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Changing Tides and Changing Focus: Mapping the Challenges and Successes of One State's Implementation of the Adoption and Safe Families Act of 1997

Scottye J. Cash, Scott D. Ryan, and Alison Glover

In 1997, the Adoption and Safe Families Act shifted from the preservation of families to an emphasis on safety, permanency, and well-being through expediting the termination of parental rights, establishing exceptions to the reasonable efforts clause of preserving the family, and fiscal incentives for finalizing adoptions. The current project assessed the role of a full service array in achieving the outcomes set forth in ASFA. Concept mapping was utilized to elicit information from participants (both urban and rural) regarding the identified research question. Participants recognized family preservation versus safety, community connections, mandates versus reality, and worker recruitment and retention as critical components for meeting ASFA goals. Perceived importance and level of success in implementing these services was also highlighted. Recommendations supported through the data are also provided.

In 1997, the Adoption and Safe Families Act (ASFA) was enacted by the 105th Congress of the United States. ASFA was created "to promote the adoption of children in foster care," with certain guidelines established and defined to promote the safety, permanency, and well-being of children (AFSA, 1997). First and foremost was the emphasis that was placed on the safety of children and on making reasonable efforts to have children remain at home with their families. When reasonable efforts had been made, but yet the child could not stay with his/her family, then the state was to provide services (through the child protection system and the judicial system) that helped expedite permanency for the child. This change in legislation from the 1993 Family Preservation and Support Act to the Adoption and Safe Families Act switched the attention from family preservation and support to promoting a major focus on child safety, permanency, and well-being. The current evaluation assessed the way one state, Florida, has implemented the Adoption and Safe Families Act and specifically addressed the way in which services contributed to being able to achieve the outcomes outlined in ASFA regarding safety, permanency, and well-being.

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Historical Legislation as Related to ASFA

Three pieces of child welfare legislation provide a contextual framework for the changes that occurred in the Adoption and Safe Families Act. In 1974, the Child Abuse and Prevention and Treatment Act (CAPTA) (PL 93-247) was passed to provide fiscal support for identifying and treating child maltreatment. While CAPTA was established to identify and treat, the majority of the financial assistance was earmarked for identification (through mandatory reporting laws and establishment of child abuse hotlines) rather than for prevention and treatment of families once they enter the child welfare system. As a result, the child welfare system became overwhelmed with child abuse and neglect reports, and children subsequently were drifting in foster care and services were scarce.

Recognizing the limitations of CAPTA, in 1980, the Adoption Assistance and Child Welfare Act (PL 96-272) was implemented and set forth the following permanency priorities: (1) children remain with their families; (2) adoption; (3) foster or kinship parents establish legal guardianship; and (4) children remain in long-term foster care. Throughout the 80s and 90s, states and programs were seeking ways to achieve these priorities. One programmatic development that received national attention was the Homebuilder's model of family preservation services. These services were intensive, short in duration, and the initial evaluation results were highly positive, showing that between 80-90% of children were able to remain at home with their families, thus achieving the outcomes of PL 96-272.

In 1993, after several previous unsuccessful tries, the Family Preservation and Support Act was signed into law under the 1993 Omnibus Reconciliation Act. For the first time, this legislation provided fiscal support for "the purpose of encouraging and enabling each State to develop and establish, or expand, and to operate a program of family preservation services and community-based family support services…" (PL 103-66). Significant funding was provided to states and agencies for promoting family preservation in the child welfare system. Practice models were developed and implemented. The most theoretically sound conceptual model of family preservation services was provided by Lloyd and Sallee (1994), which depicted the array of both hard and soft services. The family preservation models sought to go beyond the models typically provided to clients in mental health or other social work services (Berry, 1997).

The combined effects of financial support and the reported success of these programs, family preservation programs proliferated throughout the United States. Unfortunately, family preservation services, to their detriment, were heralded as a panacea for treating

and curing all families regardless of the family's situation rather than as one solution in helping children and families (Hooper Briar, Broussard, Ronnau, & Sallee, 1995; McGowan & Walsh, 2000; Terling-Watt, 2000). In this predominate focus on family preservation services, several child death cases where family preservation services had been provided became the attention of the national media (Kelly & Blythe, 2000). Ensuing attacks by critics (Gelles, 1996; MacDonald, 1994) argued that family preservation services left children at the hands of parents who might kill their children, and that the evaluation methods that had been used to validate these family preservation programs were highly scrutinized for their lack of methodological rigor.

The result of the child death cases, findings from the Schuerman and colleagues (1994) study, and media scrutiny, these "camps" polarized the child welfare service system: child safety versus family preservation (McGowan & Walsh, 2000). Concurrently, to avoid this polarization, discussions in the family preservation literature urged child welfare workers, administrators, researchers, and critics to target those services to those families who were at imminent risk of having a child placed in foster care while ALSO ensuring that the child remain at home safely. Advocates of child welfare services urged the child welfare field to not view family preservation services as a panacea of services for all families, but rather as one service option that could be used given the right circumstances (Berry, 1997; Fraser, Hooper Briar, et al., 1995; Pecora, & Haapala, 1991; Pecora, Fraser, Nelson, McCroskey, & Meezan, 1996).

