

Running Head: The Implication of Participation with the Targeted Assessment Program

The Implications of Participation with the Targeted Assessment Program in Families with
Current Child Protective Services Cases

Christie L. Robinson and Mendy D. Neal

University of Louisville

Raymond A. Kent School of Social Work

Abstract

The purpose of the research was to examine data from families who participated in the Targeted Assessment Program and compare them to families who were not provided with services from the Targeted Assessment Program. It is hoped that the findings will be used to refine the program and to help identify strengths and weaknesses within the program.

The Implication of Participation with the Targeted Assessment Program in Families with Current
Child Protective Services Cases

Description of Program

The purpose of the Targeted Assessment Program (TAP) is to assist the Department for Community Based Services clients in identifying and addressing barriers to self-sufficiency and safety. The program was developed through a contract with Cabinet for Families and Children, University of Kentucky Institute on Women and Substance Abuse and the Center on Drug and Alcohol Research. TAP professionals assess and provide follow up services on identifying domestic violence, substance abuse, mental health and learning disabilities. TAP is designed to hire and place professionally trained staff full time on site at Department for Community Based Services. To be eligible for the TAP program clients must meet one of the three criteria: (1) client must be a K-TAP recipient (2) client must be a employment retention recipient (3) client must be K-TAP or TANF eligible (4) client is in DCBS system working with Protection and Permanency, if the child is no longer in home and client is not receiving K-TAP there must be a reunification plan in place. The three major job responsibilities for a TAP employee are (1) screening/assessment/referral/pre-treatment/follow up services (2) inter/intra agency collaboration, consultation and training (3) reporting by entering client and project activity data into TAP database to be submitted monthly. (a) submit weekly narrative to Institute (b) submit written reports to DCBS management or case managers.

Purpose of Study

The purpose of the research was to examine data from current child protective services (CPS) cases for comparison of those who received TAP services and those who did not receive TAP

services. Data collected included demographic as well as qualitative data regarding TAP vs. non-TAP experiences with clients involved with the Department of Community Based Services.

The goal of the research is that the findings will be used to further refine the TAP program. The identification of strengths and weaknesses will allow the program to better meet the needs of the population it serves.

Literature Review

On August 22, 1996, the welfare system that had existed in the United States for more than 60 years ended. President Bill Clinton signed The Personal Responsibility and Work Opportunity Act (PRWORA) of 1996 (P.L. 104-193). It replaced the Aid to Families with Dependent Children (AFDC) law. AFDC was then changed to Temporary Assistance for Needy Families (TANF). Although both were designed to provide cash assistance for economically disadvantaged families, the new PRWORA was different. PRWORA required employment or involvement in work related activities. Under the new law, recipients must work after two years of assistance, with few exceptions (P.L. 104-193). It also placed a 5-year lifetime limit on the eligibility for benefits (P.L. 104-193). AFDC had no limits other than the eligibility requirements. The law also provided \$14 billion in child-care funding. This was a \$3.5 billion increase from the old bill. Families would also continue to receive health coverage at least one year after they leave welfare for work. The rationale behind TANF is to place recipients in jobs as rapidly as possible (Montoya, Bell, Atkinson, Nagy, and Whitsett, 2002, p. 145). The job of establishing and administering the welfare to work programs became the responsibility of the

individual states. States have taken two approaches, “education first” or “work first” (Montoya, Bell, Atkinson, Nagy, and Whitsett, 2002, p. 145). “An “education first” approach emphasizes training and skills prior to a job placement. A “work first” approach utilizes a strategy that emphasizes placing a recipient in the first available position, assuming that deficiencies can be addressed by on-the-job training, education, and treatment” (Montoya, Bell, Atkinson, Nagy, and Whitsett, 2002, p. 145). Many factors within the state influence the recipient’s likelihood of working for wages. The longer that state prepared for work-based reform initiatives, the more likely the recipients living in that state were to work for wages (Kim, R., 2000, p. 221). The higher the state unemployment rate, the less likely welfare recipients were able to find work (Kim, R., 2000, p. 221).

