

The Adoption and Safe Families Act: Research on Child Safety, Permanency and Well-Being Symposium

Dana J. Sullivan, Ph.D.,

University of Louisville

Helen K. Mudd, Ph.D.,

Campbellsville University

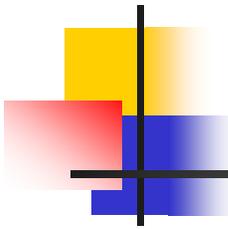
Pam N. Tungate, Ph.D.,

Kentucky Cabinet for Health and Family Services

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Society for Social Work and Research

San Antonio, TX



Outline of Presentation

- Overview of ASFA
- Overview of Kentucky's Child Welfare System
- 3 Studies re: ASFA implementation in Kentucky
 - Safety (Mudd)
 - Permanency (Tungate)
 - Well-Being (Sullivan)
- Summary and Implications across Studies



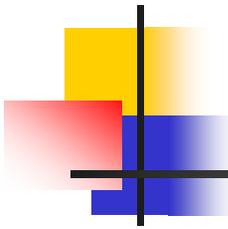
The Adoption and Safe Families Act of 1997 (PL 105-89)

- Contained mandated goals for state child welfare agencies

- SAFETY

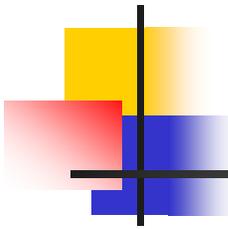
- PERMANENCY

- WELL-BEING



Major Provisions

- The safety of the child takes priority in decision-making
- Expedited permanency timelines (hearings must be held within 12 months)
- TPR guidelines (must pursue when the child has been in out-of-home care for 15 of last 22 months)
- Attached financial incentives to achieving goals, especially related to adoption rates



Major Provisions (cont.)

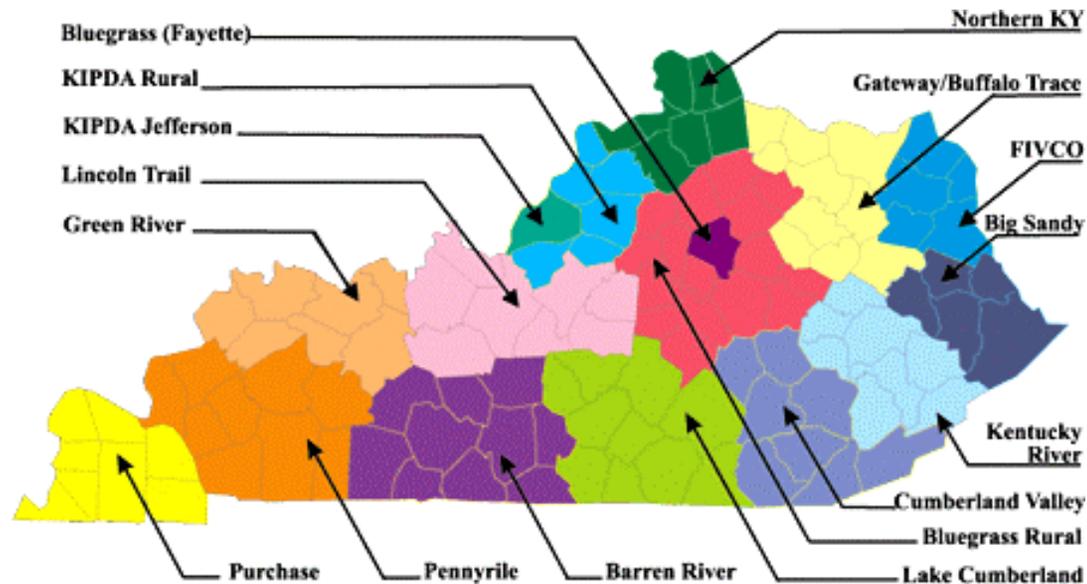
- Reasonable efforts must be made to avoid out-of-home placements and to reunify when they are necessary
- Exceptions to reasonable efforts (include previous murder, involuntary manslaughter, or felony assault has been committed against another child or have had the rights of another child of theirs terminated involuntarily)
- Child and family well-being are now goals for which states are held accountable

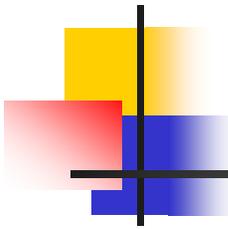


Purpose of Symposium

- To highlight research conducted in the state of Kentucky associated with the three goals of ASFA
- These studies can assist individual social workers and agencies in the evaluation of their practices related to safety, permanency, and well-being.

Kentucky Community Based Services Overview of Child Welfare Services

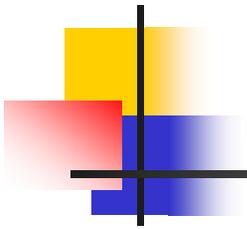




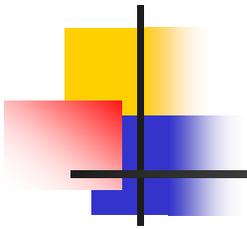
Kentucky Demographics

- 1 in 5 children under 18 live in poverty
- Ky's median household income is \$32,843, with 16.5% of Ky families below the poverty limit
- Appalachian counties some of poorest in the Nation
- Ky ranks 23rd out of 50 states for percentage of children living in single parent households
- Kentucky has an increasing drug problem

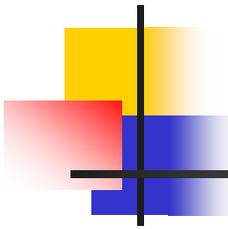
Kentucky Children at Risk

- 
- According to Annie E. Casey Foundation children with 3 or more of following are considered to be at high risk for maltreatment/neglect
 - Child lives below poverty line
 - Child lives in single parent home
 - Child lives in family where no parent has full-time year round employment
 - Child lives with a household head who is a high school
 - By this standard: 15% of KY children are considered to be at high risk for maltreatment/neglect

Kentucky Demographics

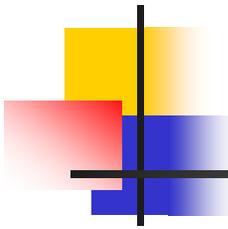


- According to 2000 census:
 - Population 4,041,769 (25th)
 - Race is
 - **Caucasian 90%**
 - **African American 7.3%**
 - **Asians 0.7%**
 - **Hispanics 1.5%**



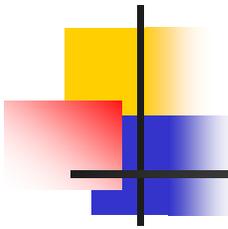
Kentucky Demographics

- **Only 59.1% of state's adult population has at least a high school diploma**
- **Southeastern regions of Big Sandy, Lake Cumberland, Kentucky River, and Cumberland Valley report**
 - **less than 50% of adults having high school diploma**
 - **over 35% of their population as under 18**
 - **lowest median incomes in state**



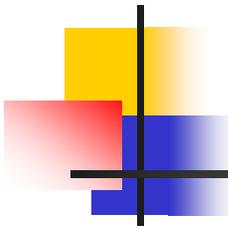
Kentucky Demographics

- CFSR assessment 2003 identified positives in state
 - Comprehensive Family Services
 - Accreditation of child protection services
 - Solution-Based Casework Model
 - Family Team Meetings
 - Multiple Response
 - TWIST
 - Training Academy for Workers



Kentucky Solution-based Casework

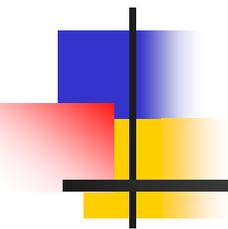
- In the 1990's Christensen developed this case work model in collaboration with community service providers and Kentucky Department of Social Services to "provide a conceptual road map for establishing solution focused partnerships with families
- Solution-based utilizes concepts from family development theory, solution-focused theory, and relapse prevention theory.



Kentucky Solution-based Casework

- Strength Based Approach which Anchors itself around 3 tenets
 - The commonality of challenges in family life
 - The importance of focusing casework on those everyday life events that are high risk for families
 - The need to focus skill development on preventing relapse in high risk situations

Child Maltreatment Assessment and Recidivism: A Study of Kentucky Child Protective Services



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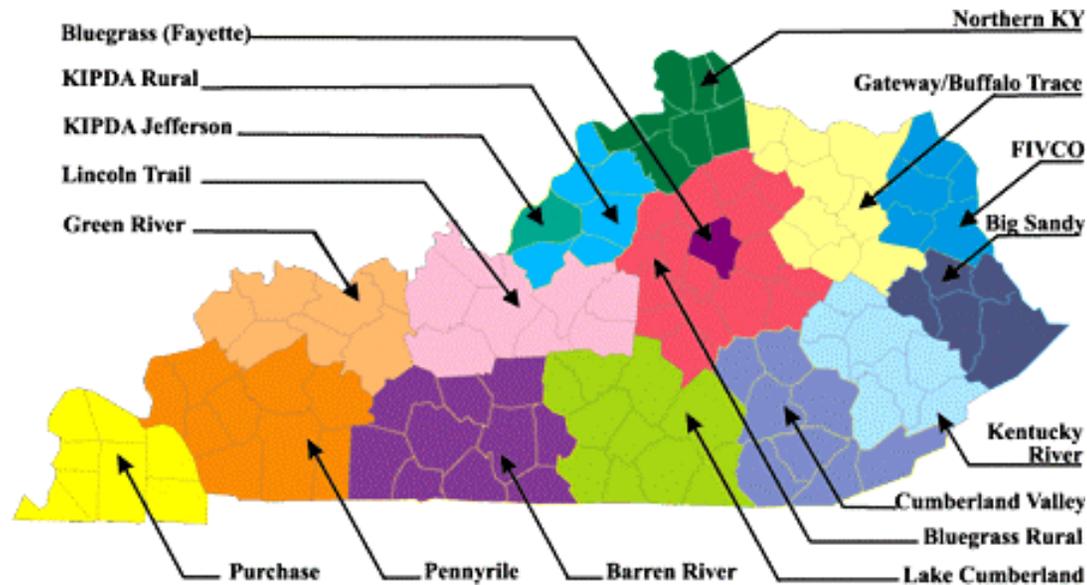
Helen K Mudd, Ph.D., MSSW, MS

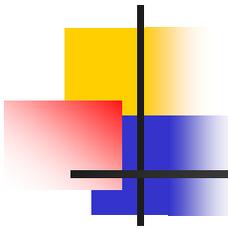
University of Louisville

Kent School of Social Work

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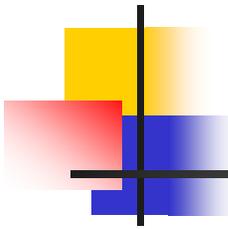
Child Maltreatment Assessment And Recidivism: A Study of Kentucky Child Protective Services





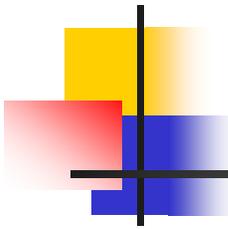
Problem Statement

- Child Abuse is indeed a National Crisis
- In 2000, an estimated 3 million referrals concerning the welfare of 5 million children were reported to child welfare agencies—879,000 were found to be victims of maltreatment (US Department of Health and Human Services, Administration on Children Youth and Families, 2003)
- As workers struggle with the measurement of effectiveness, evaluating the likelihood of maltreatment becomes a key issue.



Purpose of Study

- The purpose of this study was to add to the body of knowledge on measurable outcomes of effectiveness for child protective services by determining whether there is a relationship between child protective services provided by Kentucky Cabinet for Families and Children and risk of maltreatment



Purpose of Study

- The purpose of this study was to add to the body of knowledge on assessment in child protective cases by determining whether the level of risk, as measured by Kentucky's assessment tool, CQA, was significantly related to recurrent maltreatment

Research Questions

Change

What are the relationships of change from the level of risk measured by the first Continuous Quality Assessment (CQA) at case opening to the level of risk measured by the last CQA at case closure?

What are the relationships between change in the level of risk and case manager demographics for child protective cases?

Research Questions

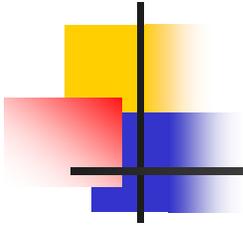
Recurrent Maltreatment

What is the relationship between the levels of risk as assessed by the CQA and repeat maltreatment for child protective service cases following case closure?

What are the relationships between services provided by the Kentucky Department of Protection and Permanency and repeat maltreatment following case closure?

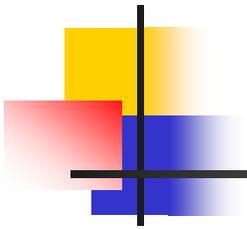
What are the relationships between repeat maltreatment following case closure and case manager demographics for child protective cases?

Foundational Premises



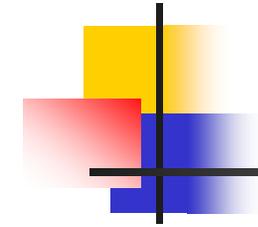
1. Evaluating the likelihood of maltreatment is a key decision in the child protective process (DePanfilis, 1996; English, 1998; Haskett, Scott, & Fann, 1995; McDonald & Marks, 1991; Seaberg, 1988).
2. Kentucky's Solution-based casework approach provides a conceptual road map for establishing solution-focused partnerships with families (Christensen, Todahl, & Barrett, 1999).

Foundational Premises



- 4 Solutions to problems of children and families should be grounded in families' individual strengths and needs (Christensen, Todahl, & Barrett, 1999; Dattalo, 1995; Wood, 1978).
5. Recidivism is an accessible measure that agencies should consider in evaluative research (Claburn, Magura, & Chizeck, 1977).
6. Outcome measures should inform agency decisions (Magura & Moses, 1980).

Foundational Premises

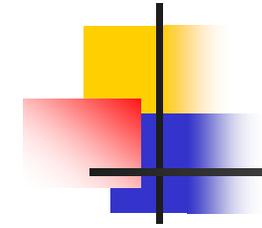


7. Regardless of how workers count or measure successes, their concern cannot stop with simply knowing what works; they also need to know for whom it worked (Giovanni, 1982).

8. Risk assessment is an ongoing process in child protective work and an individual's risk score should not be substituted for good clinical judgment in making casework decisions (Wald & Woolverton, 1990).

9. Summing the number of risk factors is not sufficient, as interactional patterns of risk factors are too important (Fuller, Wells, & Cotton, 2001).

Foundational Premises



10. Research does not support one assessment tool over another, however domains generally cited as being important in making decisions regarding risk include: (a) parent characteristics, (b) environmental factors, (c) parent-child interaction, (d) child characteristics, (e) maltreatment, and (f) perpetrator.

Methodology

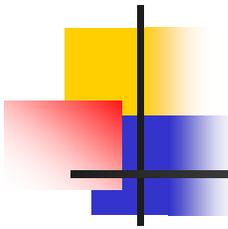


Chart Review

Modified one group pre-test post-test

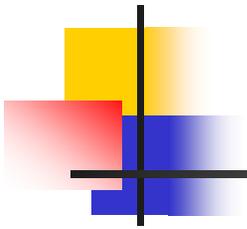
$O_1 \times O_2 O_3$

**Population: 3,235 CPS Cases, Closed January 1, 2002-
June 30, 2002**

406 Cases Excluded (12.6% total population)

- (1) Cases with an opening cumulative CQA of 0
- (2) Cases with opening and closing CQA completed on same day

Methodology



Cases accepted for study: 2,829

3.5% cases open < 3 months

3.5% cases open > 5 years

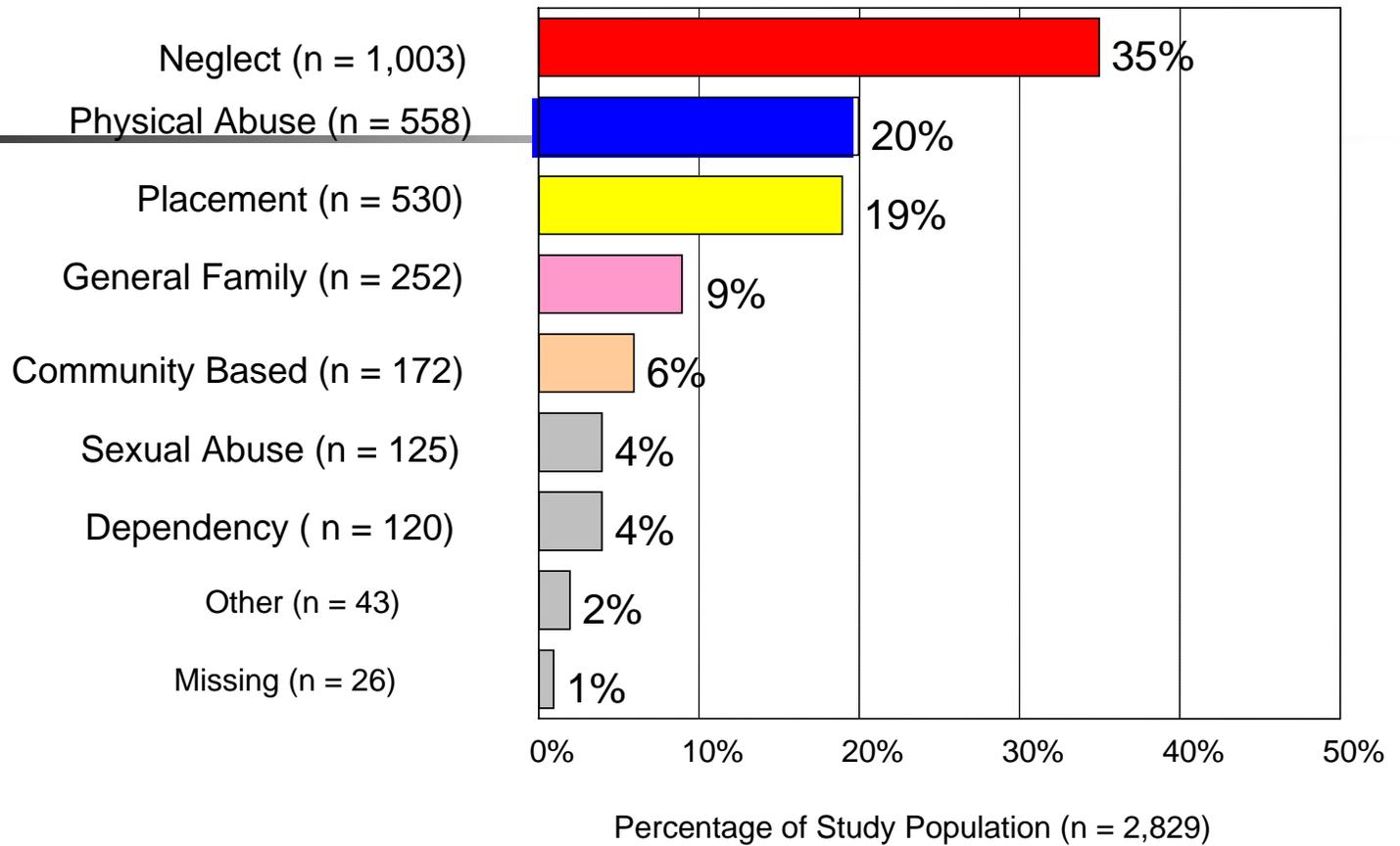
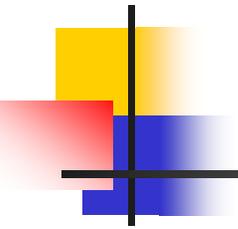
Only 20% open > 2 years

Mean of service time 17 months

Dependent Variables:

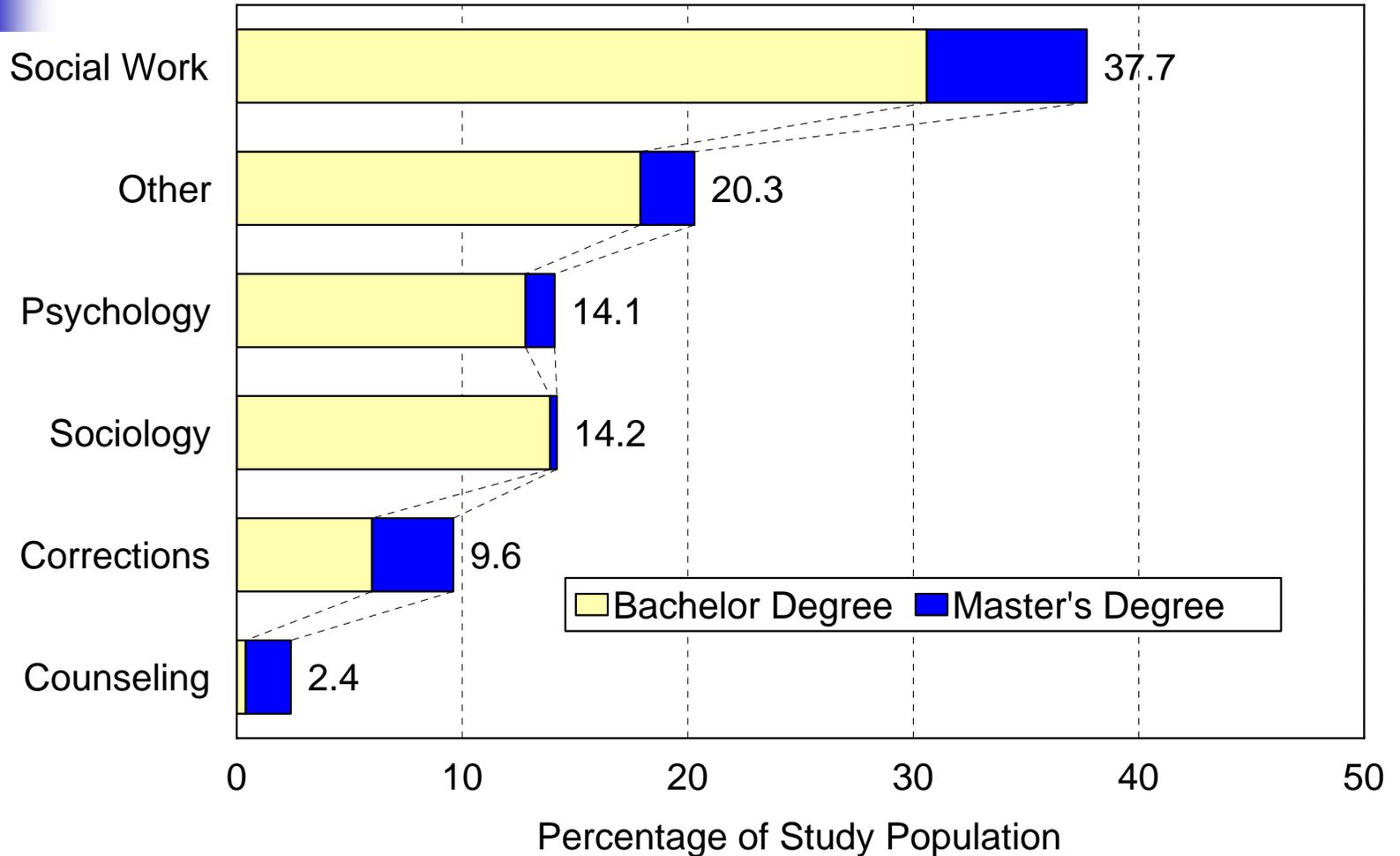
risk of maltreatment

recurrent maltreatment

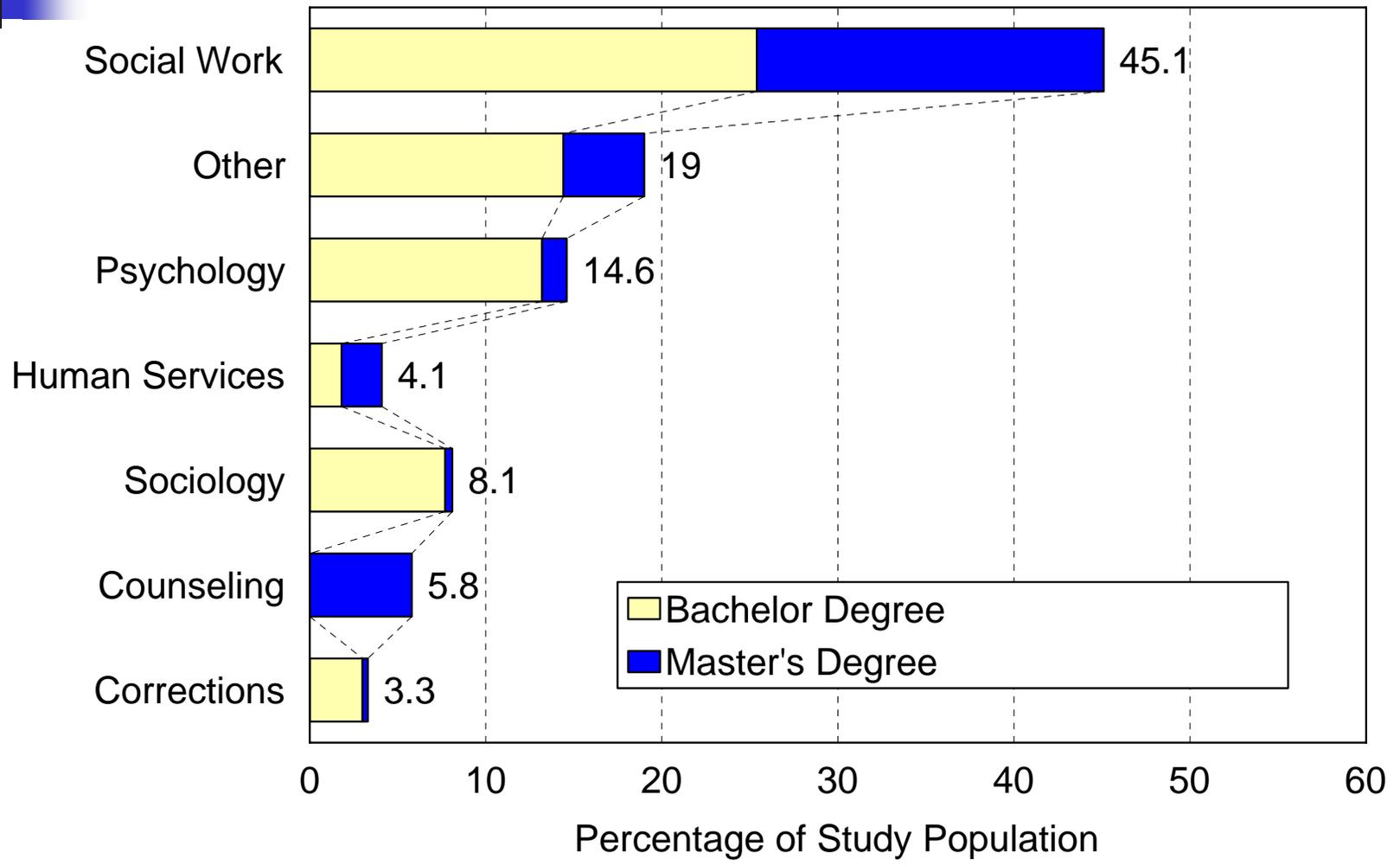


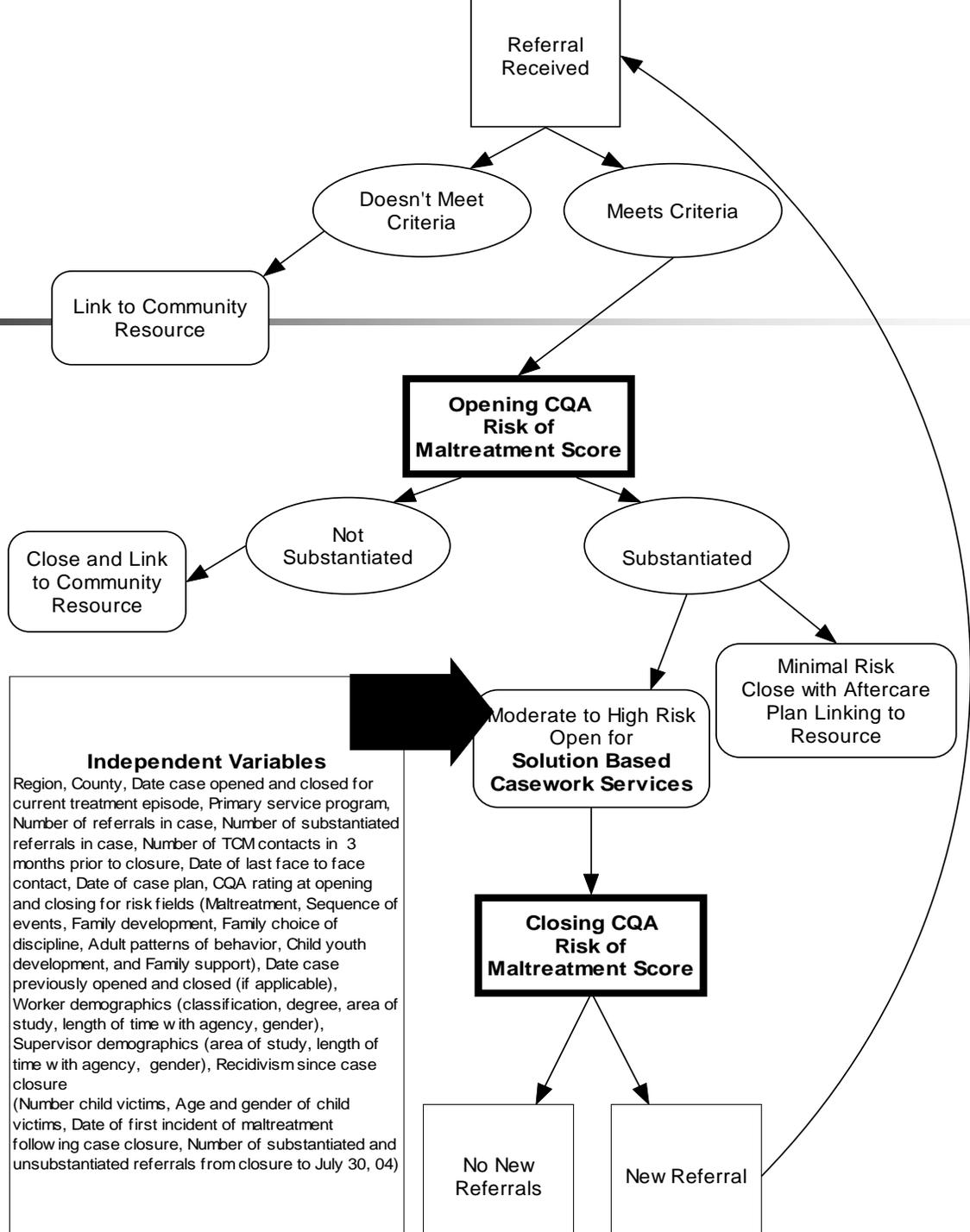
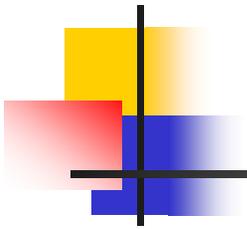
Primary service program at case closure

Case Manager's Area of Study and Highest Educational Degree



Supervisor Area of Study and Highest Educational Degree

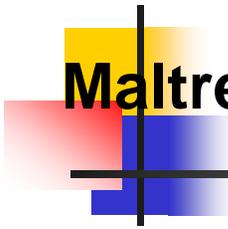




Independent Variables

Region, County, Date case opened and closed for current treatment episode, Primary service program, Number of referrals in case, Number of substantiated referrals in case, Number of TCM contacts in 3 months prior to closure, Date of last face to face contact, Date of case plan, CQA rating at opening and closing for risk fields (Maltreatment, Sequence of events, Family development, Family choice of discipline, Adult patterns of behavior, Child youth development, and Family support), Date case previously opened and closed (if applicable), Worker demographics (classification, degree, area of study, length of time with agency, gender), Supervisor demographics (area of study, length of time with agency, gender), Recidivism since case closure (Number child victims, Age and gender of child victims, Date of first incident of maltreatment following case closure, Number of substantiated and unsubstantiated referrals from closure to July 30, 04)

Continuous Quality Assessment



Maltreatment Presenting Problem



Sequence of Events



Adult Patterns of Behavior



Family Development



Choice of Discipline



Child Development



Family Support



Safety

Well Being

CQA Maltreatment Anchors

RATING	ANCHORS
4 - EXTREME	Cruel restraint; vicious beatings; diagnosed battered child syndrome; child injured/involved in domestic violence/spouse abuse; burns; physical torture; biting; injuries to head, face, genitals; internal injuries; broken bones; throwing or shaking; oral sex; anal sex; or intercourse with a child; digital penetration or penetration with objects; abandonment; punching or blows to the abdomen; kidnapping/hostage; stalking; sexual abuse accompanied by physical abuse; weapons present; use of weapons; bizarre sexual practices; pornography/sexual exploitation; constantly berating; verbal assault/intimidation; psychological torture; life threatening unmet health needs/living arrangements; unsupervised child(ren) under age 8; expressed fear for safety; supervisory arrangements present danger to children; total refusal to cooperate with investigation; refuses access to children by hostage style behavior
3 – SEVERE	Significant bruising to lower extremities; fondling under the clothes; exhibitionism or masturbation; constantly hitting; hitting or slapping to head or face; kicking; multiple injuries; prior injuries; child witness to domestic violence; diagnosable malnutrition; abandonment with community or family members; consistent scapegoating; condemnation and/or rejection; serious unmet health needs/living arrangements; refuses access except by court order or police intervention
2 - MODERATE	Bruising to lower extremities; mutual altercation involving children under the age of 12; fondling over the clothes; medical care not sought; inadequate shelter; lack of supervision of child age 8 and up; chronic minor neglect (e.g. routine minimal parenting/care; inconsistent supervision; inadequate supervision but does not present danger to child(ren)); routine poor hygiene; inconsistent feeding/nutrition, etc.); occasional scapegoating; indifference; condemnation or rejection; seriously refuses cooperation
1 – MILD	Minor bruising to older children; mutual altercation involving children age 12 and up; minimal emotional distancing; labeling; harassing; isolated incident; pushing and shoving with no injury; cooperates with service providers at least minimally
0 – NONE	There is no indication of maltreatment; total cooperation with service providers

Scoring of CQA



High Numbers of individual risk fields being scored '0'

(family support, discipline, & child development at opening)

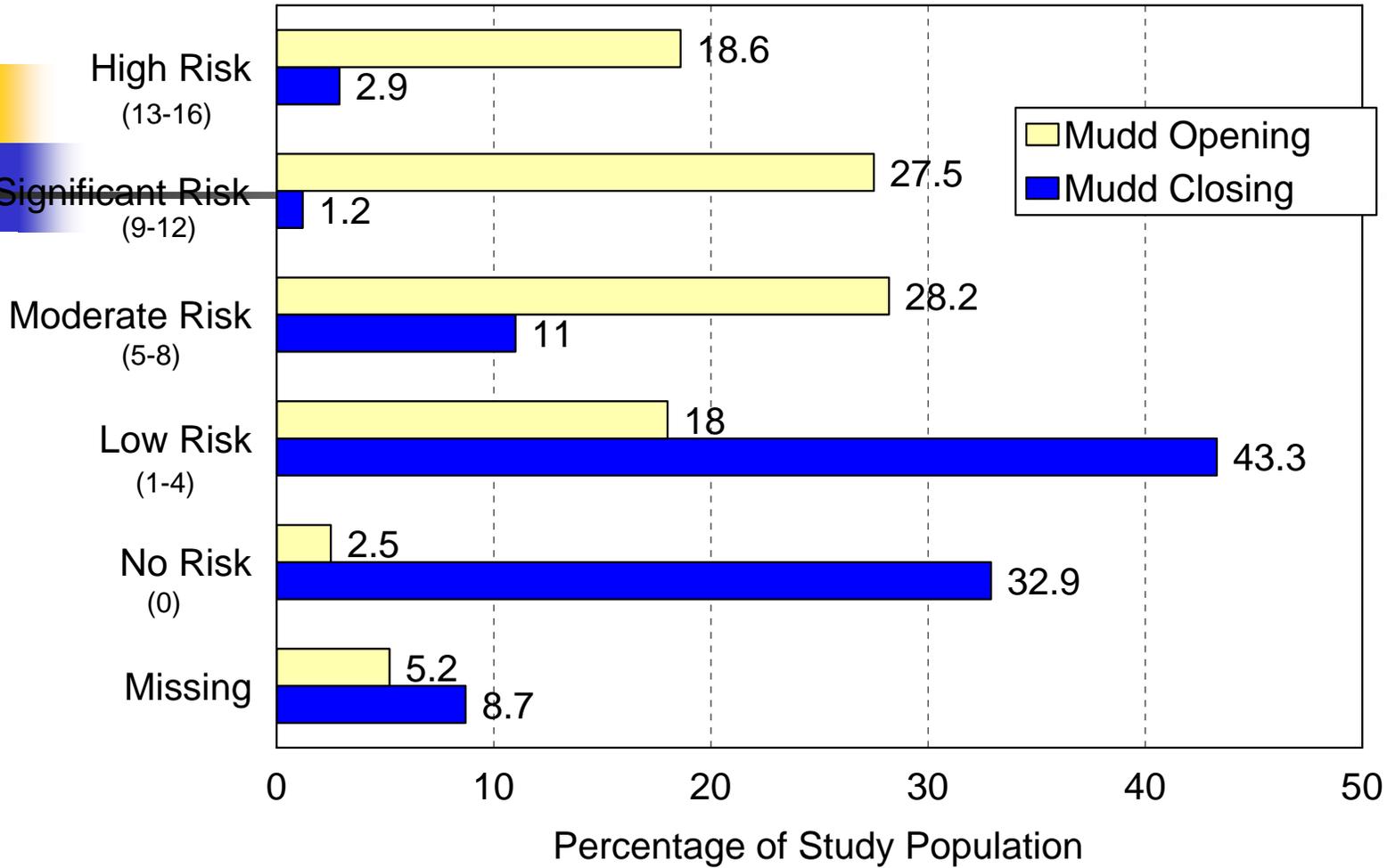
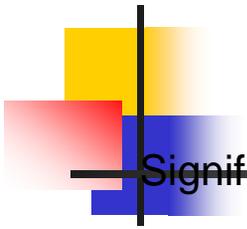
Low ratings more evident in Well being fields

