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Evaluation of a Strengths/Needs-Based System of Care from a Consumer Perspective

The System of Care being implemented by the State Office for Services to Children and Families (SOSCF) resulted from an agreement between the Juvenile Rights Project and SOSCF in 1995 that was intended to change the process by which services are delivered to families in the child welfare system throughout Oregon. The System of Care has many components, including strengths/needs-based service delivery, wraparound services delivered in cooperation with community partners, flexible funds to pay for unique services needed by a family, twenty-four hour protective service emergency coverage by child welfare workers, development of neighborhood foster care, and enhanced work with foster homes so that children have only one placement if foster care must be used. This is a state-wide reform, implemented first in the Multnomah County branches of SOSCF and then in Polk and Deschutes counties. An evaluation of the implementation was required as part of the agreement with the Juvenile Rights Project.

The Regional Research Institute for Human Services at Portland State University, in collaboration with the Child Welfare Partnership, has assumed responsibility for evaluating the implementation of the strengths/needs-based (s/nb) service delivery system, the critical practice component of the System of Care. This report presents findings from the 2nd and 3rd years of the evaluation (Shireman, et. al, 1998 & 1999). In the 2nd

year, we explored the use of a s/nb approach during the investigation of complaints of abuse or neglect of children. In the 3rd year, the focus was on service delivery to children and families whose cases remained open after the initial investigatory period.

Strengths/needs-based practice emphasizes (1) achieving agreement between the SOSCF worker and the family about the needs of children as a basis for service planning; (2) a collaborative planning process that builds on family strengths and the family's perspective in identifying needs and planning services; (3) services identified or crafted to meet specific needs, supported by flexible funding to ensure that services can be found or created as necessary to meet identified needs; and (4) cooperation with community partners to ensure comprehensive wraparound services. This practice is intended to improve service effectiveness for all families involved with the agency.

From the beginning, the intent of this study has been to contribute to the implementation process by providing timely observation and feedback year by year. By focusing on case-level practice, the evaluation has served to stimulate discussion and collaboration with and among SOSCF field staff about practice issues and has helped disseminate field-driven ideas for moving forward with Oregon's reform initiative. The project has a family advisory board, comprised of parents who are or have been clients of SOSCF, which has also participated in the discussion of the reform and has potential to help SOSCF workers, as well as research staff, interpret the data of the evaluation.

The evaluation is a descriptive study. This means that while our analysis of outcomes may help to explicate the role that key elements of s/nb practice play in achieving positive outcomes for children and families, it is not designed to address the relative effectiveness of the s/nb practice model compared with other approaches. Other research is underway at the Child Welfare Partnership to examine whether the System of Care as a whole has resulted in measurable differences in case-level or branch-level outcome variables in selected branch offices.

This report describes the use of s/nb practice in the original six pilot branches- four branches within Multnomah County, along with the Polk and

Deschutes County branches. This was the 3rd year that all components of the practice model had been in place in these branches. Data came from in-depth interviews with individual caseworkers, family respondents, and foster parents. Regular meetings and team discussions enabled interviewers to remain consistent and provided creative solutions to many of the difficulties of data collection. The interview team became the analysts of the qualitative data as these reports were prepared, working in subgroups around specific topic areas. The use of multiple readers, debriefing with interviewers, and reference to the full text of interviews (which were transcribed), along with triangulation with quantitative data when possible, helped to increase the trustworthiness of the results.

The sample for the study of protective service practice, 30 to 60 days after case opening, was 93 cases. Of these, 30 were "assessment only"—cases in which the allegation of abuse or neglect was not substantiated—and the case was closed immediately or after very brief service. Sixty-three of these cases remained open for service and are reported here. The sample of cases in the following year, in which we reported on service delivery, was 100 cases, 35 of which continued from our first year's work.

In looking at the initial contact, we focused on the worker's ability to join with the family in identification of children's needs, at the involvement of the family in development of a service plan which made use of family strengths, and at the manner in which s/nb services were used when a child was placed in foster care. The positive outcome of the first phase of service was, we thought, family engagement in cooperative work with the caseworker and in the use of services.

In assessing initial service delivery, our focus was thus on engagement of the family and worker in mutual planning and work and on the factors associated with engagement. The family engagement scale contained 12 items, each rated on a 5-point scale from "none or nearly none of the time" to "all or nearly all of the time." It captured families' self-report about their 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. There was a parallel scale for workers;

workers and families exhibited moderate agreement in assessing engagement.

The initial contact with the protective service worker is important. Families gave us a good deal of information about how they wanted to be treated. This quality of the initial contact was associated with engagement in the helping process. The themes which emerged from answers to the questions, “How would you like to be treated by the caseworker?” and “How does it compare with how you were treated?” were truthfulness and clear, up-front information; presenting opinions and choices in a non-threatening way; open communication and empathy with parent’s feelings; and respectful, non-judgmental, non-condescending behavior.

The extent to which the family felt they had had a voice in the decision making—that their opinion really counted—was also linked to engagement. This was particularly apparent in discussions with families about the family decision meetings which are often used for planning in a s/nb service delivery system. About 30% of the families in this sample experienced a family meeting during the first 3 months, and often they felt overwhelmed by the many professionals at the meeting. Whatever the planning process used, only about 40% of the families thought their opinion counted “a lot” in the planning process.