The goal of this reform of the welfare system was to move recipients off welfare into the workforce. On the surface, this approach appeared to be a simplistic solution to a problem that has been plaguing the US for the better part of two decades. The solution was just that, simplistic. A closer look was taken at what causes welfare recipients to be dependent upon government assistance to survive. What was discovered is that there are hidden barriers to self-sufficiency. The barriers differ just as the families who receive assistance but universal barriers were identified. Barriers include 1) past and present domestic violence 2) family of origin issues that include past physical, emotional, and sexual abuse 3) mental health barriers that include depression, high levels of stress, anxiety, post-traumatic stress disorder (PTSD), alcohol and drug use and 4) issues of self esteem (East, J., 1999, p. 297). Physical health problems, child-care issues and transportation have also been identified as barriers (Kalil, Schweingruber, and Seefeldt, 2001, p. 702).

Domestic violence has moved to the forefront in the last decade. Many studies have been

conducted on the prevalence of domestic violence among the AFDC population. It is estimated that a range from 34% to 64% of participants in welfare to work programs are former domestic violence victims and 15% to 32% are current domestic violence victims (East, J., 1999, pp. 297-298). Past domestic violence results in experiences of anxiety attacks, depression, lack of self-esteem and confidence (East, J., 1999, p. 298). Though rates of male violence are unacceptably high for all women, this is particularly true for poor women, whose poverty can affect their ability to leave relationships (Kurz, D., 1998, p. 108). Women often want to work but their domestic violence situations can cause a personal barrier that must be addressed before and/or while she is trying to become self-sufficient (East, J., 1999, p. 298). They often have strong incentives to achieve economic self-sufficiency (Brush, L., 2000, p. 1050). Welfare is often the safety net of women who are able to leave abusive relationships. As a result the Murray-Wellstone Amendment to the PRWORA allows states to permit good cause exemptions for the pursuit of child support when domestic violence has been present (East, J., 1999, p. 298). This protects the location of the victim and the children from the abuser.

Women who find themselves on welfare have often experienced trauma in their families of origin. They have often suffered from physical, emotional, and sexual abuse. In a study of domestic violence and other victimization in Passaic County, New Jersey, 21% reported childhood molestation, 10% incest, and 24% sexual abuse of any kind (East, J., 1999, p. 298). The Worcester Family Research Project asked 436 women about past victimization and found 42% reported sexual molestation in childhood. In addition, they found that 65% of their homeless and 59% of their never homeless AFDC sample, reported severe physical violence in childhood (East, J., 1999, p. 299).

Mental health problems are 2½ times more likely to occur in the lowest social economic class

as in the highest economic class (East, J., 1999, p. 299). Women in poverty are at greater risk for depressive disorders and self-esteem issues (East, J., 1999, p. 299). Single parent TANF families deal with high levels of stress. There is the sole responsibility of the child caring, not enough money to go around, and meeting the requirements to keep their cash assistance. A study of mothers of preschoolers in Fulton County, GA where 790 mothers were sampled it was found that 42% were at risk for clinical depression (Kalil, Schweingruber, and Seefeldt, 2001, p. 703). This is in contrast to the 13% of the national sample (Kalil, Schweingruber, and Seefeldt, 2001, p. 703). An association has been asserted between depression and high levels of stress (East, J., 1999, p. 299). Often times recipients' experiences with the welfare bureaucracy may trigger trauma induced reactions that are then used as evidence of the recipients' lazy or irresponsible behavior (East, J., 1999, p. 200). They often do not meet requirements because they are dealing with the mental health issue that they are unaware of or do not understand. Often they do not understand specific welfare policy requirements or their personal rights as recipients (McDonald, D., 2002, 329).