**Alpha coefficient for internal consistency for well being
Only 0.43**

**Based on low ratings and less than internal consistency
Well being factor not considered valid measure**

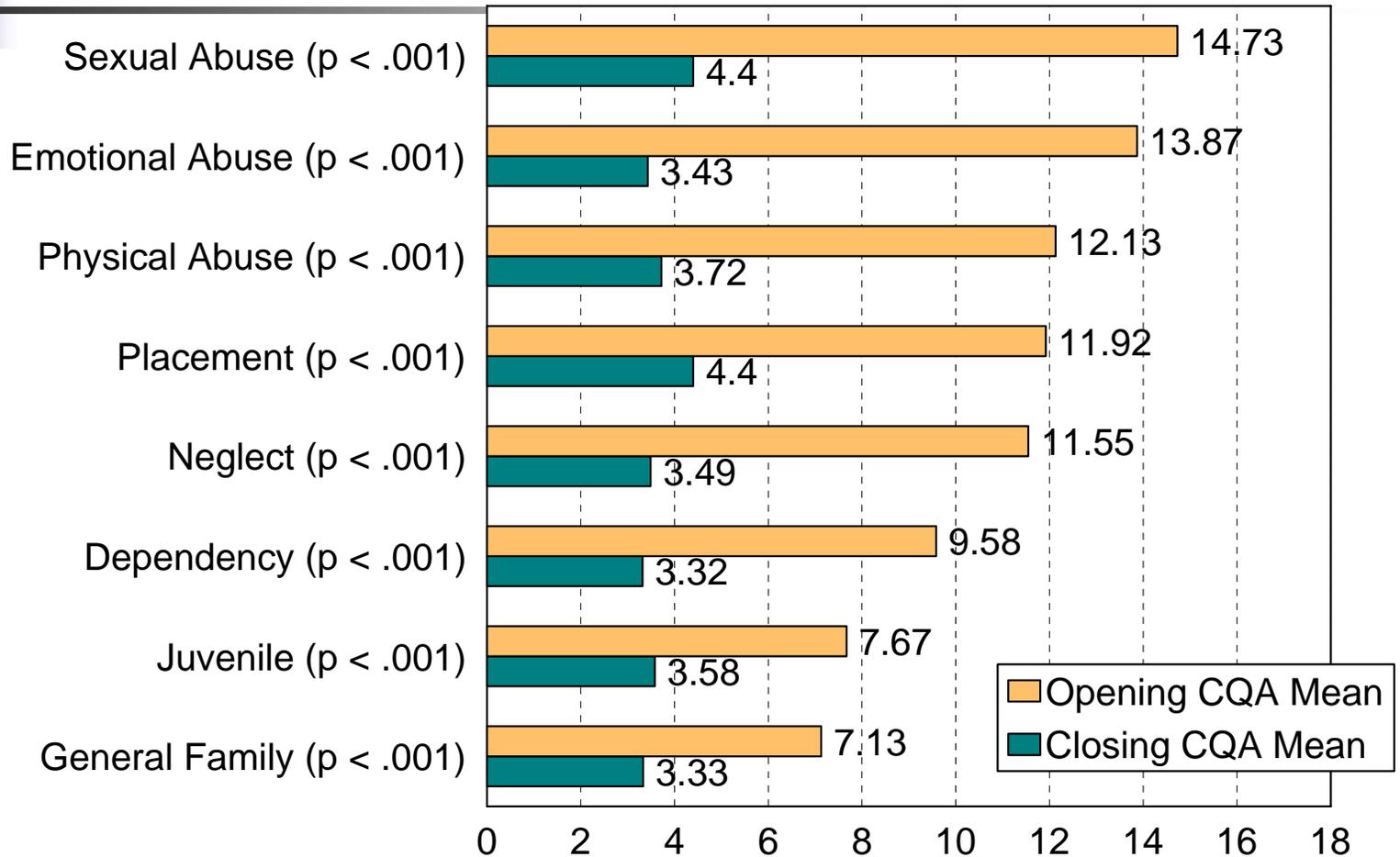
6.3% cases had higher rating at closing then opening

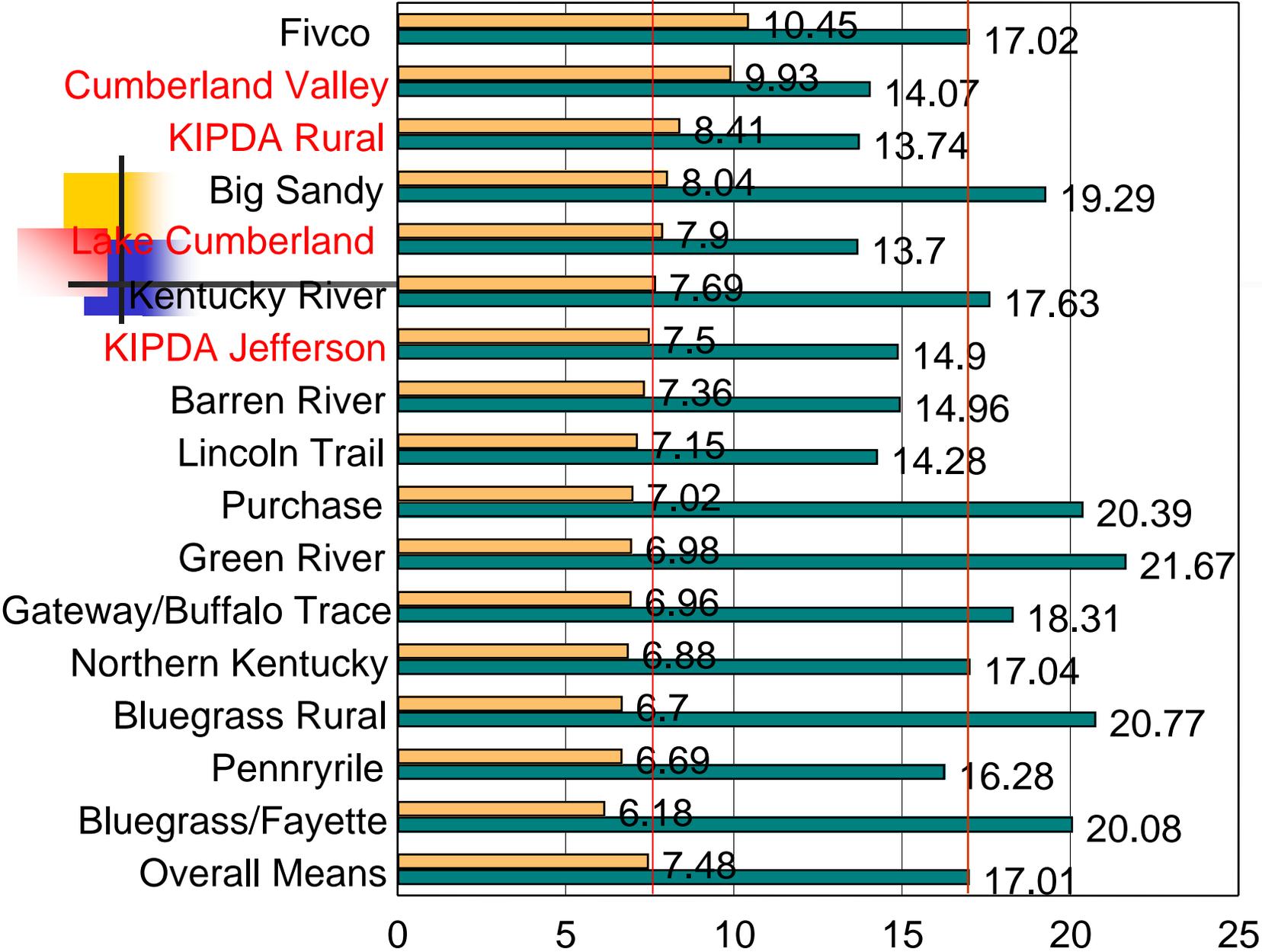
No risk domain had more than 9% missing data



Comparison of Mudd Safety opening and closing

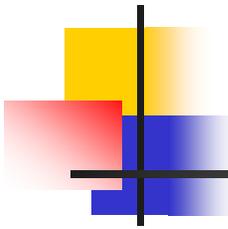
Means of Opening and Closing CQA by Program Area





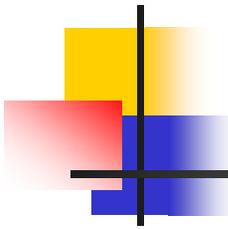
Frequency of Change Means and Service Time Means





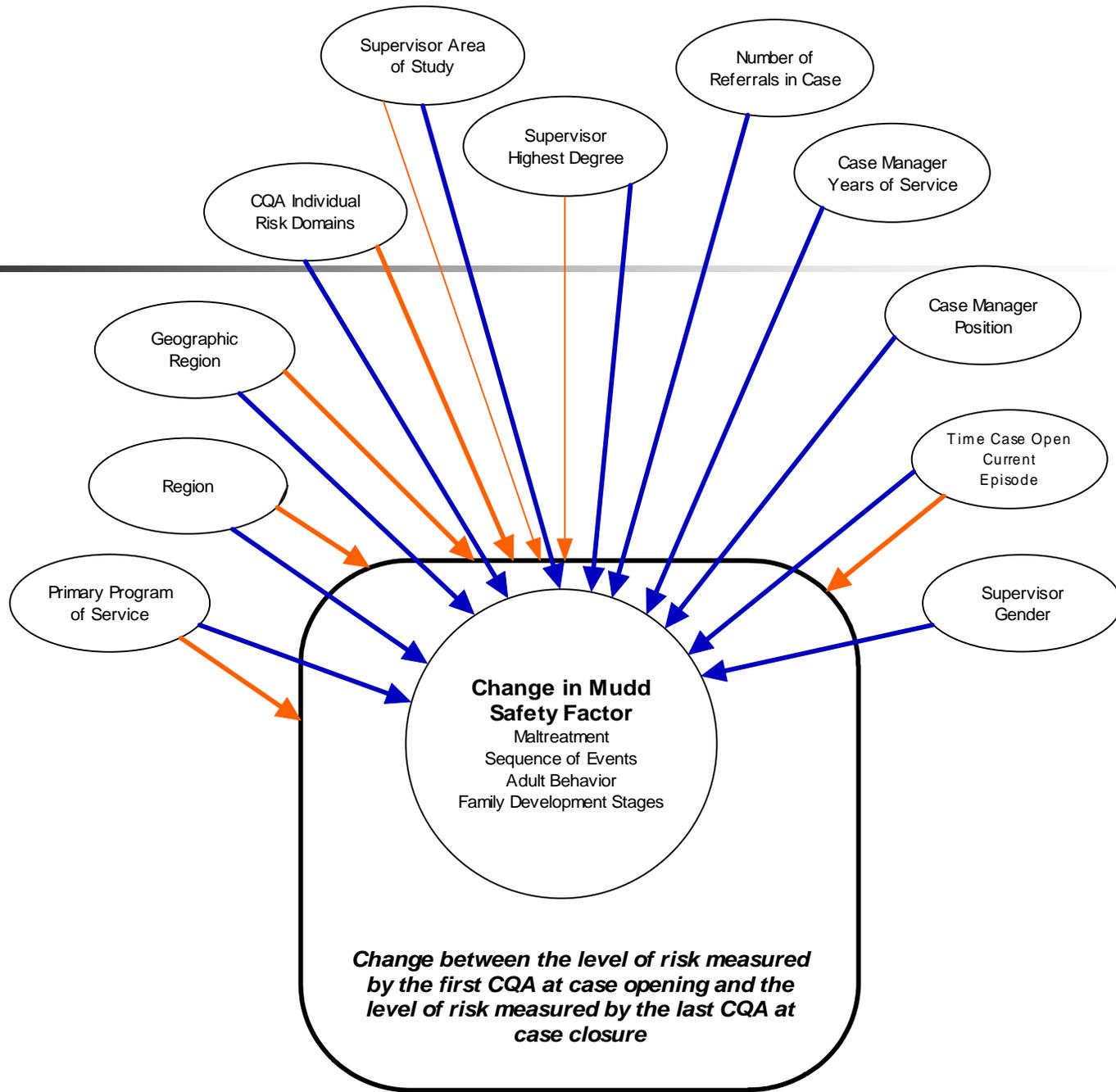
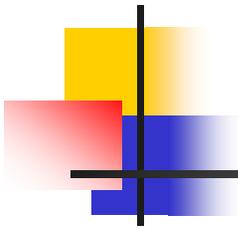
Variable found to be related to Change (Reduction in Risk)

- **Primary Program of Service Region**
- **Opening CQA Scores**
- **Worker Position**
- **Region**
- **CQA risk domains**
- **Prior episode of treatment**
- **Number of referrals in case at closure**
- **Length of time case open**

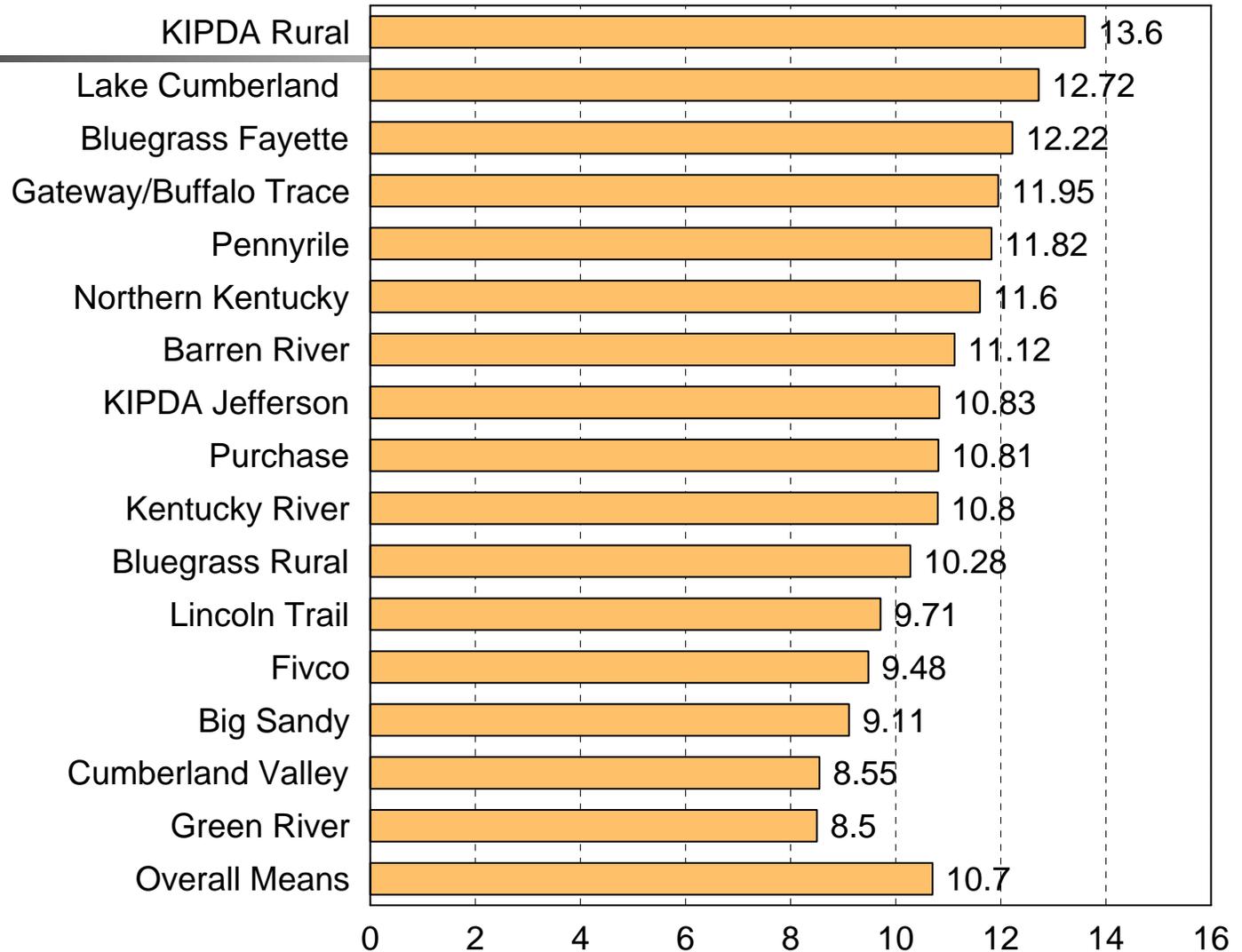


Variable found not to be significantly related to Change (Reduction in Risk)