The Adoption and Safe Families Act

It is little surprise that the Family Preservation and Support Act was not only renamed to the Adoption and Safe Families Act, but also that the focus and outcomes changed as well. The Adoption and Safe Families Act worked towards creating a new system that had a predominate focus on child safety, expediting permanency, and focusing on child well-being. ASFA was landmark legislation that provided fiscal incentives for states in ensuring the safety of the children, attempting reasonable efforts to keep the child with his/her family, finding permanent families for their children, and expediting and funding the adoption process. Along with these incentives, ASFA also adjusted standards for the amount of time between the child's removal from the home and either reunifying the child with his/her parents or proceeding, through the judicial system, the termination of parental rights. The time frame that was set for determining if parental rights should be terminated, changed from 18 months (which was set in previous legislation), to 12 months (set in the current ASFA legislation). In a short time, ASFA changed the focus from preservation of the family to expediting termination of the family. Funding for family preservation services decreased as well as the use of family preservation services as one service type in the overall continuum of child welfare services.

In the creation and implementation of ASFA, elements related to best practice were not articulated as they specifically relate to the role of services in achieving these outcomes. In order to provide support to families and children, it is necessary to provide services that are provided quickly, services that are needed, services that may be unique in their approach or delivery, services that are jointly decided upon, and services that are aimed toward helping the family succeed and are provided through open communication with the family. The service continuum is a critical element of the way in which the outcomes of safety, permanency (both in home and out of home), and well-being are ensured.

Current Study

The current research project asked the following question of participants "What are the obstacles and/or barriers associated with implementing a "full service array" to achieve the Adoption and Safe Families Act (ASFA) outcomes of safety, permanency, and well-being?"

Methodology

Sample

The sampling technique that was used was a non-random purposive sample, where participants (foster parents, Department of Children and Families workers, supervisors, and state administrators) were selected by administrators in the Department of Children and Families at each location. Two locations were chosen to conduct the concept mapping session in order to obtain different geographical perspectives (rural versus urban). The two groups were analyzed and are discussed separately in regards to their sample characteristic and findings.

Rural. For the rural group, 10 people participated in the generation of the statements, and nine of the ten participants stayed throughout the afternoon and completed the sorting and rating. The demographic characteristics are presented for only those participants who sorted and rated the statements.

All of the participants were female, and primarily Caucasian (77.8%), with 12.2% being African-American or other. The groups represented were: 33.3% DCF workers/supervisors, 33% foster or adoptive parents, 11% DCF administrators, and 22.2% classified as other. In addition, two participants were also dually identified as adult former foster children. The participants have been in their current role for a median time of 4.5 years, and have been involved in child welfare for a median time of 12 years.

Urban. Of the twelve people who participated in the generation of statements, ten participants stayed throughout the afternoon and were involved in the rating and sorting of the statements. As with the rural group, demographic characteristics are provided only for those who completed the sorting and rating.

The participants were primarily female (90%), and were more diverse in regards to their ethnicity with 30% each from the ethnic groups of African-American, Hispanic, and Caucasian. Fifty percent of the participants have a BS or BA and 50% have a Master's degree. Forty percent were from DCF in the worker/supervisor capacity, 20% were DCF administrators and 40% were community stakeholders. For this concept mapping session, 2 foster parents attempted to participate; however, they were unable to do so as they did not have childcare for all of their children. The median number of years the participants have been involved in their role was 4.83 years, and they have been involved in the child welfare system for 11.29 years.

Instruments/Data Collection Methods

During the concept mapping session, participants were first asked to define "what makes up a full-service array"? As participants generated the services they considered a part of the full-service array, these services were written down and were kept for reference while the question was being asked (See Figure 1 for the definition of full-service array provided by the group representing the more rural area and Figure 2 for the definition of full-service array provided by the group representing the urban area).

- Holistic- systems perspective
- Prevention- primary-voluntary/ secondary-known, yes-no/ tertiary- court ordered
- Case management- assessment and counseling
- Adoption/post-adoption services
- Preservation/family preservation
- Reunification- foster shelter
- Addictions
- Domestic violence
- Mental health
- School system
- After-school/ childcare
- Respite
- Life skills
- Supports-Tangible (i.e., parent education)
- Housing
- Employment
- Medial care

Figure 1: Full Service Array: Rural Area

- Casework service - visits
- Mental Health services
- Transportation
- Assessments
- Community referrals including: mental health services, education, parenting, domestic violence, substance abuse, anger management, economics, housing, med., clothing
- Court services/legal
- Placement - out/home
- Recruitment/training
- FP supports
- Medicaid
- