because of a tendency to reject mandated changes, seen as criticism of work, and coming from the outside. Work needs to continue to ensure coordination of the two training streams.

Workers identify a need for the initial presentation of the model of Strengths/Needs Based practice to be followed by work with on-site consultants who can teach and train on difficult cases. Further, the need for clinical supervision appears essential to the continued improvement of practice. Workers need continuing support and guidance as they apply the practice principles of Strengths/Needs Based practice across varied situations. They need help in recognizing the importance of the relationship they develop with the parents, and help in using that relationship to effect change. At a time when time for direct clinical supervision has been eroded by administrative duties, and by expanding work with community partners, it will require commitment at the division level to insure that clinical supervision is available to workers. Various models of supervision might be considered; systematic trial and comparison of these models would provide information about the model best suited to Strengths/Needs Based practice.

Workers need supervisors who can help with more than their practice skills. Workers identify a need for training that gives them practical tools for efficiently meeting the documentation demands of Strengths/Needs Based practice. Supervisors (and other administrators) need help in thinking about the managerial aspects of their work--directing the flow of cases to workers, assisting in decision making around transition points in cases, providing leadership in thinking through difficulties which arise in the implementation of Strengths/Needs Based practice, and providing advocacy in the attempt to secure for workers the structure needed to implement good practice.

### **Community Partners**

There has been no direct contact during this phase of the evaluation with community partners. Nevertheless, it is evident from worker discussions of cases that not all parts of the system of child protection are willing to make changes. The courts seem to be particularly reluctant to alter traditional modes of practice, particularly in regards to documentation demands. Many workers also mention the high degree of cooperation and communication that community partners have been providing; an example is in the extensive collaboration required for family decision meetings. The building of a community safety net now underway, if successful and adequately funded, will of course be a major help to protective service work. The preventive aspects of such a safety net are obvious; in addition it should provide a source of help for families not in acute crisis, freeing protective service worker time to work more effectively with those families who are most distressed.

## Discussion

The evaluation this year identified a randomly selected sample of cases as they entered the protective service system in each of the pilot branches. The questions centered around the frequency of use of a Strengths/Needs Based approach to practice, the appropriateness of Strengths/Needs Based services in initial contacts with families, and the experiences of workers and families when Strengths/Needs Based services were used. The goal of early Strengths/Needs Based practice was conceptualized as the engagement of the family in working with the worker toward meeting the needs of the child(ren).

Examination of early contacts with the worker was complicated by the fact that there were a number of cases in which there had been no contact with the worker within 30 days of referral. Unfortunately, in a number of instances the letter and telephone call from the project preceded contact by the caseworker, leaving the caller in the delicate position of explaining that there had been a referral to the agency. The sample was adjusted by lengthening the “window” of time in which we would interview a family to 60 days, in order that there be a casework contact prior to the interview. Three cases were eventually dropped from the sample because there had been no contact within 60 days. Considering that these are all referrals deemed serious enough to be referred from the hot line to the Branch, these long delays in making the first contact raise concern.

There was more sample loss than one would hope. Of the 331 families who met the criteria for recruitment into the sample, 57 could not be located, five were out of the area, six did not answer the telephone, 67 did not return calls after messages were left, and 51 did not want to be part of the evaluation. If the 67 actually received the messages left for them and decided not to return the call as a way of refusing, that means that 36% (118) of those contacted did not want to be part of the study. An additional four families changed their minds later and declined to be interviewed. We do not know the quality of experience of those who refused. Two recurring themes were present in the brief conversations with those 55 who were reached by telephone but declined: first, apprehension about whether participation might in some way jeopardize their work with the agency and, second, being busy and having no time for the interview. For the final report on this sample, to be completed in June 1999, we will want to ask SOSCF to aggregate demographic data and data on the nature of the complaint for those who refused, so that we can go a bit further in determining whether there are any major differences between those who refused and those who were interviewed.