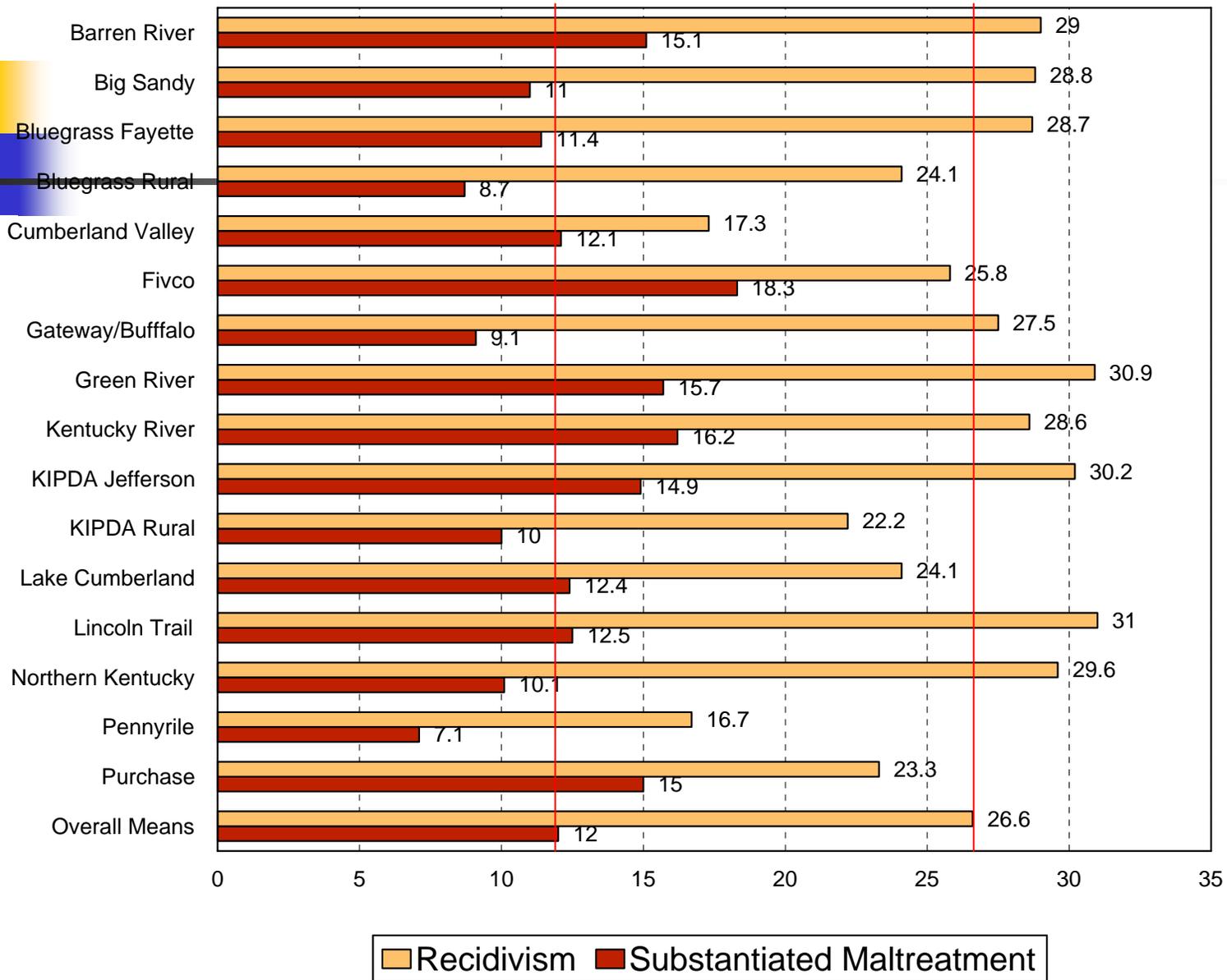
- Worker area of study not significant, however 73.6% of cases were managed by workers having degrees accepted by Council on Accreditation
- Worker gender
- Supervisor/worker level of degree
- Worker area of study



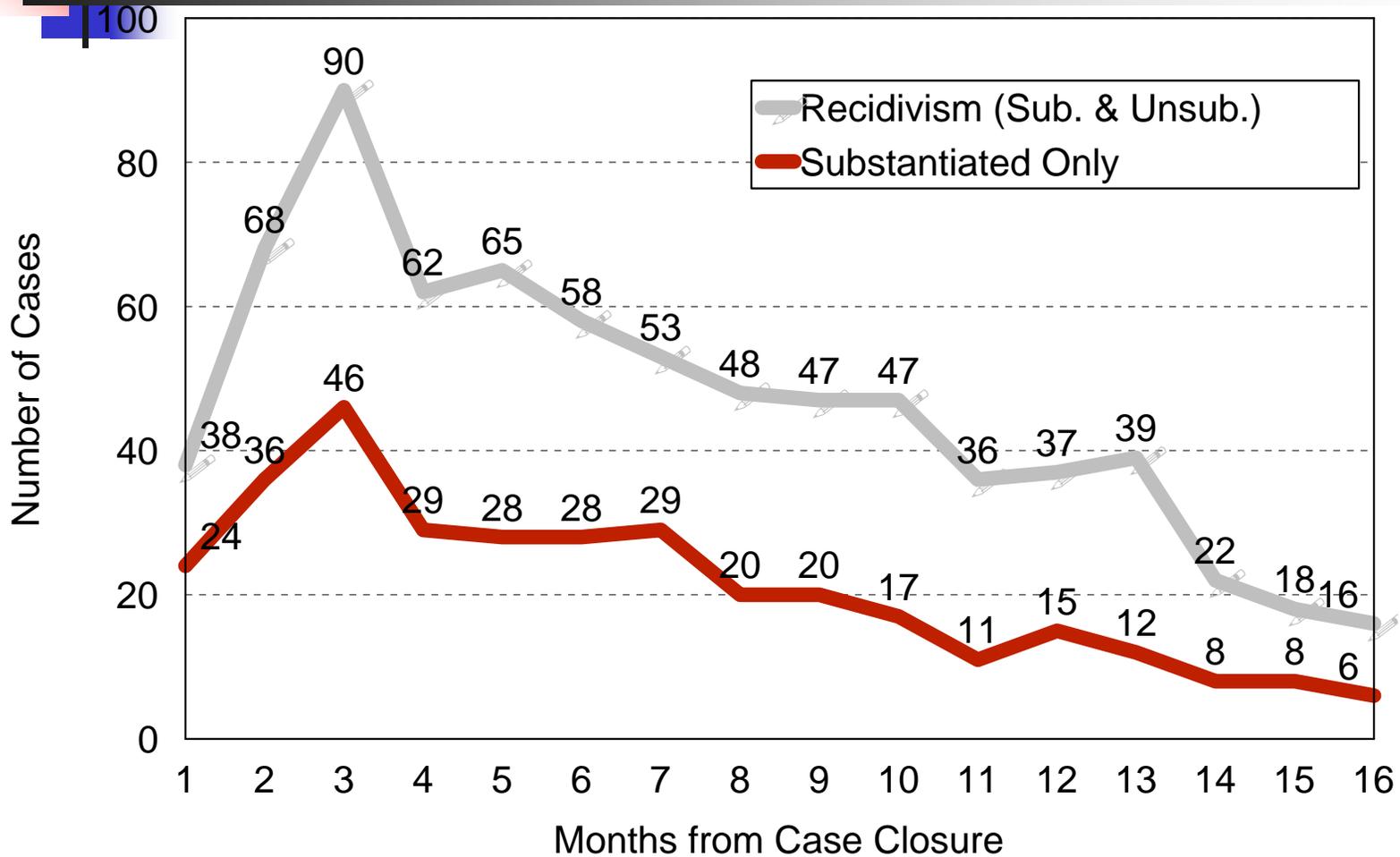
Means of Months Between Prior Treatment Episode and Case Reopening for Current Episode

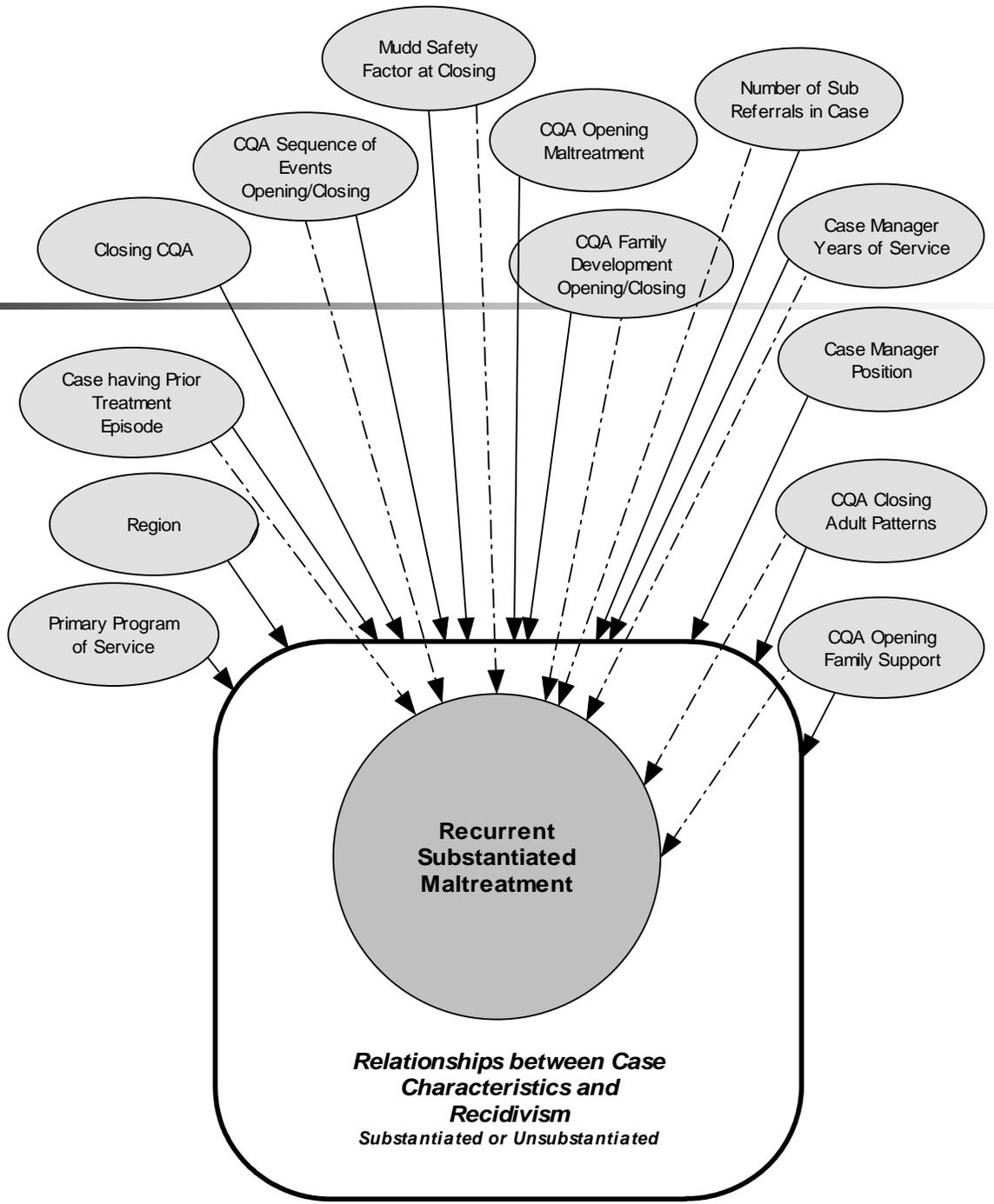
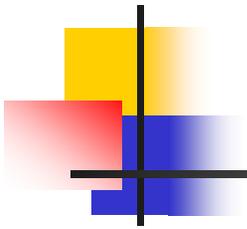


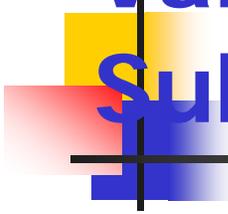
Percentage of Cases with Recidivism Since Closure By Region



Length of Time from Most Recent Case Closure to New Referral







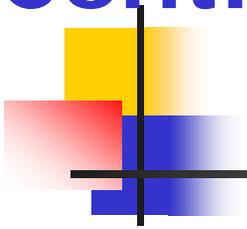
Variable found to be related to Substantiated Repeat Maltreatment

- **The number of substantiated referrals in the case at closure**
- **Prior episode of treatment**
- **Case manager's years of experience**

Variable found not to be related to Substantiated Repeat Maltreatment

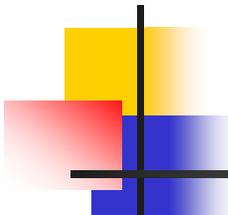
- Supervisor demographics
- Current case plan at time of case closure
- Case manager demographics, with the exception of years of service
- Child 3 and under listed as victim
- Length of time current case open for treatment
- Primary Program of Service

Continuous Quality Assessment Tool



- Safety factor identified which included, maltreatment, adult patterns of behavior, sequence of events, and family development
- High numbers of individual fields being scored "0" (ex. 35% of cases were neglect cases, yet 93% of cases scored family support "0" at closing)
- Well being factor (family support, child development & discipline) not found to be a valid measure
- Low scoring of CQA at closing suggest that workers are using CQA to validate decision to close case

Implications

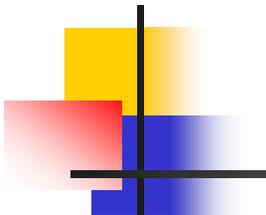
- 
- ❑ Helpful to isolate a small set of factors that help workers understand change and determine which families are most likely to have recurrent maltreatment

 - ❑ Identifying the presence of high rates of recurrent maltreatment in the 90 days following case closure allows service delivery to be improved through
 - Increased use of Family Team Meetings to wrap services around families at time of case closure
 - Increased emphasis on teaching relapse prevention skills to families

 - ❑ The CQA in its infancy has strengths, as well as weaknesses—Its potential not yet fully been achieved. Further examination needed, particularly test-retest reliability

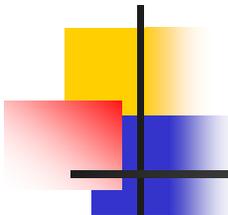
 - ❑ Recognizing inconsistencies in scoring, the lack of consistency of the well being factor, and the high number of '0' ratings can be used to improve Kentucky's risk assessment process

Implications

- 
- ❑ Change is occurring and recurrent maltreatment has decreased. Paired-t testing comparing opening and closing scores found significant differences

 - ❑ Suggestions for improving management of risk
 - ❑ Identify high risk situations on all case plans
 - ❑ Increase emphasis on using risk assessment as the basis for the development of specific risk related plans
 - ❑ Create an ongoing CQA which assesses behavioral changes in the family throughout the life of the case
 - ❑ Use the CQA to guide decisions, rather than to validate predetermined courses of action
 - ❑ Avoid premature or excessive delays in case closures by discussing length of time case has been open at all reviews
 - ❑ Assign cases with high CQA safety ratings to clinicians

Implications

- 
-
- Suggestions for limiting recidivism
 - Focus aftercare planning on relapse prevention
 - Increase worker competency in relapse prevention planning by including relapse prevention planning to new and ongoing worker/supervisory trainings
 - Conduct family team meetings at case closure to wrap services around families
 - Teach families to use relapse prevention skills to manage high risk times
 - Assign cases with high numbers of referrals and prior episodes of treatment to workers with higher expertise
 - Increase supervisory scrutiny of cases with high CQA safety ratings at case opening

A young child with light-colored hair is shown in profile, blowing bubbles. The background is a soft, greenish-yellow color with many bubbles of various sizes floating around. The child's face is lit up with a smile, and their mouth is open as they blow. The overall mood is joyful and whimsical.

Legacy Children: Whose Legacy are They?

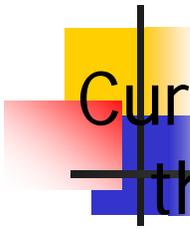
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Pam Nolley Tungate, Ph.D.,
C.S.W.

University of Louisville

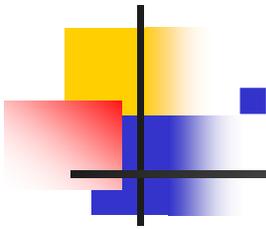
January 14, 2006

Introduction



Currently over 550,000 children are in foster care in the United States (United States Department of Health and Human Services {USDHHS}, 2003). Many of these children will spend the majority of their childhoods in foster care. Foster care drift has been a concern for over fifty years. It has been researched heavily and has been the impetus for numerous laws, policies, and practice changes. During this presentation you will see just a few of the faces of Kentucky's Legacy Children who have experienced long term foster care.

What is Permanency?

- 
- Legally intended to be permanent, lasting through the child's minority and continuing with lifelong family relationships
 - Binding on the adults who are awarded care, custody and control of the child
 - Provides the caregiver with the legal responsibilities that a birth parent would have
 - Clarifies that the state will no longer act as parent for the child, court and agency involvement has ended

Literature findings; Family Influence on Permanency

32 studies found significant relationships with Family Variables

- 14 - Visitation (Leathers, 2002; Potter & Klein-Rothschild, 2002; White, Albers & Botoni, 1996)
- 10 - Poverty issues - (Courtney & Wong, 1996; Jones, 1998; Landy & Monroe, 1998; Potter & Klein-Rothschild, 2002; Wulczyn, Orlebeke & Melamid, 2000)
- 9 - Neglect - (Landy & Monroe, 1998; Wells & Guo, 1999)
- 3 - Sexual abuse (Courtney & Wong, 1996; Glisson, Bailey & Post, 2000)
- 5 - Sibling Group - (Avery, 1999; Glisson, Bailey & Post, 2000; Schmidt-Tieszen & McDonald, 1998)
- 3 - Single parent household (Wells & Guo, 1999).