Alcohol and drug use has been found to be 50% more common in households that receive public assistance when compared with households of non-recipients (Montoya, Bell, Atkinson, Nagy and Whitsett, 2002, p. 146). This poses a problem for the work mandate of TANF because often times drug use causes frequent illness, absences, decreased productivity and inability to limit usage (Montoya, Bell, Atkinson, Nagy and Whitsett, 2002, p. 146). Drug use has a major impact on the psychological health of the user. Early drug use as been associated with an increased risk of depression (Montoya, Bell, Atkinson, Nagy and Whitsett, 2002, p. 146). Illegal drug use has also been conceptualized as self-medication for mental illness as well as exaggerating an underlying mental illness (Montoya, Bell, Atkinson, Nagy and Whitsett, 2002,

p. 146). “Whether for physical pain from illness or battering, or the psychological pain and trauma of serious mental illness, sexual abuse, or other violence, the women consistently reported using drugs to self-medicate their pain” (Hirsch, A., 2001, p. 167).

The barriers of mental illness, alcohol and drug use and domestic violence are interconnected. One often leads to the other (Hirsch, A., 2001, p. 167). Women struggle with enormous pain, guilt, and shame about having been abused and being addicted, and about failing their children (Hirsch, A., 2001, p. 168). TANF requires that recipients adhere to work or training requirements to continue to receive benefits. When faced with this many obstacles the anxiety increases. Welfare recipients facing multiple barriers have greater difficulty complying with work mandates and hence less likely to be employed (Montoya, Bell, Atkinson, Nagy and Whitsett, 2002, p. 146). The time limits do not often allow recipients with multiple barriers the luxury of working on one issue at a time (East, J., 1999, p.302).

Physical health problems affect recipients’ ability to work. The disability rate of the welfare population is nearly twice that of the general population, 19% as compared to 10% (Kalil, Schweingruber, and Seefeldt, 2001, p. 704). Not only do the recipients have physical illnesses but also their children. “Using data on approximately 1,600 families from the state of California, Brady et al. (1998) found that 40% of welfare households reported some type of limiting condition for a child or mother and 14% had a severely disabled mother or child” (Kalil, Schweingruber, and Seefeldt, 2001, p. 704).

Childcare and transportation problems have also been identified as barriers (Kalil, Schweingruber, and Seefeldt, 2001, p. 702). Factors associated with childcare were unhappiness with childcare provider, childcare problems kept recipients from working full time, and as many hours as they wanted (Kalil, Schweingruber, and Seefeldt, 2001, p. 703). It was not clear what

exactly the problems were. One could speculate that the problems were availability, number of children, age(s) of child, cost and transportation to childcare. Transportation to childcare as well as work is a major issue for recipients in rural areas (Kalil, Schweingruber, and Seefeldt, 2001, p. 703). Often times there is no public transportation system and they do not own their own car (Kalil, Schweingruber, and Seefeldt, 2001, p. 703). This limits the geographical area in which recipients can search for employment. It also causes problems with absenteeism when they do find employment (Kalil, Schweingruber, and Seefeldt, 2001, p. 703).

All these barriers must be taken into consideration when asking women to move from welfare to the workforce. It would be harmful to the families who battle with a multitude of these problems to leave welfare for work. Life following welfare often means economic insecurity and continued poverty (Kniepp, Waters, Quinn, and Daroszewski, 2000, p. 665). Despite their desire to leave welfare, women are often worse off for doing so. They face an increase in material hardship and work in jobs that do not allow paid time off or flexibility on working hours (Kniepp, Waters, Quinn, and Daroszewski, 2000, p. 665). “Women who choose to take unpaid leave to tend to family issues forfeit desperately needed income for the most basic necessities and may jeopardize their employment altogether” (Kniepp, Waters, Quinn, and Daroszewski, 2000, p. 665).

There are many approaches to this battle of moving shattered lives off welfare. Asking the people who have to make this transition what they need reflects the social work core values. People making and passing the laws are not the experts, they are. Social workers in charge of case management are not the experts, they are. Akin and Gregoire report that, parents felt that social workers were unable to be effective because addiction had not touched their lives (Akin and Gregoire, 1997, p.395). “Although technical definitions of substance abuse provide

relevant information about the nature and progression of addiction, they fail to divulge its emotional and spiritual meaning for those who live with it” (Akin and Gregoire, 1997, p.395). Parents often stated that they needed trust, caring, sharing power, availability, and faith from their family social workers (Akin and Gregoire, 1997, p.395). Respect was a theme in the studies that included qualitative components to their study. Although these women face enormous tasks and dilemmas, they wanted to be treated with worth. They wanted to be valued and not re-victimized by the system that is designed to protect and help them.