Of almost more concern are the 57 families whom the project could not locate because the worker did not have enough information to make a telephone contact. The extreme mobility of this population is underlined by these figures. The serious practice implications are evident, when one considers that these are new cases, being investigated for maltreatment of children.

Early in our sampling, we discovered that many families were offered few or no services, either because the allegation was unfounded or because the family had the resources to protect the children adequately. We included only a limited number of these cases in this sample. The high proportion of “assessment only” cases might well be of concern to SOSCF, however, as it is to public child welfare agencies nationally. It means that protective service workers are

spending most of their time working with families who need few or no services. Obviously, this drains time from work with families in serious crisis situations.

Domestic violence occurred among the cases in our sample more often than substance abuse, poverty, mental illness, or any other difficulties accompanying the possible child maltreatment. The cases which closed after initial assessment generally had more resources with which to cope with difficulties, fewer “background” problems, and were, obviously, judged by the caseworker to be less serious situations. Domestic violence was, however, equally prevalent among those cases which were closed quickly and those which remained open. Further exploration of the meaning of this data is needed, but it may be an indicator that workers need guidance in determining how best to intervene in domestic violence situations. One wonders if brief contact, without follow up, may not put the abused partner, and perhaps the children, at risk.

We had been told that some very good work was often done with families whose cases were closed quickly, enabling the closing of the case after minimal contact, and that there might be good examples of Strengths/Needs Based work in this group of cases. In our Assessment Only Group of cases, workers told us that most of the families presented fairly positive attitudes. The majority of families also felt fairly positive about the contact and indicated that their workers had been respectful and had involved the family in decision-making. However, there was a substantial minority for whom the experience was much more negative. The relationship with the caseworker was a differentiating factor. Given the very large number of Assessment Only cases handled in the protective service unit, this generally positive perception is important in building toward better community understanding of the work being done, and workers are to be complimented for achieving it.

Examination of Strengths/Needs Based service planning is more complete in looking at the larger sample of 63 families whose cases remained open. Though in some cases there were long time intervals between the referral and SOSCF contact with families, once contact began there was a pattern of fairly rapid planning and implementation of services. Despite the growing emphasis on the use of family decision meetings, workers did not use them very frequently in the early phases; only about a third of the families had participated in a meeting to plan services. Our data do not indicate whether time constraints kept this number low, whether workers thought they were not needed, or whether family decision meetings are scheduled for a later phase of the case. Some families were fairly quickly involved in services; planned services had started at the time of the interview for 55% of the families.

Variance between caseworker perception and family perception around decision making is notable in this data. Caseworkers, about 70% of the time, thought that whatever planning process they were using was empowering to families, while only about 40% of the families felt that their opinions counted “a lot” in the planning process. Such discrepancy may indicate that caseworkers fail to perceive the impact of their own actions. Or it may indicate that caseworkers are so accustomed to an authoritarian stance that changes which they view as empowering actually shift very little of the decision making to the family. Either interpretation suggests a continuing examination of direct casework practice.

The outcome measure used for this phase of the evaluation is the degree of engagement of the family in work with the agency to meet the needs of the children. An engagement scale was developed to capture the interpersonal and collaborative dimensions of engagement, as well as the experience of hope for change, and the readiness to acknowledge responsibility for meeting children's needs. Worker and family exhibited moderate agreement in assessing the degree of engagement. In a striking example of the limitations of knowing how others feel, workers based their judgments about engagement on behaviors, and were more likely to judge families as positively engaged if behavior was compliant with agency expectations. The strongest predictors of the family's self-report of engagement, on the other hand, were aspects of the relationship with the worker. Theory would suggest that successful engagement would lead to successful work toward meeting the needs of the child. In the next year of the evaluation, as we follow these families, we shall see if this is so.

The relationship between the worker and parent(s) was a critical variable in the families in the Assessment Only Group experiencing their work with SOSCF as positive, and for families who received services, it was critical in engagement in service. Clearly a positive and meaningful relationship can be established in the first contact while risk assessment is taking place.