*Literature findings;
Child Influence on
Permanency*



33 studies found significant
relationships with Child Variables

25 - Race (Barth, 1997; Courtney & Wong, 1996; Jones, 1998; Kemp & Bodoyni, 2000; Kemp & Bodoyni, 2002; Potter & Klein-Rothschild, 2002; Schmidt-Tieszen & McDonald, 1998; Wells & Guo, 1999; White et al., 1996;

22 - Age (Barth, 1997; Courtney & Wong, 1996; Fernandez, 1999; Frazer, Walton, Lewis & Pecora, 1996; Glisson et al., 2000; Kemp & Bodoyni, 2002; Schmidt-Tieszen & McDonald, 1998; White et al., 1996;

16 - Child's emotional, physical or educational needs (Courtney & Wong, 1996; Glisson et al., 2000; Jones, 1998; Potter & Klein-Rothschild, 2002; Schmidt-Tieszen & McDonald, 1998; Wells & Guo, 1999; White et al., 1996)

Literature findings; Social Worker Influence on Permanency

19 studies found significant relationships with Social Worker Variables

7 - Social Worker contacts with family

(White et al., 1996)

7 - Number of moves or placement history

(Fernandez, 1999; Potter & Klein-Rothschild, 2002)

3 - Case planning

4 - Educational degree of social worker

1 - Experience level of social worker

4 - Permanency goal (Courtney & Wong, 1996)

Literature findings; System Influence on Permanency

19 studies found significant relationships with System Variables

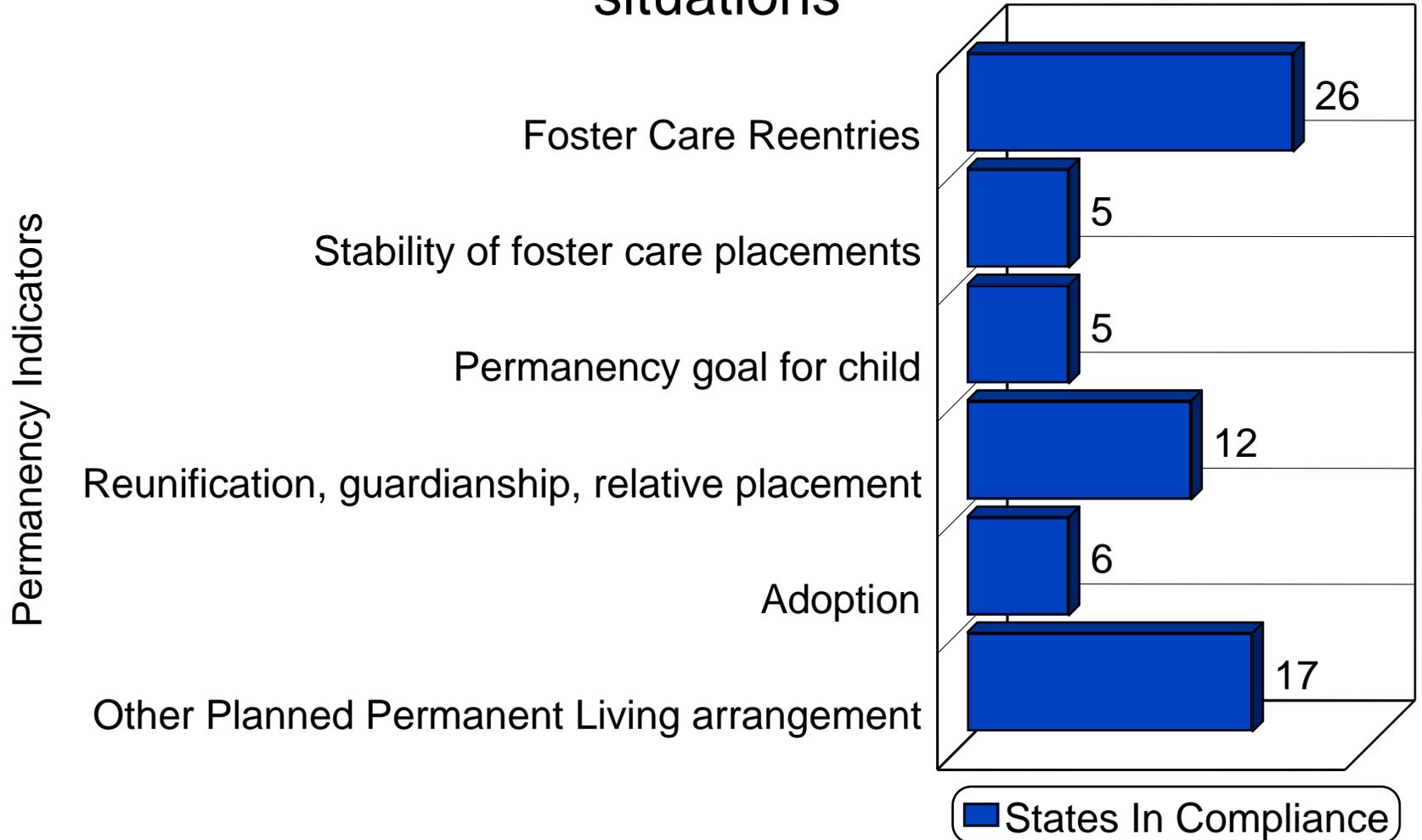


- 10 - Type of placement (Berrick et al., 1997; Courtney & Wong, 1996; Festinger Pratt, 2002; Wells & Guo, 1999)
- 7 - Rural area (Berrick et al., 1997; Courtney & Wong, 1996; Glisson et al., 2000; Martin et al., 2002)
- 6 - Court related barriers (Festinger & Pratt, 2002)
- 4 - Service delivery issues (Frazer et al., 1996; Glisson & Hemmelgarn, 1998; Martin al., 2002)
- 2 - Social worker turnover (Potter & Klein-Rothschild, 2002)

Children and Family Service Review State Findings

Permanency Outcome One

Children have permanency and stability in their living situations



Permanency Outcome 1 (Kentucky)

Results:

- Outcome was substantially achieved in 7.1% of the cases = (NS 90%)
- Did not meet the national standards
 - Rate of foster care re-entry 10.8% = (NS 8.6%)
 - Finalized adoption within 24 months 15.9% = (NS 32%)
 - Foster care placement moves within 12 months 80.3% = (NS 86.7%)
 - Reunification within 12 months 82.5% = (NS 76.2)

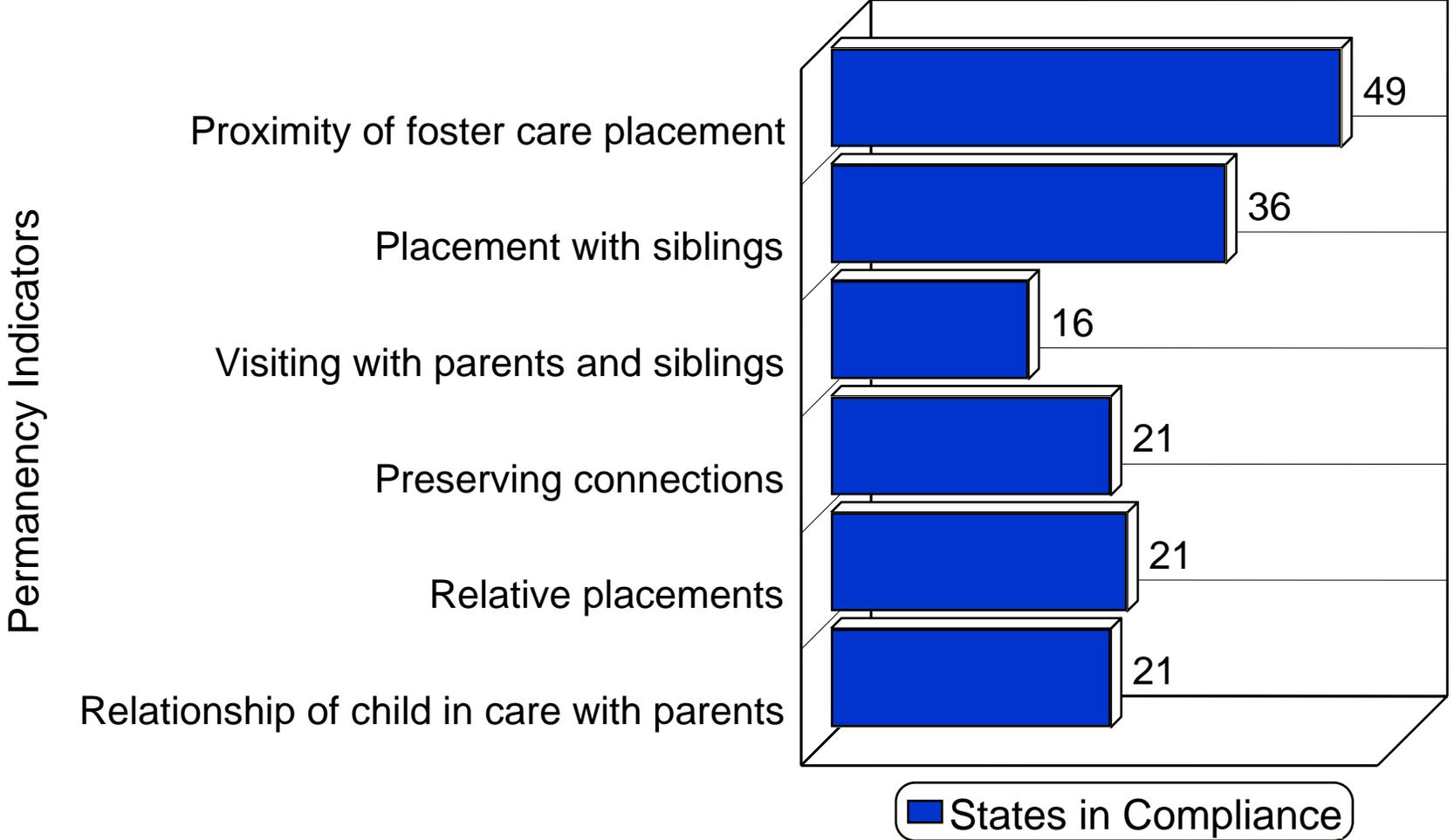
Concerns:

- Inconsistent in ensuring children have permanency and stability in their living situations
- Permanency goals in a timely manner
- Delays in adoption
- Placement instability – assessments, lack of sufficient placements or placed on availability rather than matching based on needs

Children and Family Services Review State Findings

Permanency Outcome Two

The continuity of family relationships and connections is preserved for children



Permanency Outcome 2 (Kentucky)

Results:

- Outcome was substantially achieved in 71.4% of the cases reviewed = (NS 90%)
- Item 11 Proximity of foster care placement rated a strength

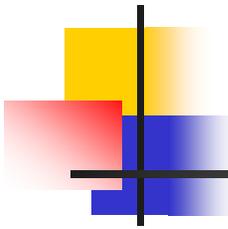
Concerns:

- Inconsistency in practice
- Quality of visitation between child, parents and siblings
- Frequency of visitation consistent with policy requirements
- Transportation and supervised visits by Cabinet staff possible barriers

Why Study Legacy Children?

- Legacy Children wait for permanency an average of three years longer than other children
- Child welfare dollars are now tied to variables associated with permanency
- These children may have additional or different permanency needs than others





Research Questions



1. What, if any, differences exist between Legacy Children and Children who find permanency?
2. Which variables are predictive of being a Legacy Child?
3. What are the perspectives of Legacy Children regarding permanency?

Research Design

Study One

Static Group Comparison Study. Posttest only design that compares two nonequivalent groups after the introduction of a stimulus - permanency.

Study Two

Ethnographic Study of Legacy Children.



Sample: Study One

Comparison Groups

Legacy Children –

All Kentucky foster children who entered out of home care on or after January 1, 1999, have remained in care for 48 months or more and have not reached the age of 18. $N = 125$

Permanency Children –

Electronic stratified random sample of Kentucky foster children who entered out of home care on or after January 1, 1999 and have found permanency through reunification, adoption or permanent relative placement within 24 months or less prior to turning 18.

Study Variables

Family	Child	Social Worker	Macro
Visitation	Age	Number of moves	Proximity of placement
Participation in case planning	Gender	Regularity of case planning	Type of placement
Type of abuse	Race	Permanency goal of child	Court System
Lack of extended family support	Child's developmental rating	Educational level of social worker	Number of social workers assigned to case
Number of children	Child Behavioral checklist	Experience level of social worker	Amount spent on child's placement
Number of parents in the home	Child well being rating	Median number of visits between parents and social worker	Re-entries
Recidivism		Median number of visits between social worker and child	
Title IV-E eligibility			
Parental risk factors; Mental Illness, Substance abuse, Domestic violence.			

Research Tools

- Hardcopy DCBS files
- Electronic TWIST files
- Electronic TWIST management reports
- Data from training records and Children's Review Program
- Ethnographic interviews of foster children



Statistical Analysis

SPSS Data File

- Independent Samples T Test and Chi-Square Analysis
- Multiple Linear Regression Analysis
- Path Modeling

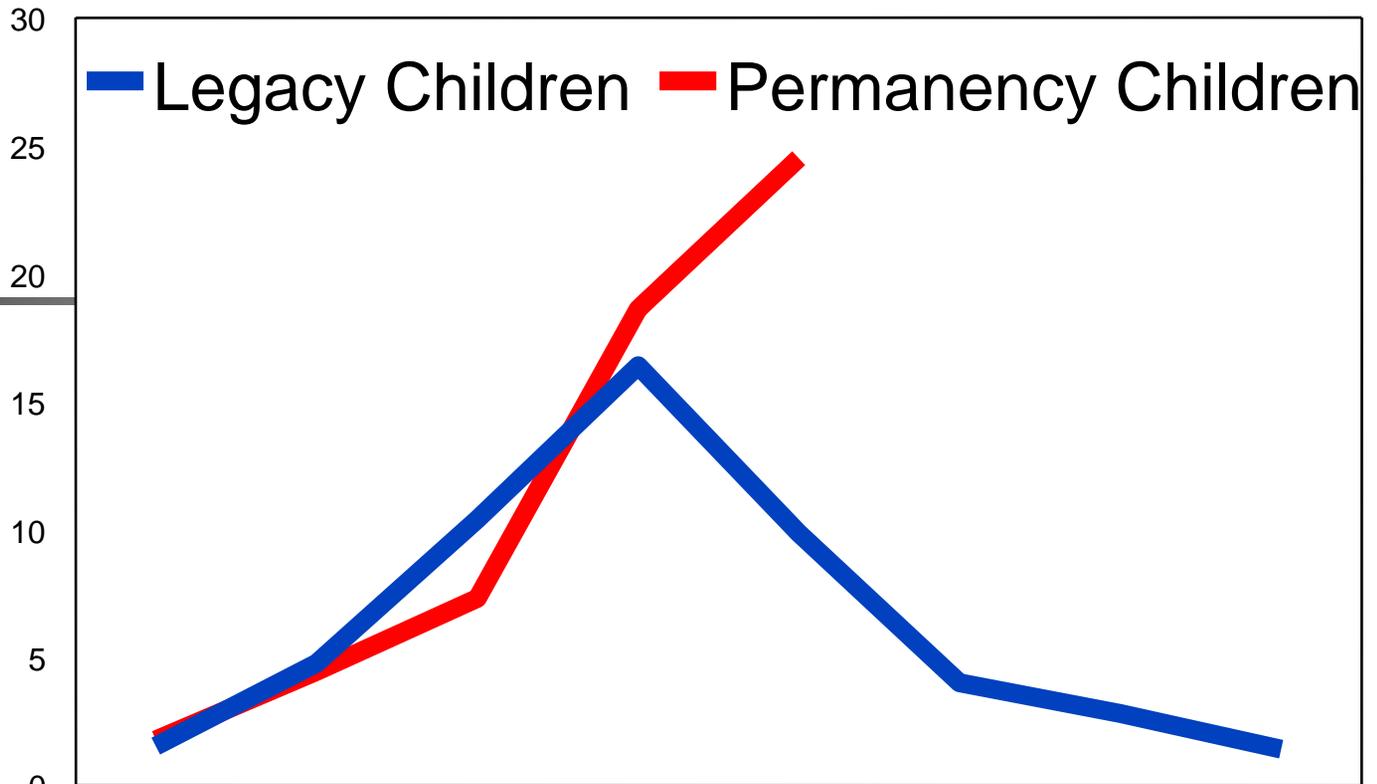


Family Variable Findings

Significant Differences in Legacy Families compared to Permanency Families

- Fewer monthly face to face visitations
- Increased number of risk factors
- Poverty
- Have more than one child in foster care
- Maltreatment is more severe
- Less positive family and community support
- Behavioral functioning creates greater risk
- Presence of sexual abuse
- Less likely to have finding of neglect

Mean Number of Monthly Parent/Child Visitations

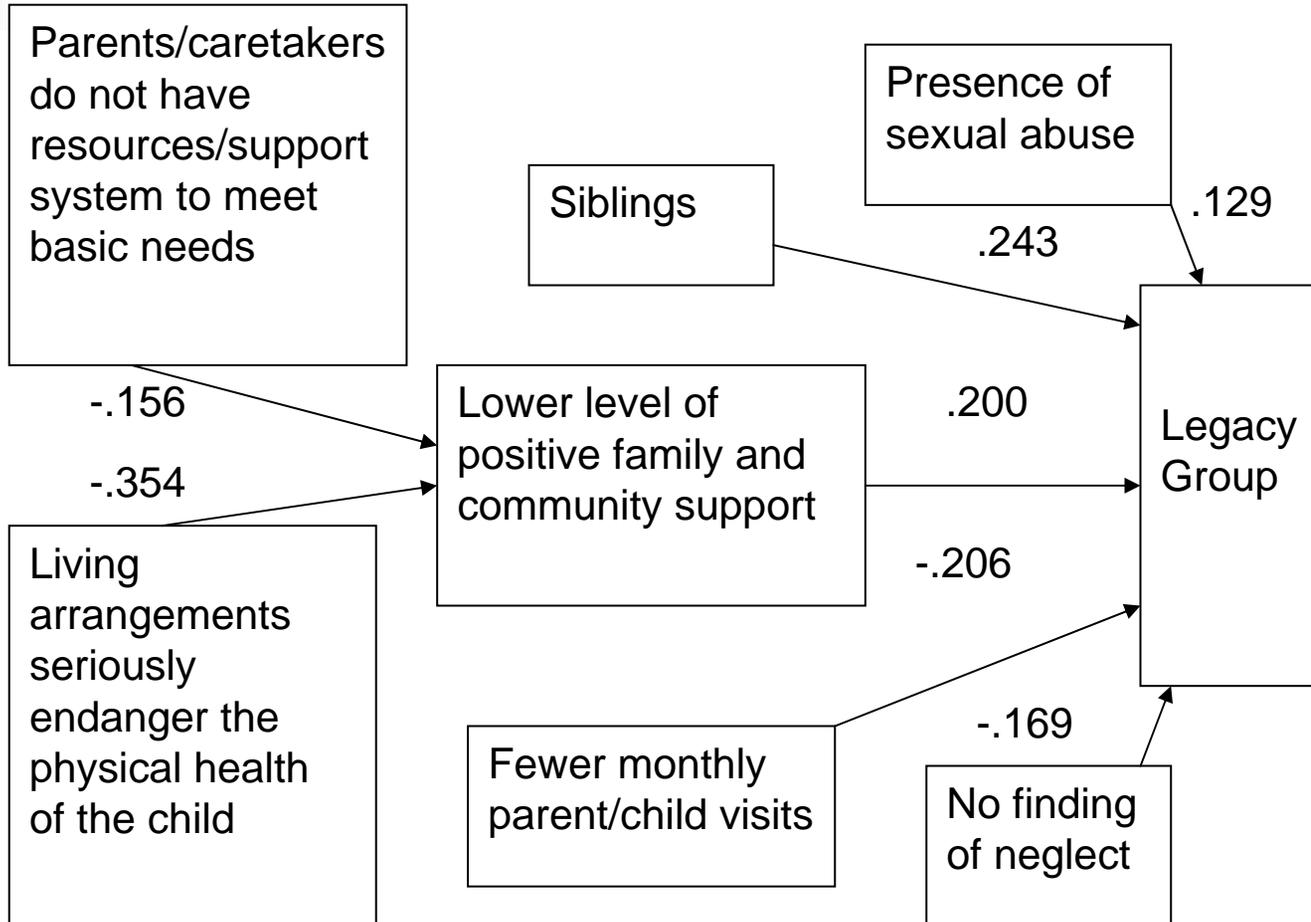


Legacy Group	1.53	4.76	10.39	16.4	9.86	4.01	2.8	1.41
Permanency Group	1.77	4.44	7.3	18.61	24.5			

Family Variable and DV Legacy Group Correlations

Variable	<i>N</i>	<i>R</i>	Sig.
Number of monthly visits	275	-.21	.000
Number of risk factors	275	.15	.009
Sibling group	275	.26	.000
Maltreatment at entry	275	.22	.000
Family and Community support	275	.25	.000
Adult patterns of behavior	275	.20	.001
Sexual Abuse	275	.14	.014
Neglect	275	-.15	.009
Title IV-E eligibility	275	.18	.002