“There are four implementation issues that can be addressed at the local level related to the hidden barriers in the lives of women receiving TANF. These include (1) comprehensive assessment, (2) intervention models that combine development of human capital skills with appropriate supportive services, (3) healing relationships, and (4) a service provider team approach” (East, J., 1999, pp. 300-301).

An assumption could be drawn that the families who continue to be on welfare in a good economy have more barriers to overcome (East, J., 1999, p. 301). To adequately help families a comprehensive assessment that directly asks recipients about their life experiences can help uncover these hidden barriers earlier (East, J., 1999, p. 301). Psychological assessments can be helpful in identifying learning disabilities and mental health problems (McDonald, D., 2002, p. 328).

Intervention models must be carefully thought out. Given the time constraints on TANF funds, there must be plans in place that combine education, job training, or work activities with treatment opportunities (East, J., 1999, p. 301). A variety of counseling and support models need to be considered to address the traumas, mental disabilities, and substance abuse (East, J., 1999, p. 301).

Healing relationships are essential in the success of women to move past their traumas. This relationship can come from a case manager, a counselor or a mentor (East, J., 1999, p. 301). The relationship should promote healing through respect, empathy of powerlessness and isolation, recognition of strengths, validation of experiences, trust building, co-educating, and guiding rather than using authority (East, J., 1999, p. 301).

After the hidden barriers are identified, the recipient is ready to be connected with services. A service provider team approach is beneficial to recipients (East, J., 1999, p. 301). This approach assembles members from the agencies providing services to help monitor the systems of intervention for the recipients (East, J., 1999, p. 301).

References

- Kim, Rebecca (2000, Dec). Factors associated with employment status of parents receiving temporary assistance for needy families. *Social Work Research*, 24, 211-222
- Brush, Lisa (200, Oct). Battering, traumatic stress, and welfare-to-work. *Violence against Women*, 6, 1039-1065
- East, Jean (1999, May/June). Hidden barriers to success for women in welfare reform. *Families in Society*, 80, 295-304
- Kneipp, S., Waters, C., Quinn, A., & Daroszewski, B. (2000, Oct). The health of women in transition from welfare to employment/Commentaries/Author's response. *Western Journal of Nursing Research*, 22, 656-682
- Akin, B., & Gregoire, T. (1997, Jul-Aug). Parents Views on Child Welfare's Response to Addiction. *Families in Society: The Journal of Contemporary Human Services*, 78, 393-404
- Kurz, Demie (1998, Spring). Women, welfare and domestic violence. *Social Justice*, 25, 105-122
- Montoya, D., Bell, D., Atkinson, J., Nagy, C., & Whitsett, D. (2002, May). Mental health, drug use, and the transition from welfare to work. *The Journal of Behavioral Health Services & Research*, 29, 144-156
- Hirsch, Amy (2001, Feb). "The world was never a safe place for them": Abuse, welfare reform, and women with drug convictions. *Violence Against Women*, 7, 159-175
- The Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public Law No. 104-193

McDonald, Donna (2002, Jun). Career counseling strategies to facilitate the welfare-to-work transition: the case of Jeanetta. *The Career Development Quarterly*, 50, 326-330

Kalil, A., Schweingruber, H., and Seefeldt, K., (2001, Oct). Correlates of employment among welfare recipients: Do psychological characteristics and attitudes matter?. *American Journal of Community Psychology*, 29, 701-723

Method

Study 1: Quantitative Approach

Research question

What is the implication of participation with the Targeted Assessment Program in families with current child protective services?

Sample

The sample will be taken from families with current child protective cases in Daviess and Henderson Counties in Kentucky. Current is defined as a case that was opened on or after August 1, 2000. The table of random numbers will guide the selection of 50 cases from each county. Fifty cases in Daviess county will be randomly selected based on their participation in the Targeted Assessment Program. Fifty cases will be randomly selected in Henderson county based on non-participation with the Targeted Assessment Program. Henderson County was chosen for comparison due to the similarity to Daviess county in size and availability of services.