The continuing relationship is important in the Strengths/Needs Based model of service. Examination of the support given within the division structure to the development of this relationship is important. The development of a professional relationship takes the demonstration of respect, empathy, and courtesy, and knowledge of how to use oneself. Workers voice the need for the support provided by on-going training and clinical supervision as they learn to use relationships to effect change. Structural aspects such as the customary transfer of cases between protective services (or intake) and ongoing services interrupt relationships. Workers voice the need for sufficient time to get to know clients and to nurture developing relationships. In the first 30 to 60 days, a third of these 63 families had seen their caseworker only once or twice; no development of relationship is possible without contact.

Workload pressures are of continuing concern to everyone. It is difficult for the division to implement a method of work which requires intensive contact early in a case, though it may prevent later work, when it is continuing to meet the crises of other cases. New protective service workers might have absorbed some of this demand, were it not for continuing heavy intake. Certainly it would seem that all of those aspects of the work day which consume time should be examined, from the time spent on "assessment only" cases, to the time spent on documentation, to the time spent searching for a suitable foster home, and to the time spent obtaining funding for services.

Though the numbers are very small, and must be viewed with caution, a consistent pattern of responses suggests considerable variability among the branches in implementation of Strengths/Needs Based practice. Within the Metro Region, the same pattern appears in data on the amount of contact between worker and family, in assessments of the quality of relationship, and in scores on the measure of collaboration. In each of these measures, workers and families from the sample drawn from the St. Johns and Deschutes branch offices appeared with positive average ratings, while the workers and families from the sample drawn from North/Northeast appeared with ratings well below the overall average, while other branches fell between these

extremes. The data suggest that implementation might be furthered by use of the ideas generated, the training implemented, and the pattern of management support provided in the most “successful” branches, exporting these elements of service delivery as additional branches take on Strengths/Needs Based service delivery.

With only 26 families in our sample whose children were placed in foster care, these data raise questions rather than providing many answers. One of the most fascinating bits of data, given the reported shortage of foster homes in the Metropolitan area, is that more than half of the time workers had options about where to place a child. Placement patterns are also reflective of SOSCF goals, with a third going into relatives’ homes and a tenth into neighborhood foster care. One is concerned about the 40% of the children whose parents were unable to visit within the first week after the child was placed, and hopes that they were in familiar homes. The options available in placing children may be the reason behind the low re-placement rate; 58% of these children had only one placement by the time of the interview.

Examination of the agency context in which Strengths/Needs Based practice is being implemented suggests that there are philosophical, organizational, and practice issues which need to be articulated and debated within the division in order that workers receive a single message about the expectations for their work. Strengths/Needs Based practice is complex--in some ways an articulation of values and practice methods long part of SOSCF, in some ways a new moving of the locus of decision making from the worker to the worker and parent together. A crucial issue is the extent to which a broad policy framework will be developed which will allow workers autonomy to make and carry out case decisions. Without this framework, workers are bound by traditional practices, and the creativity and individualizing demanded by Strengths/Needs Based service planning and delivery is difficult to accomplish.

Decisions must also be made about whether the Strengths/Needs Based practice model can be modified, as practice experience is attained. For example, there is need for extended discussion, at all levels of service provision, of the way in which formal examination of the allegation and assessment of risk to the child, and warning to parents of the time limits imposed by new legislation, can be accomplished through joining with the parents in mutual examination of the needs of the child. There is much thoughtfulness and wisdom among the workers implementing this model. Their observations, shared through this evaluation and shared more informally within the division, may create a new and more effective model, or may resolve difficulties within the present model. The discussion needs to be acknowledged and joined.

Finally, the voices of the families who are the recipients of services need to be heard. They are clear that they value in the worker truthfulness and clear information, the presentation of options and choices without threat, respectful, non-judgmental behavior, and empathy. The relationship established with the worker repeatedly predicts reports of positive experiences with SOSCF and engagement in work to meet the needs of their children. Their positive experiences will have an impact on the atmosphere within which child welfare practice takes place.