Family Influenced Path Model



Child Variable Findings

Significant Differences in Legacy Children compared to Permanency Children

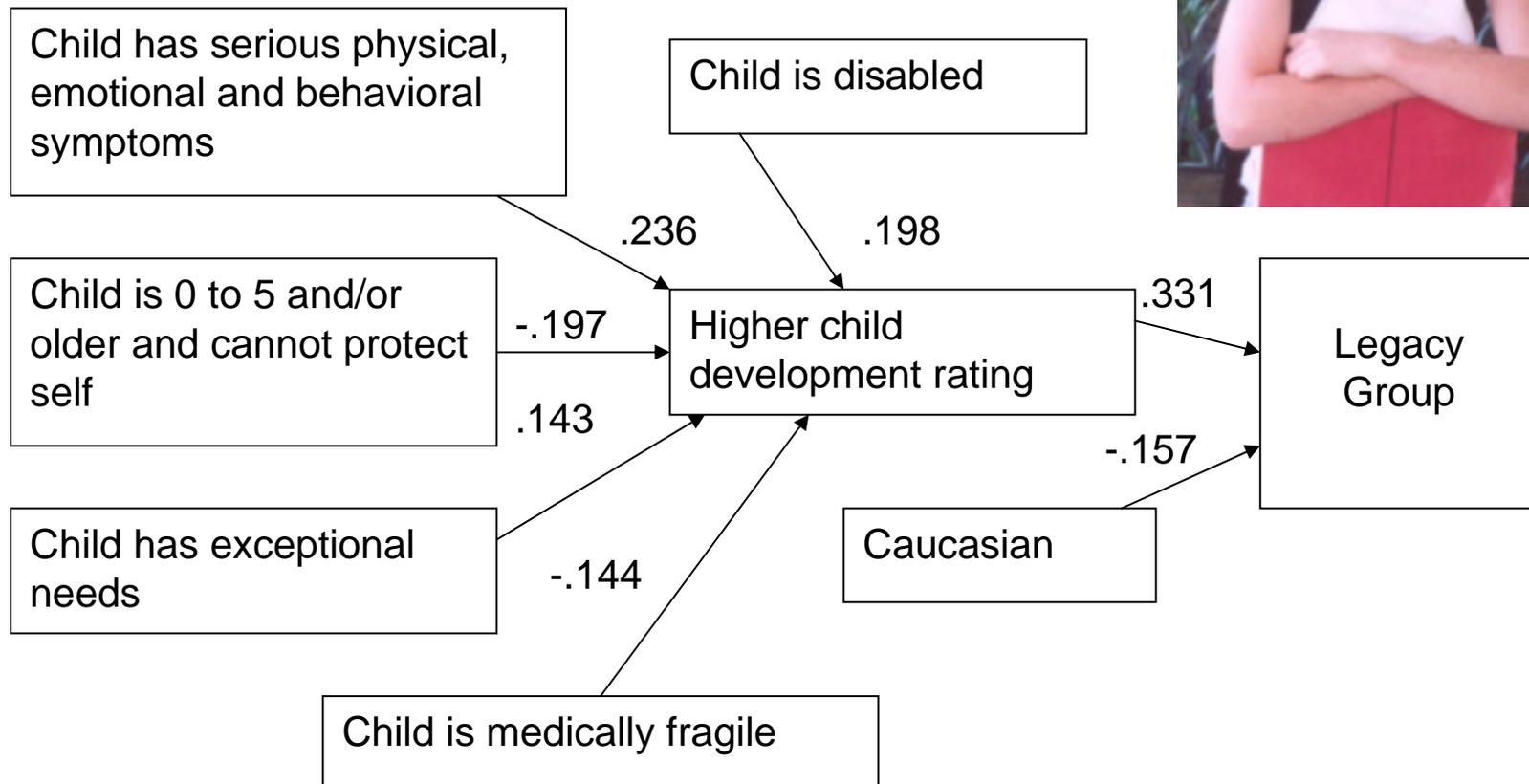
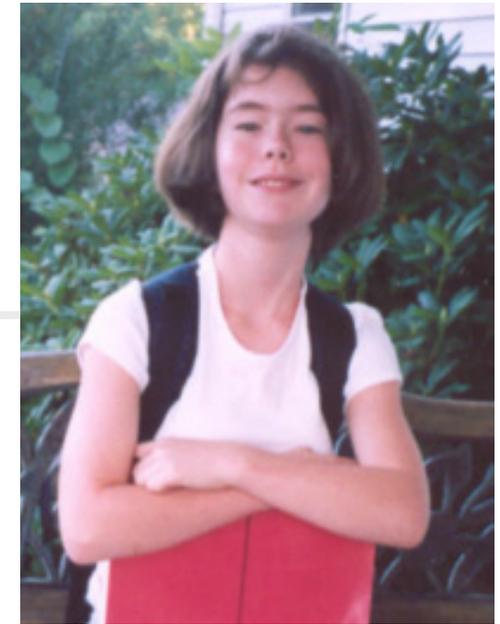


- Caucasian
- Higher initial child development rating
- Higher current or exiting Auchenbach level

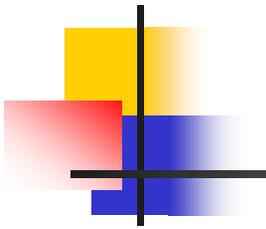
Child Variable and DV Legacy Group Correlations

Variable	N	R	Sig.
Race	275	-.16	.007
Initial child development rating	275	.33	.000
Final Auchenbach Level	154	.21	.007

Child Influenced Path Model



Social Worker Variable Findings



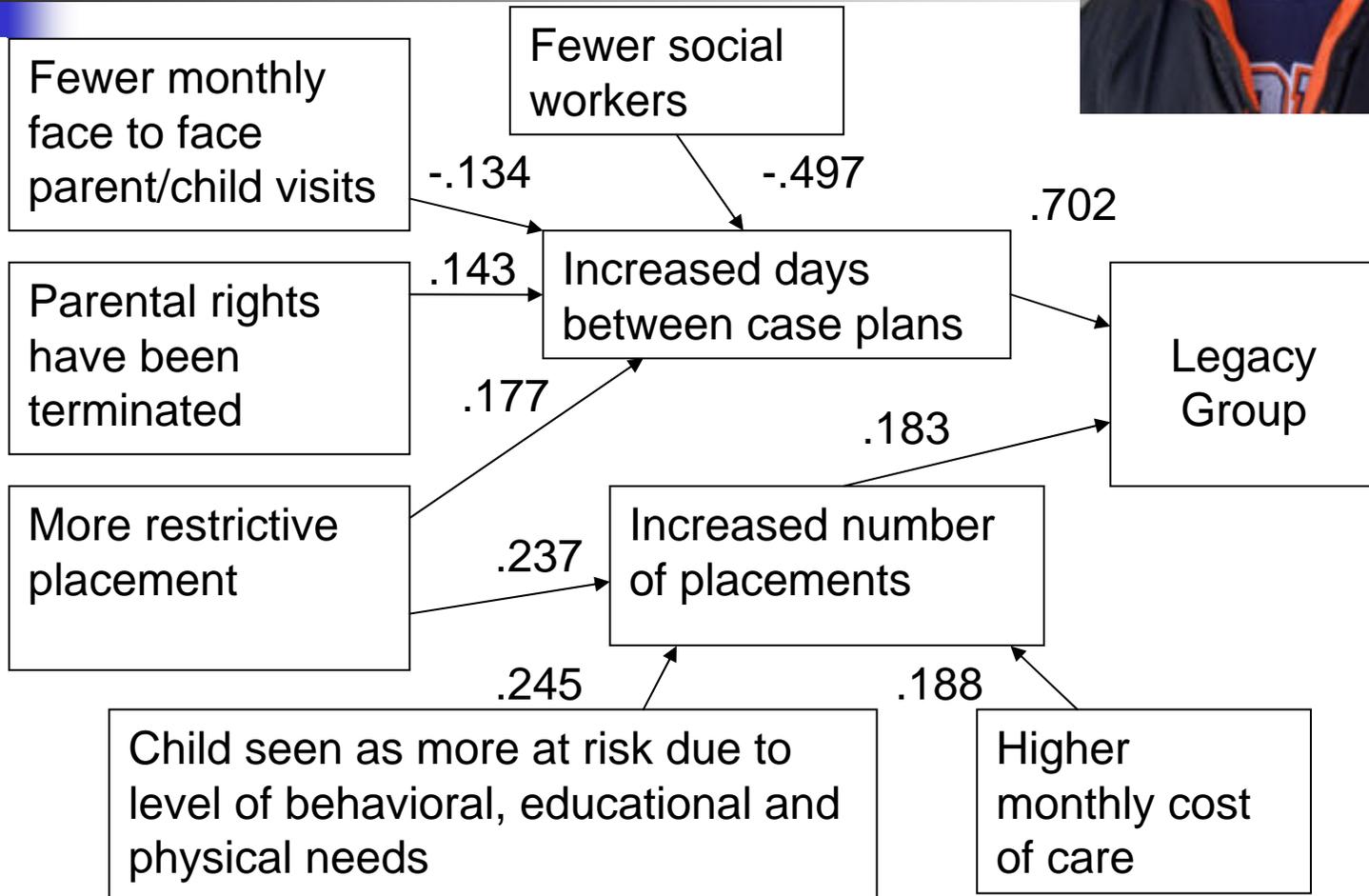
Significant differences in Social Workers of Legacy Children compared to Social Workers of Permanency Children

- Less experience
- Assignment of permanency goals
- Less monthly face to face contact with families
- Less monthly face to face contact with child
- Move their foster children more
- Have increased time between case plans

Social Worker and DV Legacy Child Correlations

Variable	<i>N</i>	<i>R</i>	Sig.
Number of placements	275	.48	.000
Number of days between case plans	275	.78	.000
Permanency goal	275	-.14	.015
Experience level of social worker	275	-.15	.022
Contacts with child	275	-.19	.000
Contacts with family	275	-.22	.001

Social Worker Influenced Path Model



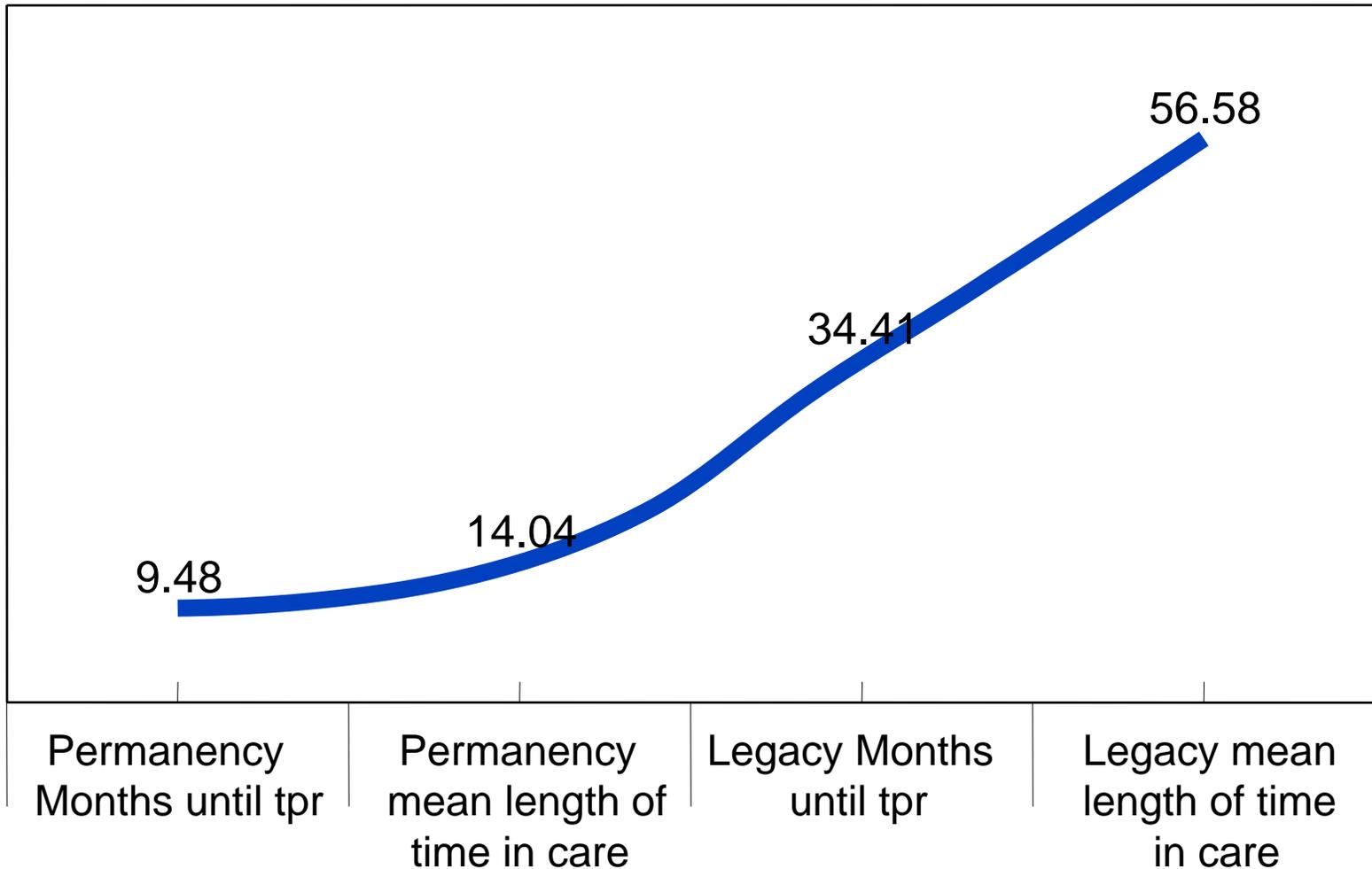
System Variable Findings

Significant differences in System Variables for Legacy Children compared to Permanency Children

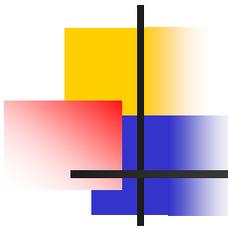
- Supervisor has MSW degree
- More restrictive placement
- Fewer social workers
- Lower monthly cost of care
- Higher current daily cost
- Parental rights terminated
- Longer period of time until termination

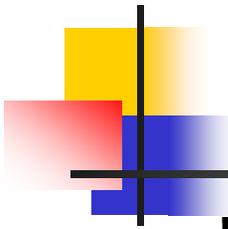


System Variable: Termination of Parental Rights



Predictors of Termination of Parental Rights

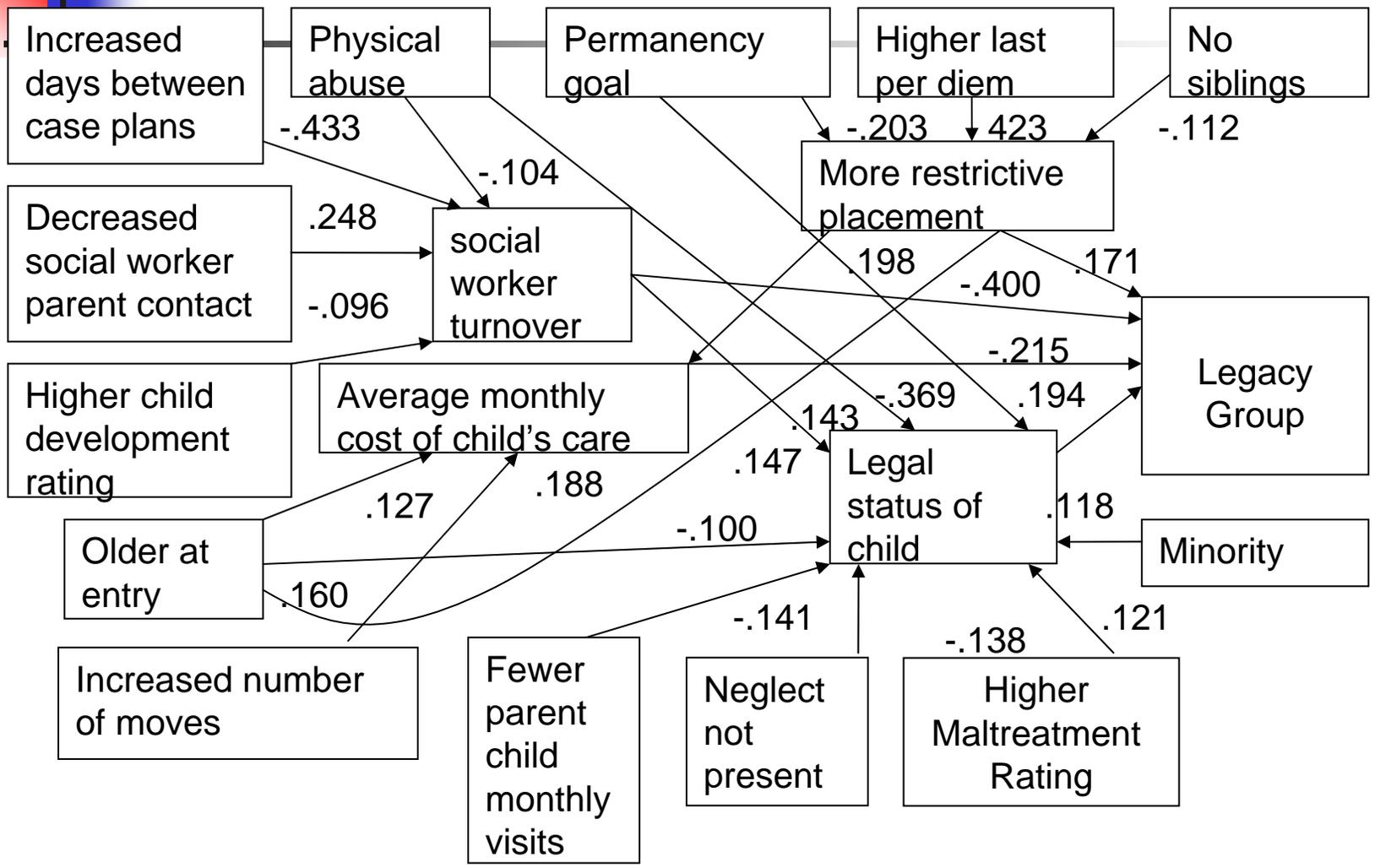
- 
- Race – African American
 - Permanency Goal
 - Increased number of days between case plans
 - Increased number of social workers
 - Fewer parent/child visitations
 - Child is younger at entry
 - No finding of neglect
 - Higher maltreatment rating at entry into foster care