Research Design

An exploratory design was employed by this study.

Description of Key Variables

Key variables for the research include age of parent, age of child, ethnicity, type of housing, type of household, income, education level of parent, number of children in the home, number of removals, has the family been referred to TAP.

Data Collection Procedures

Chart files were used to gather information. Appendix A lists the questions that answered by review of the chart file.

Consent Procedures

Existing data was reviewed for this study. No identifying data was collected from the chart files.

Study 2: Qualitative Approach

Research Question

What has been the impact of services provided by Target Assessment Program as compared

to families who were not provided with Target Assessment services?

Research Design

The research design for the research was the narrative approach.

Description of Key Variables

The key variable of the qualitative research was to discover if clients felt that they were benefited from receiving services from the Targeted Assessment Program. Another variable would be if the non-Targeted Assessment clients felt as if they received quality services from Department for Community Based Services. Non-TAP participants were given an explanation of TAP services at the beginning of the interview.

Data Collection Procedure

Data was collected by interviewing four families, two families who were provided with services from the TAP program and two families who were not provided with TAP services, but did receive case management services from Community Based Services. See Appendix B for information that was gathered from interviews.

Consent Procedures

Informed consent was obtained from participants. See Appendix C for a copy of the consent form used for the study.

Appendix A

Study 1

Quantitative Approach

Chart File Review

Appendix A-Quantitative Approach - Chart File Review

1. Age of parent (s) today.
2. Age of child or children today.
3. Address:
4. Ethnicity:
5. Type of housing:
6. Type of household (single parent mother, single parent father, stepfamily)
7. Income:
8. Job source:
9. Education level of parents:
10. Number of children living in the home.
11. Where the children ever removed?
12. How many times were children removed?
13. How long have the children been in care?
14. Have rights been terminated for any other children in the family?

15. What DCBS worker referred family to DCBS?
16. Number of referrals prior to TAP.
17. Number of referrals after TAP.
18. Is the family receiving K-TAP? How long has the family been receiving K-TAP?
19. Date case was opened.
20. Has there been a case open prior to this current case?
21. Why was family referred to TAP?
22. Referral date to TAP.

Appendix B

Study 2

Qualitative Approach

Interview Questions

Appendix B- Qualitative Approach- Interview Questions

TAP Participants

1. Can you tell me about your experiences with the TAP program?
2. What did you like best about the TAP program?
3. What did you like least about the TAP program?
4. What would you change about your TAP experiences?
5. Did TAP accurately identify issues that you were dealing with in your life?
6. Did TAP help you deal with those problems?
7. Did you receive encouragement from your TAP worker?
8. How intensive were services with TAP?
9. How many time did you meet with your TAP worker?

Non-TAP participants

1. Can you tell me about your experiences with DCBS?
2. What did you like best about DCBS?
3. What did you like least about DCBS?
4. What would you change about your DCBS experience?

5. Did DCBS accurately identify issues that you were dealing with in your life?
6. Did DCBS help you deal with those problems?
7. Did you receive encouragement from your DCBS worker?
8. How intensive were services with DCBS?
9. How many times did you meet with your DCBS worker?

Appendix C

Study 2

Qualitative Approach

Consent Form for Interview

**The Implications of participation in the Targeted Assessment Program in families with
current Child Protective Services Case
Subject Informed Consent**

Introduction and Background Information

You are invited to participate in a research study. The study is being conducted by Dr. Nancy Keeton and Mendy Neal and Christie Robinson. The study is sponsored by the University of Louisville, Department of Social Work. The study will take place at Department for Community Based Services in Henderson and Daviess County. Approximately eight subjects will be invited to participate. Your participation in this study will last for approximately two hours.

Purpose

The purpose of this research study is to compare families that have been involved in the Target Assessment Program and families who have not been involved in the Target Assessment Program.

Procedures

In this study, you will be asked to participate in an informal interview conducted by Christie Robinson and Mendy Neal. There will be 50 participants chose randomly from Daviess and Henderson County. Of these 50, eight will be chosen using the random number table. This interview should take no longer than two hours to complete. Interviews will be conducted in the participant's home. The participant is free to decline to answer a question if it makes him/her uncomfortable. Information gathered from this interview shall be used to compare families who received services from the Target Assessment Program and families who did not receive services through Target Assessment Program.