Workers were more likely to consider the family to be engaged if they complied with the worker’s expectations. However, compliance was not very strongly associated with families’ self-report of engagement. 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. More positive relationships were linked with greater engagement.

The experiences of the first contact had impact as the case continued. In looking at the work with the family 6 to 8 months after case opening, our focus was on services being delivered. We expected that services would be individualized to meet the needs of the child. We thought that there should be frequent review of the child’s needs, so that services could be tailored to fit changing needs. We expected to see flexible funds used to pay for unique services. We also looked at the

prompt delivery of services and the cooperation of community partners. Positive outcomes for this phase of work were conceptualized as those factors which were theoretically associated with productive use of services—continuing contact with the worker, a mutuality and interaction in thinking through “how things are going,” involvement of community partners in service delivery, and family satisfaction with services.

Child welfare services are now operating within a tight timeline. Despite the complicated problems of many families, the expectation—and the federal law—is that a child will be in a permanent home within 1 year of entering foster care. Thus delays in delivery of services to a family have the potential of jeopardizing their ability to retain custody of their children. In our study of the initial phase of services, we found that the beginning of service delivery was often delayed. The period between assignment to a branch (after screening at the hotline) and the first contact between the caseworker and the primary caregiver ranged from 0 to 41 days, with a mean of 5.4 days. Two cases were dropped from our sample because there had been no contact after 60 days. Once worker and family established contact, services did not necessarily follow quickly. In 19% of the cases open for services, no services had been planned after 30 days. Of the services planned, about half had begun.

When initial protective service work is completed, established agency procedure is to transfer the case to an “ongoing” unit. This transfer introduced another delay in work with the family. Data were not sufficient for us to calculate the interval between the date when cases left the protective services unit and the date of personal contact with a new worker, but for many cases there was a substantial gap in contact. Transfer worked best, according to the families, when the former worker introduced them to the new worker. A family decision meeting, in which plans were reviewed or made, was a good vehicle for this, according to families. At the 6 to 8 month period in cases, timeliness of service delivery was not a concern that surfaced from either families or workers.

Children’s needs appeared to remain the focus of services during the middle phases of work for only some families. About two-thirds of the families reported that their workers had talked with them about their needs

and their children's needs; these families were more positively engaged in working with the agency than were those whose workers had not. Family decision meetings were useful to the families in providing structure and continuity. In cases where a family meeting was held, families expressed greater clarity about the needs which were being addressed and the strengths which were being drawn on and expressed more positive feelings about themselves and about SOSCF.

The extent to which services are being individualized to meet the needs of children is unclear. The array of services being delivered, which families stated were useful, were those which had been used in the past and for which contracts with community partners existed. However, it is difficult to tell whether a service labeled "parent training" is a standard class or whether it is an individualized parent training tailored to the needs of a specific family. One clue lies in the expenditure of the flexible funds, those funds which exist to pay for unique services to meet specific family needs. Generally, they were used to meet needs associated with poverty, which families found very helpful. However, there were rarely used to pay for specialized services.

Collaborative practices that give families a sense of power in the planning process varied substantially in the cases examined and made a significant difference to families. About half of the families reported that their workers requested feedback on their work together. These families were more engaged and more cooperative with service plans. Forty percent of the families said that they thought their opinions counted "a lot" in the planning process. These families were more engaged and more cooperative. Interpersonal aspects of casework, including a strengths perspective, personal support, a caring attitude, shared decision making, and helpfulness were also linked with greater engagement and cooperation.

Contact with the worker is critical. Unless the worker and family work together and get to know each other, these important aspects of collaborative practice are impossible to achieve. In the initial phase of work, when one would expect contact to be greatest, only about a third of the families reported seeing the

worker weekly or often enough to classify the contact as "intensive." Only half of the families had contact with their worker every other week or more often as work continued. Contact with the worker is, not surprisingly, linked to engagement of the family in work with the agency and with compliance with worker expectations.

Of course, it is the outcome of service which is of particular interest. Strengths/needs-based services fit the value system of caseworkers, and families respond well to the attitudes of respect and recognition of strengths implicit in the model. But are the children better off? Is s/nb service more effective than a more authoritarian mode of practice? For the 100 children in our sample, we looked at some indicators of outcome. Twenty-three of the cases had closed, and others were near completion. We found that the children were safe. Attachment needs were being attended to. Of the 57 children who had been placed in foster care, half were back with parents or extended family, and six children were moving toward adoption. The clearest link of services with outcome is that compliance, not surprisingly, was associated with the return home of children who have been in care. Collaborative practices were associated with client engagement and with compliance with case plans. Collaboration, compliance, and engagement were all positively associated with the degree to which case goals were achieved. When services are more collaborative, families are more engaged, more compliant, and more likely to achieve case goals.

There are many systemic supports and barriers to the implementation of s/nb practice. It is not easy to establish a system of practice which is highly individualized, demands flexibility and creativity of the worker, and emphasizes timely and individually crafted services into a large bureaucracy that is dependent on public funds with all of the accompanying issues of accountability and that strict adherence to extensive policy. This is a whole different set of issues, not the focus here. The ideas are introduced, however, to emphasize that the issues are complex. We have found many dedicated and talented caseworkers within SOSCF delivering services which families deeply appreciate and who are aware of the need for examination of the system within which they practice.

References

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