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Families Navigating Multiple Systems: Working with the Child Welfare System to Meet Children's Mental Health Needs

Families of children with mental health needs often encounter a variety of stresses and may be confronted with a lack of appropriate resources. For these and other reasons, they sometimes become involved with the child welfare system. This forum-styled presentation explored parental experiences with navigating the child welfare and mental health systems and focused especially on parents' perceptions of the responsiveness of the child welfare system to their families' needs.

Drawing from the most recent findings of an ongoing evaluation of Oregon's System of Care initiative (Shireman et al., 1999), a child welfare service delivery system that provides for Strengths/Needs-Based Services, researchers highlighted responses to key questions by parent interviewees who identified their children as having mental health needs. Parents with past or present involvement with Oregon's State Office for Services to Children and Families (SCF) who have children with emotional or behavioral problems participated as panel members. They represented two separate parent organizations, both based in Portland, Oregon. The All-Get-Along Project is a voluntary support, networking, and resource-

developing group of parents and SCF employees, and the Family Advisory Board for the System of Care Evaluation is a group of current and former SCF consumers that provides a family perspective on the project's research questions, methods, and findings.

Research Findings from the System of Care Evaluation

Research findings were based on data collected by the System of Care (SOC) Evaluation, utilizing interviews with family members, caseworkers, and foster parents of a sub-sample of children ($n = 30$) identified as having mental health issues. The average age of the children was 9.0 years. Two-thirds were boys. The children were 90% European American and 10% African American. Forty-three percent ($n = 13$) were living out of the home, including five children/youth in residential care at the time of the family interview. Family members interviewed averaged 33 years of age. Interviews were conducted 73% of the time with mothers alone, 10% of the time with fathers alone, and 17% of the time with two parents. Family members reported a variety of current stressors, including poverty (63%), a personal mental health issue (47%), domestic violence (27%), a physical disability or medical condition (23%), homelessness or a housing crisis (20%), and substance abuse (17%).

Study parents reported a range of emotional and/or behavioral concerns for their children, including formal diagnoses of Attention Deficit/Hyperactivity Disorder (50%), Conduct Disorder (17%), Oppositional Defiant Disorder (17%), and Depression (13%). Concerns included children's reactions to trauma, to witnessing domestic violence, and to separation from parents.

The study documented a range of responses to children's mental health needs from the Oregon state child welfare system. Regarding caseworkers' contact with children (assumed to be important in understanding and monitoring a child's mental health needs), 39% of parents reported that their caseworkers had three or more face-to-face contacts with their children, 39% reported one or two such contacts, and 21% reported no face-to-face contact at all. When asked about caseworkers' follow-through on actions or services to benefit their child, parents responded in a similar pattern. Forty-three percent reported that

workers were following through on all actions or services, 30% reported follow through on some or on a few actions or services, and 20% reported *no* follow through by their caseworkers. The majority of parents rated their caseworkers highly on items suggestive of collaborative practices. When children were placed out of the home, two-thirds of parents felt their child's placement was "generally good." Eighty-three percent visited regularly, and an identical percentage felt that their relationship and attachment with their child was being maintained.

The most helpful responses of the child welfare system cited by parents included referrals to appropriate evaluations; provision of individual, family, and/or group counseling; provision of parenting classes that offered useful information and support around managing children's behavior; ongoing communication between the caseworker, school, and service providers; the use of flexible funding to meet child and family needs; and, when needed, residential treatment for youth with severe disturbances. Least helpful responses, on the other hand, were turnover in caseworkers and unplanned transitions between them; lack of caseworker contact with children and their parents; lack of follow through on referrals to needed services and occasional slowness in services starting up; the experience of some parents of feeling blamed for their children's difficulties and treated as adversaries, rather than as allies, by workers or service providers; the lack of effectiveness of some services; and, infrequently, the poor quality of children's placements (both foster care and residential treatment placements were cited in this regard).

Families' perceptions of how multiple child-serving systems interacted also emerged from the study. When children were placed out of the home, foster parents were key players in getting children to services; in maintaining children's relationships with their families; and in taking part in service planning alongside workers, parents, and service providers. Interactions with insurance providers, or lack of timely help in accessing insurance, were identified as problematic at times. Also, coordination of information and services from schools was seen as a strength in some cases and as a weakness in others.

Finally, parents and caseworkers interviewed for the study voiced their opinions of needed changes in the child welfare system. They called for:

- ◆ Improved communication between service providers, schools, parents, and caseworkers;
- ◆ Increased use of family decision meetings to bring together key people in children's lives, to identify child and family strengths and needs, and to coordinate effective responses to those needs;
- ◆ The expansion of individualized, tailored services; and:
- ◆ Giving foster caregivers (whether relative or non-relative) the ability to authorize routine services and actions for children in their care, rather than waiting for a worker's signature.

Panelist's Responses and Discussion

Panelists responded to a series of questions related to the kind of help—or barriers to help—that family members of children with emotional or behavioral problems are finding from the child welfare system based on their personal experiences as consumers. Workshop participants were encouraged to join in, resulting in a lively discussion about what is working well, what is working poorly, and what changes might be needed in how child welfare, mental health, and related providers respond to families where children's mental health needs are a key concern.

A number of themes—with strong parallels to the research findings—emerged from the panel's responses and the expanded discussion. These included:

1. The need for prompt, accurate, and comprehensive diagnostic services. Participants remarked that often parents' concerns are not taken seriously until after a full-blown crisis has occurred, and as a result children may not receive adequate or appropriate services. Related to this issue was a call for increased support for in-home services to help families cope with the special needs of children with emotional, behavioral, or developmental disorders and a concern that

children may be unnecessarily placed in institutionalized settings.

2. The problems associated with caseworker turnover and inadequate contact from caseworkers due to caseload pressures. These issues were identified as problematic by parents involved in the SOC evaluation, and parent panelists confirmed the difficulties associated with having multiple caseworkers, including unsettling transitions when cases were transferred from one worker to another and inconsistent levels of caseworker contact.
3. The empowering impact of having an outlet, such as a support group, to share concerns with other parents facing similar issues and to network and problem-solve with both professionals and parents. Parents who were former consumers were also identified as potential resources, both as direct service providers and to lend moral support.
4. The importance of continuing to offer and provide support to parents even after they have fulfilled any court- or agency-mandated service agreements. Parents communicated the need for ongoing services, particularly when they were transitioning into new living situations, such as having their children returned to their care and/or becoming single parents. They expressed their appreciation for agency policies and caseworkers that allowed them to continue receiving both tangible and moral support on a "voluntary" basis. A panelist who no longer receives services pointed out the need for better follow-up and aftercare services for families, noting that after her case closed, she received no further contact from the agency to see how she or her children were faring.

In conclusion, this forum-styled presentation provided research findings from a small sample of parents of children with mental health needs who were involved with a child welfare agency as a starting point for a more in-depth and personalized panel discussion by parents with similar issues. Hearing first-person accounts of parents' experiences as "system navigators" allowed for a richer understanding of the challenges they face, providing a context for examining the responsiveness of the child welfare system to the needs

of these families. Inviting workshop participants to share their insights and experiences as parents, service providers, and researchers also sparked an informative

discussion of innovative models for service delivery and about state-to-state similarities and differences in child welfare and mental health programs and policies.

References

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