Potential Risks

There are no foreseeable risks.

Benefits

The possible benefits of this study include learning the benefits that the Target Assessment Program provides with their services to families in need as opposed to families who were not provided by services offered by the Target Assessment Program. The information collected may not benefit you directly. The information learned in this study may be helpful to others.

Confidentiality

Although absolute confidentiality cannot be guaranteed, confidentiality will be protected to the extent permitted by law. The study sponsor, the Human Studies Committees, or other appropriate agencies may inspect your research records. Should the data collected in this research study is published, your identity will not be revealed.

Voluntary Participation

Your participation in this research study is voluntary. You are free to withdraw your consent at any time without penalty or losing benefit to which you are otherwise entitled.

Research Subject's Rights and Contact Persons

You acknowledge that all your present questions have been answered in language you can understand and all future questions will be treated in the same manner. If you have any questions about the study, please contact Mendy Neal or Christie Robinson at (270) 687-7491 or Nancy Keeton at (270) 686-4220.

If you have any questions about your rights as a research subject, you may call the Human Studies Committees office (502) 852-5188. You will be given the opportunity to discuss any questions about your rights as a research subject, in confidence, with a member of the committees. These are independent committees composed of members of the University community, staff of the institutions, as well as lay members of the community not connected

with these institutions. The Committee has reviewed this study.

Consent

You have discussed the above information and hereby consent to voluntarily participate in this study. You have been given a copy of the consent.

Signature of Subject _____
Date

Signed

Signature of Investigator _____
Date

Signed

Signature of Investigator

Date

Signed

Qualitative Analysis

Similar themes were that all clients interviewed in Daviess County appeared to have been satisfied with services received from TAP. TAP helped to link all of the participants with other resources in the community. All participants talked about a feeling of trust and respect from the TAP professional. None of the participants felt that the services were too intense. None of the participants was able to think of something that they like least about TAP. All participants felt as if the TAP professionals accurately identified their issues and helped them deal with that issue. All participants were seen approximately ten to thirty times by the TAP professional. In Henderson, the participant spoke of being satisfied with services with DCBS. The participant did not like it that DCBS could come in your home unannounced. The participant felt that issues were identified accurately and dealt with accordingly. The participant felt that she received encouragement from her worker and that the services were not too intense. The participant stated that the case had been open two years and could not say specifically how many times DCBS had visited.

Quantitative Analysis

See Appendix D for Quantitative Analysis.

Quantitative Analysis

Appendix D

Limitations

Limitations included the lack of documentation in Henderson cases. Henderson cases had missing data in a large number of cases that were chosen. Henderson county cases that were chosen had a large volume of TPR cases. There were not enough cases in the timeframes chosen to add more cases. There was a lack of cooperation from DCBS workers. Access to TAP files was not allowed, due to TAP being an UK project. Both Henderson and Daviess County charts lack information about income and education level.

Findings

The findings of the TAP participants were that most cases included an adult female in the home. Half of these cases were single parent mothers. Eighteen of the fifty cases had an adult male in the home. Five of those were single parent fathers. A large majority of the TAP participants lived in the city. Over half of the TAP participants were Caucasian. Over half of the TAP participants had housing that they had acquired on their own. Thirty-three of the fifty TAP participants did not have a high school diploma or GED. Fifty-six percent of the TAP participants had only one referral to TAP. Forty four percent has more than one referral to TAP. In thirteen cases, there were no referrals after TAP intervention. Nineteen of the fifty cases were referred for mental health. Eleven were referred for substance abuse. Seven cases were referred for a combination of both of these services.

The findings of the non-TAP participants were that forty- two of the fifty included an adult female in the home. There were twelve adult males in the home. Forty- nine of the fifty cases had at least one child in the home. Forty eight percent of the families lived in the city. Thirty four percent lived in the county and eighteen percent of the data was missing. Fifty six percent of the families were Caucasian.