System Variables and DV Legacy Group Correlations

Variable	<i>N</i>	<i>R</i>	Sig.
Degree of Supervisor	275	.415	.011
Number of social worker	275	-.47	.000
Monthly cost of child's care	275	-.14	.019
Type of placement	275	.16	.005
Termination of parental rights	275	.35	.000

System Influenced Path Model



Integrated Model Summary

Model 5 Integrated	R	R Square	Adjusted R Square	St. Error of the Estimate
Integrate	.83	.69	.68	.27

Integrated Model ANOVA Table

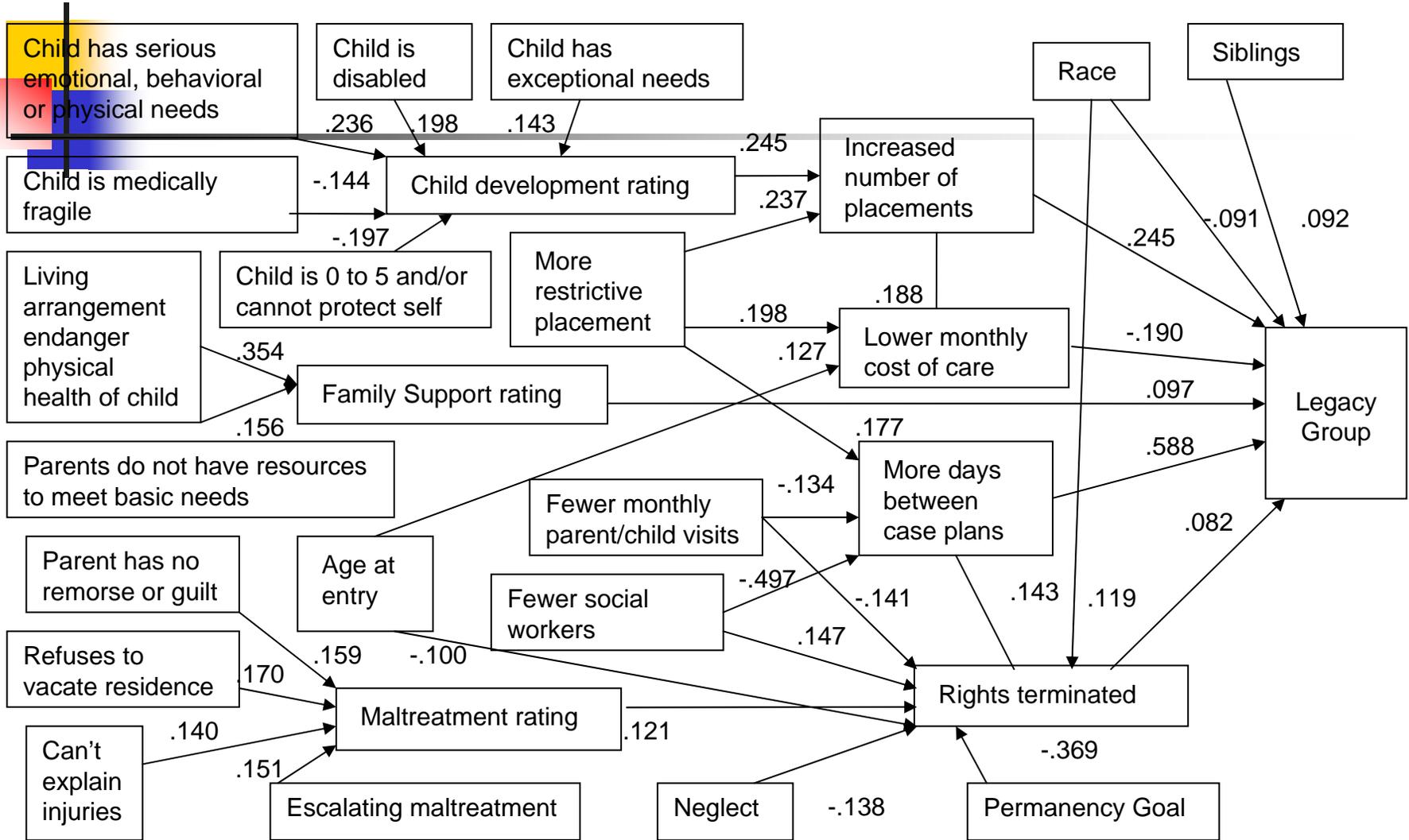
Model 5	Sum Of Squares	DF	Mean Squares	F	Sig.
Regression	47.52	7	6.79	87.7	.00
Residual	20.65	267	.07	8	0
Total	68.18	274			

Direct Predictors of Legacy Group

Seven Direct Predictors

- Increased days between case plans
- Increased number of moves
- Lower mean monthly cost of care
- Lower level of positive family and community support
- Having more than one child in care
- Caucasian
- Parental rights being terminated

Integrated Legacy Path Model



Ethnographic Interviews



- 20 Randomly Selected Foster Children
- Interviews will occur at placement site
- Open and Closed Ended Questions
- Children eight and over
- Child Assent and Guardian Consent
- What are barriers to permanency?

Ethnographic Interviews Findings

- Perceptions of permanency
- Stability of placement
- Suggestions for improvements of foster care



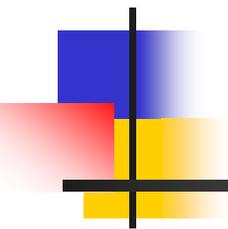
Conclusions

Family, child, social worker and system variables both directly and indirectly affect permanency.

Most significant predictor of Legacy Group was number of days between case plans.

Improvements being seen in several areas of placement stability including, number of moves, contact with child and family participation in case planning.

Children need and desire permanency. The main concern for children interviewed was being moved from place to place.



The Kentucky Foster Care Census: Measuring Child Well-Being in the Child Welfare System

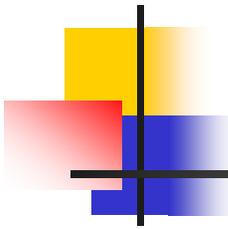
Society for Social Work and
Research

Dana J. Sullivan, MSW, Ph.D.

University of Louisville

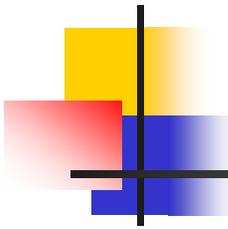
Kent School of Social Work

January 14, 2006



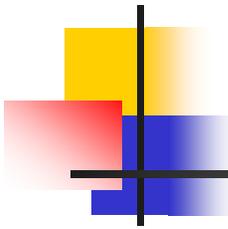
Problem Statement

- With the passage of the Adoption and Safe Families Act of 1997 (ASFA), three goals for child welfare were mandated.
 - Safety, Permanency, and Child and Family Well-Being.
- Historically, child welfare agencies have focused on safety, and more recently, on permanency. With the passage of ASFA, the overall well-being of the child and family became a priority.



Measuring Well-Being

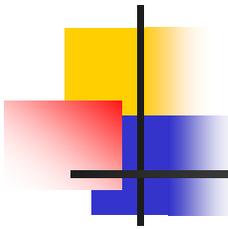
- CW agencies must complete the child welfare “triangle”—focusing not only on safety and permanency, but on well-being (Altshuler & Gleeson, 1999).
- However, this is a very complex concept to measure.
- Not enough comparative data existed in the literature to completely understand the state of well-being of children in the cw system when ASFA became law (Poertner et al., 2000).



Measuring Well-Being

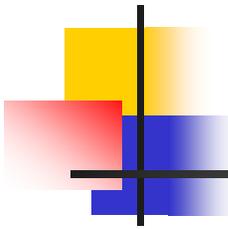
- At the time of the study, there were currently no national standards for measuring well-being, though ASFA, measured by the Child and Family Services Reviews, mandated that the goal be met. The CFSR process had just begun.
- ASFA Well-Being Outcomes had been developed
 1. Families have advanced capacity to provide for their children's needs.
 2. Children receive appropriate services to meet their educational needs.
 3. Children receive adequate services to meet their physical and mental health needs.

(ACYF, Children's Bureau, 2000)



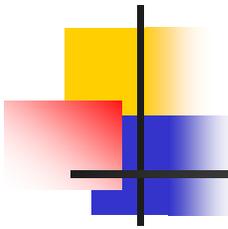
Broad Overview of the Kentucky Foster Care Census

- The decision was made to conduct a census of the children in foster care and to collect data on key well-being indicators.
- Developed by the Kentucky Cabinet for Families and Children, supported by the University Training Consortium.
- Goals: to take a census of every child in the CFC foster/adoptive homes, to verify each child's placement, and to gather well-being measures on each of these children (Huebner, Hommrich, & Wolford, 2002).
- Completed December 2002



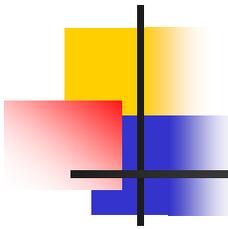
Kentucky Foster Care Census

- Kentucky's method to measure child well-being.
- Sample: 1333 foster homes containing 2996 foster children.
- Approved by the IRB at each participating university and by the Cabinet for Families and Children's IRB. UofL and CFC IRB also approved secondary data analysis.



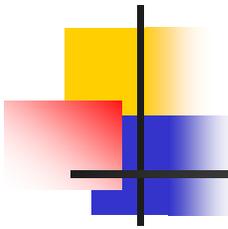
Persons Involved

- Cabinet for Families and Children staff identifying each foster home and child in placement (based on report dated 8/25/02).
- 131 trained census takers: BSW and MSW students from Kentucky universities.
- Eastern Kentucky University Training Resource Center and the University Training Consortium providing technical assistance and database management.



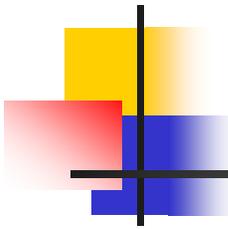
Purpose of the Research Study

- Assist the state in evaluating the usefulness of the data captured on the *Child Census Forms* of the Kentucky Foster Care Census.
- Draw conclusions about the potential of the census to inform about the well-being of the children in foster care in Kentucky.
- Objective: help the state maximize the information gained from the census by doing exploratory data analysis.



Research Questions

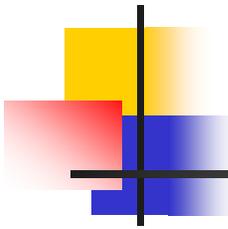
- I. How does the data from the child census forms of the KFCC inform us about the well-being of the children in foster care in Kentucky?
- II. Based on the exploration of the census data, what is the relationship between the well-being indicators and the provision of the appropriate services for a child's diagnosed need(s)?
- III. Based on the exploration of the census data, what is the relationship between the well-being indicators and the level of involvement with the child in their own case decision-making?



Literature Highlights

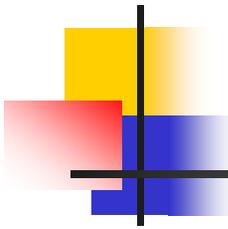
Highlights from the Child Well-Being Literature

- Children in foster care have increased physical health and developmental needs (Bilaver et al., 1999; Kortenkamp & Ehrle, 2002; Silver et al. 1999; Simms et al. 1999; Sullivan & Knutson, 2000; Takayama et al. 1998).



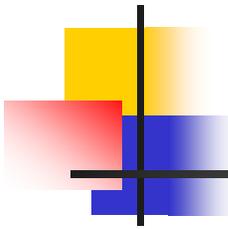
Literature Highlights

- Children in foster care are more likely to need mental health services (Burns et al., 2004; Leslie et al., 2000; Leslie et al., 2004; Newton et al. 2000; Schneiderman et al., 1998), but they are also more likely than other groups to receive services (Farmer et al. 2001).
- Children in foster care also have more educational needs and are at increased risk for academic problems (Kendall-Tackett & Eckenrode, 1996; Staudt, 2001; Reyome, 1993; Wodarski et al., 1990).



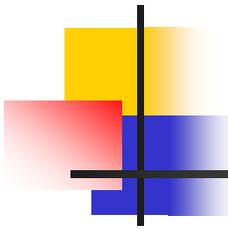
Methodology

- Census approach
- Pre-experimental, exploratory design, inductive
- Study of the population ($N = 2996$ foster children)
- Instrument: KFCC *Child Census Forms*
- *Child Census Forms* partially completed by regional CFC staff and mailed to foster parents to complete, picked up by the census takers.



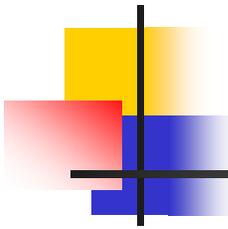
Independent Variables

- Gender
- Age
- Educational outcomes
- Relationship/placement with siblings
- Geographic location (urban or rural)
- Length of time in current placement and in out-of-home care



Independent Variables

- Physical health
- Dental health
- Visits with biological family
- Satisfaction of foster parents with worker visits
- Number of visits in the past 6 months
- Months since last worker visit



Dependent Variables

- Need and Provision Index
- Does the child (a) have a need in specific areas and (b) are those needs adequately addressed?
Domains: medical, emotional, educational, physical disability, and developmental delay
- Rating of the child's level of decision-making involvement with agency staff in their own case.

Alignment of Well-Being Goal with Outcomes, Child and Family Services Review Protocol, and the Kentucky Foster Care Census

ASFA

Child and Family Well-Being

Final Rule (DHHS, 2000)

Outcome 1
Families have enhanced capacity
to care for their children.

Outcome 2
Children have appropriate services
for educational needs.

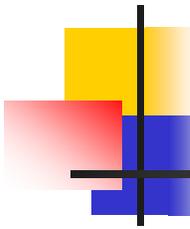
Outcome 3
Children have adequate resources
for their physical and
mental health needs.

CFSR Protocol

- a. Needs and Services Of Child, Parents, Foster Parents
- b. Child and Family Involvement in Case Planning
- c. Worker Visits with Child
- d. Worker Visits with Parents

Educational Needs of the Child-- Enrollment in Multiple Schools due to Foster care placement(s), Special Education Classes, Early Intervention for Preschool Age, School Records in Case File, Advocacy within the School System for the Child, Mention of Educational Needs in Case Plan, Educational Records Provided to Foster Parents

- a. Physical Health of the Child— Initial Health Screening, Preventive Health Care, Preventive Dental Care, Immunizations, Treatment For Identified Health Needs, Treatment for Identified Dental Health Needs, Health Records Provided to Foster Parents
- b. Mental Health of the Child-- Initial Mental Health Screening, Mental Health Needs Addressed, Ongoing Treatment for Identified Needs



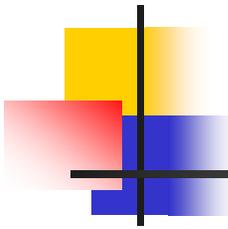
Alignment of Well-Being Goal with Outcomes, Child and Family Services Review Protocol, and the Kentucky Foster Care Census

Items Capturing these Data in KFCC

#4 time spent in current placement
#8 number of prior placements
#13 length since last biological parent visit
#14 reason for no visits if applicable
#15 is child part of sibling group
#16 placed with one or more siblings
#17 other siblings placed elsewhere
#18 length of time since last sibling visit
#29 length since last DCBS visit with child
#30 number of DCBS visits in last six months
#31 satisfaction of visits with DCBS social worker
#32 child's involvement in own case decision-making
#33 importance of child visiting with biological parents

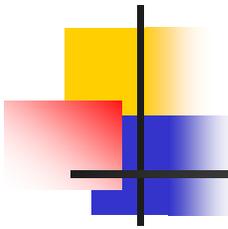
#9 child enrolled in school
#10 does child have Individual Education Plan (IEP)
#11 who attends school meetings for child
#12 who signs school documents for the child
#23 identified educational need(s)
#24 receiving adequate help for these needs

#6 time since last physical
#7 time since last dentist visit
#19 diagnosed medical need(s)
#20 receiving adequate help for these needs
#21 identified emotional needs(s)
#22 receiving adequate help for emotional needs
#25 diagnosed physical disability
#26 receiving adequate therapy
#27 diagnosed developmental disability
#28 receiving adequate support for this need



Data Analysis

- Descriptive statistics of all variables.
- CHAID (Chi-Square Automatic Interaction Detection) used to explore group differences of large samples utilizing categorical data and dv's (Kass, 1980).
- CHAID analysis was utilized to determine the relationships between the indicators of child well-being and each of the dependent variables.



CHAID

- Partitioned the data into mutually exclusive/exhaustive subsets that best describe well-being.
- Showed which indicators were closely correlated with well-being.
- Results were charted in a dendrogram or tree diagram.

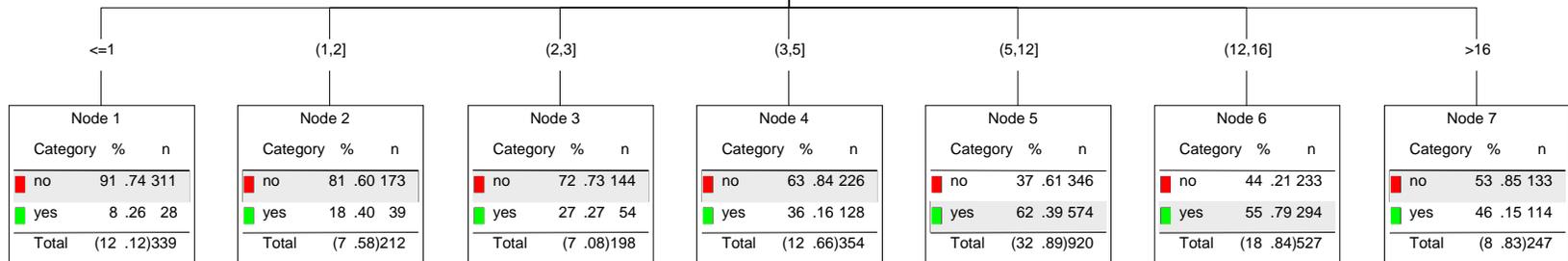
CHAID Tree Example

Identified emotional need?

Node 0		
Category	%	n
no	55.99	566
yes	44.01	231
Total	100.00	797

Age of child

Adj. P-value=0.0000, Chi-square=419.9149, df=6



Results: Descriptive Statistics

- Age

$M = 8.3, SD = 5.57$

58% ages 0 – 9;

42% ages 10 – 21

- Months in care

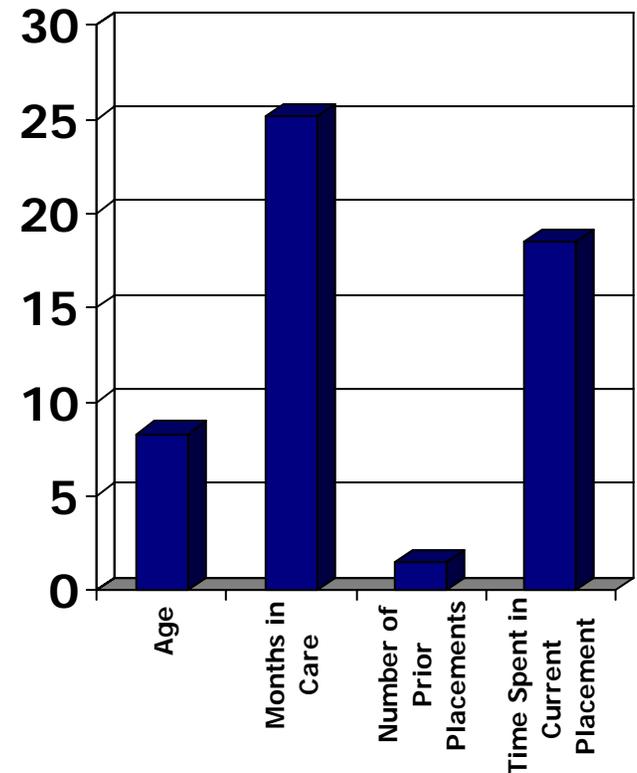
$M = 25.14, SD = 27.52$

- Number of prior placements

$M = 1.5, SD = 2.58$

- Months spent in current placement

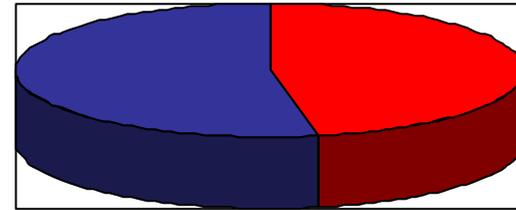
$M = 18.47, SD = 24.32$



Descriptive Statistics

- Gender

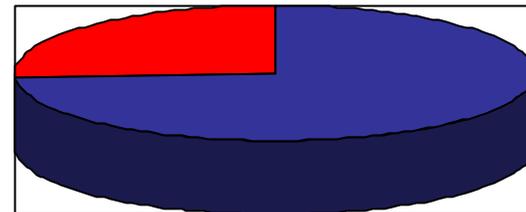
- 47% male
- 53% female



■ Male
■ Female

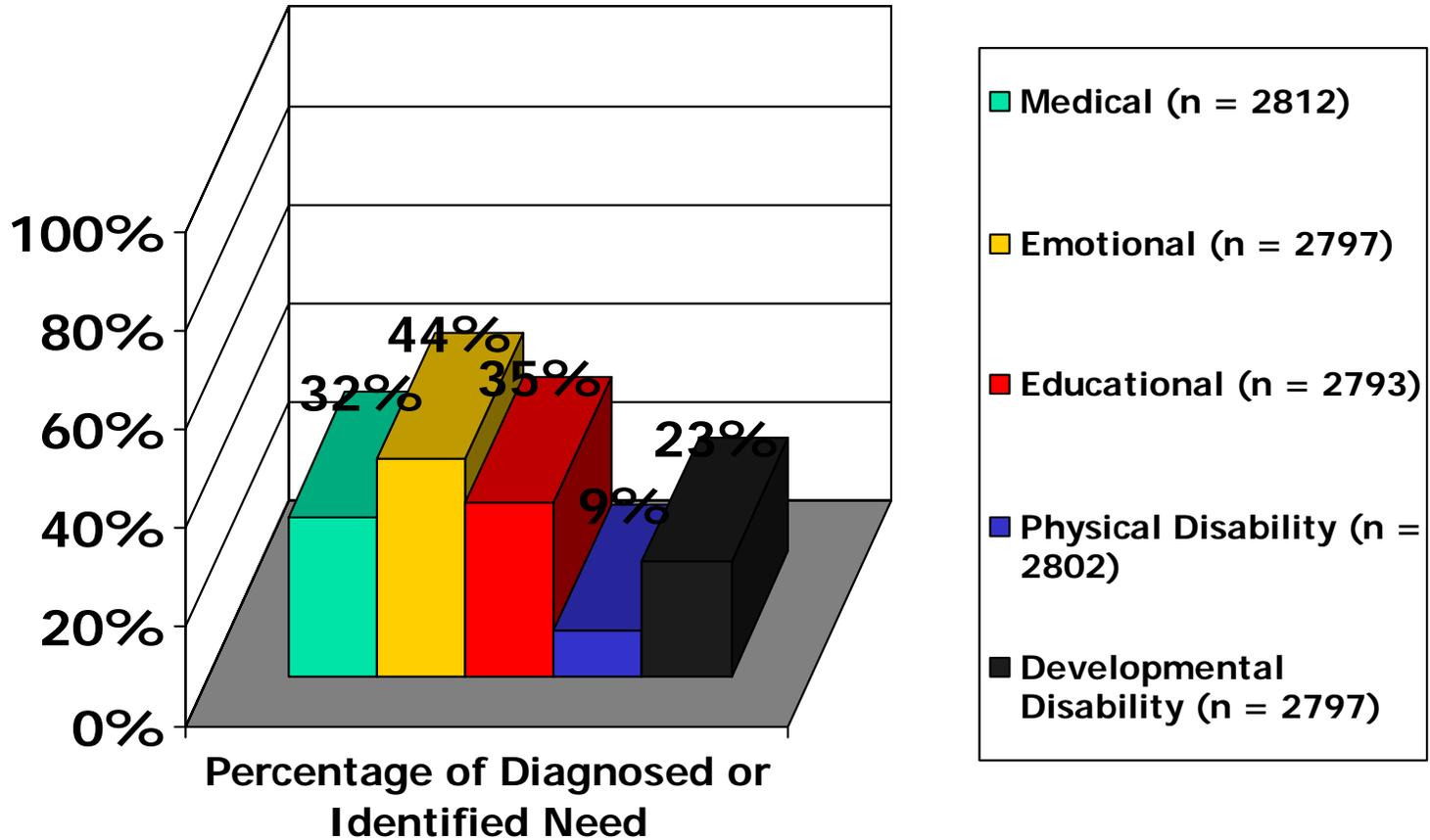
- Region

- 74% rural
- 26% urban

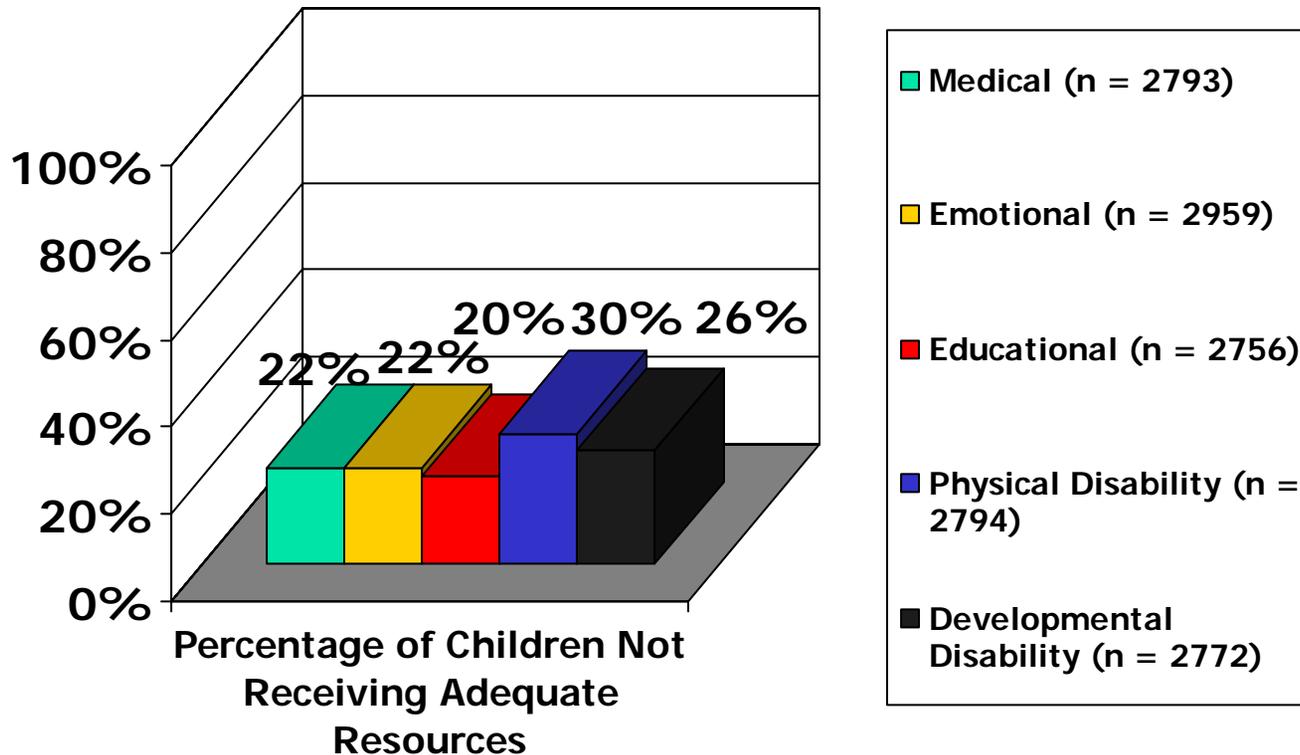


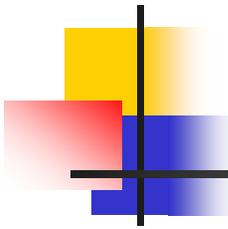
■ Rural
■ Urban

Percentage of Children with a Diagnosed or Identified Need



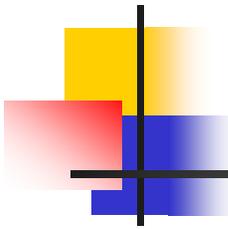
Percentage of Children Not Receiving Adequate Resources





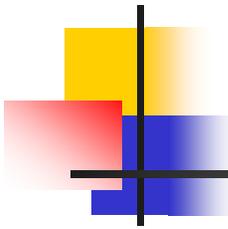
CHAID Analysis Results: Diagnosed Medical Need

- 32% had a diagnosed medical need.
- Number of months in care was the most significant predictor, $X_2 (2, n = 2812) = 38.13, p < .001$.
 - As time in care increased, need increased.
- Children ages 5 – 12 had the highest need.
- More agency visits to children with higher percentage of diagnosed medical need.



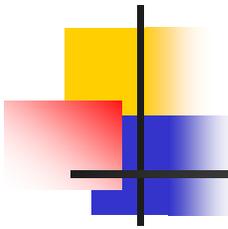
CHAID Analysis Results: Adequacy of Medical Resources

- 78% were receiving adequate medical resources.
- Region was the most significant predictor, X_2 (5, $n = 2793$) = 186.76, $p < .001$.
 - Urban and rural regions were mixed.
- As worker visits and time in care increased, so did the receipt of adequate resources.



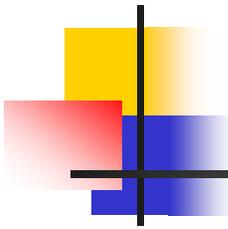
CHAID Analysis Results: Identified Emotional Need

- 44% had a diagnosed emotional need.
- Age was the most significant predictor, $X_2(6, n = 2797) = 419.91, p < .001$.
 - Ages 5 – 12 had highest need.
- As time in care increased, need increased.
- Gender also made a difference.
 - Boys had more need than girls.



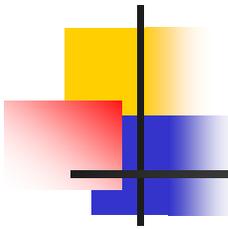
CHAID Analysis Results: Adequacy of Emotional Resources

- 78% were receiving adequate emotional resources.
- Region was the most significant predictor, $\chi^2 (5, n = 2959) = 134.85, p < .001$.
 - Rural and urban regions again mixed. Urban areas have unmet needs. Some rural areas are doing better than urban areas, in terms of meeting needs.
- The more placements, the more needs being met with adequate resources.
- The longer in care, the more needs being met with adequate resources.



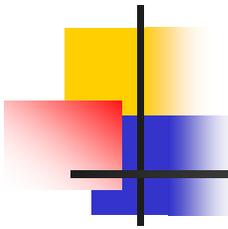
CHAID Analysis Results: Identified Educational Need

- 35% had an identified educational need.
- IEP was the most significant predictor, $X_2 (1, n = 2793) = 849.78, p < .001$.
 - Children with IEPs had more need.
- Age and gender also made a difference.
 - Older children and boys had more needs than girls.
- As number of months in care and prior placements increased, so did need.



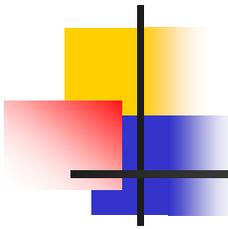
CHAID Analysis Results: Adequacy of Educational Resources

- 80% were receiving adequate educational resources.
- Region was once again the most significant predictor, $X_2(1, n = 2756) = 137.53, p < .001$.
- No IEP meant that needs were not being met.
- As prior placements increased, so did the receipt of educational resources.



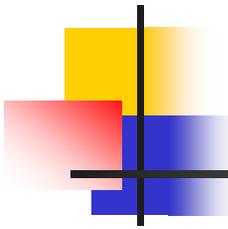
CHAID Analysis Results: Diagnosed Physical Disability

- Only 9% had a diagnosed physical disability.
- Number of months in care was the strongest predictor, $X_2 (2, n = 2802) = 29.47, p < .001$.
 - As time in care increased, so did diagnosed physical disability.
- More worker visits to children with diagnosed physical disability.



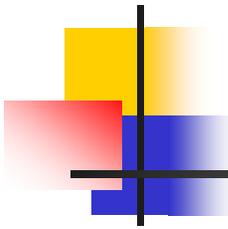
CHAID Analysis Results: Adequacy of Physical Disability Resources

- 70% were receiving adequate resources for a physical disability.
- Region was the most significant predictor, $X_2(5, n = 2794) = 153.83, p < .001$.
 - Rural regions had both the highest and lowest percentage of met needs.
- Fewer worker visits meant less needs being met.
- As time in care and prior placements increased, more needs were being met adequately.



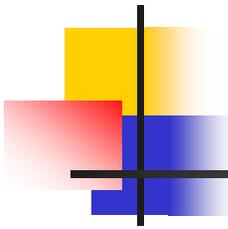
CHAID Analysis Results: Diagnosed Developmental Disability

- 23% had a diagnosed developmental disability.
- Having an IEP was the strongest predictor, X_2 ($2, n = 2797$) = 348.80, $p < .001$.
 - More diagnosed developmental disability with an IEP.
- Age also made a difference.
 - Younger children were more affected.
- Boys had more need in this area than girls.



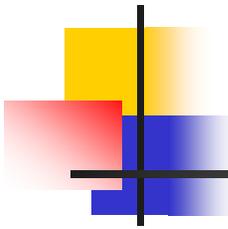
CHAID Analysis Results: Adequacy of Developmental Disability Resources

- 74% were receiving adequate resources for a developmental disability.
- Region was the most significant predictor, $X_2(3, n = 2772) = 161.08, p < .001$.
 - Urban and rural regions had mixed results, the same as for the other areas.
 - Foster children in resource-rich environments may not have access to these resources.
 - Resource-poor areas need to be developed.
- Children with IEPs were getting more resources.
 - This was similar to educational resources.



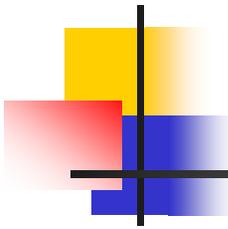
CHAID Analysis Results: Child's Involvement in Case Decision- Making

- Age was the most significant predictor, $\chi^2(7, n = 2850) = 1629.26, p < .001$
- Older children were more consistently involved in their case decision-making.
- As worker visits increased, so did the consistency with which children were involved in their own cases.
- Foster/adoptive parents' satisfaction with worker visits also mattered.
 - As satisfaction increased, so did the level of involvement by the child in their own case.
- Gender also made a difference.
 - Girls were more consistently involved than boys.



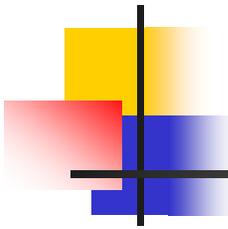
Discussion: *Identified or Diagnosed Need*

- Having an IEP mattered most related to the cognitive domains of education and developmental disability.
- Number of months in care was the most important variable related to medical and physical disability needs.
- Age was the most important related to emotional needs.



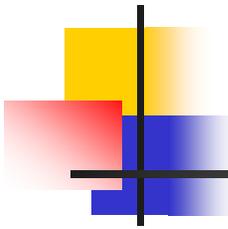
Discussion: *Adequacy of Resources*

- Region was the most significant predictor of needs being met/adequacy of resources for every domain.
- Urban and rural regions were mixed
 - Even though urban areas may have more resources, that does not mean that the children in foster care have access to them.
- As time in care, number of prior placements, the frequency of the worker visits increased, so did the adequacy of the resources received.



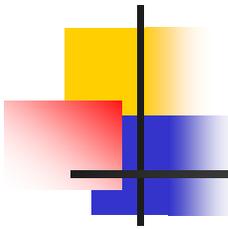
Implications

- Agency staff seem to be responsive to children with increased needs.
 - More visits are made to those with more needs.
- Workers must be aware of demographic differences.
 - Boys tend to have more needs than girls and be less involved in their case.
 - Age is bi-directional, depending on domain.
- Most children are receiving adequate resources for their needs.
 - Continue to monitor and link to appropriate resources; also support foster parents.



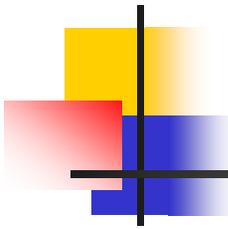
Conclusions

- Kentucky completed a major child well-being study which showed promising results.
 - There were low percentages of identified or diagnosed needs.
 - Most of the children in the sample had access to needed resources.
 - ASFA outcomes are being addressed.
- However, in studying this vulnerable population of foster children, we must remain vigilant to ensure that the needs of all children are being met and that their well-being is always a priority.



Implications Across Studies

- Increased planning reduced recidivism and length of time in foster care.
- Differences in outcomes were found related to region, race and income.
 - African American children were more likely to have parental rights terminated
 - Foster children in resource rich regions were not always getting the needed resources
 - Families with lower income had greater recidivism
- Length of involvement with agency affected outcomes.
 - Foster children were more likely to be getting their needs met, the longer they were in care
 - Families with longer child protection history were more likely to have recidivism
 - The longer
- There were windows of opportunity where change occurred most often.
 - Families were seen to make progress most often between six and nine months of the case being often.
 - Children in certain age groups had more needs related to well being
 - Parental visitation and contact with the agency greatly decrease after a child had been in foster care for 12 months.



Conclusion

- Cross studies which used multiple research designs were found to identify trends in outcomes and service delivery.
- Endeavors between practice and academy such as this study are needed in future research.
- Supportive and innovative collaborations between universities and child welfare agencies, i.e., stipends, could be used in other studies to increase usefulness of research to the field and encourage agencies to evaluate their own practice.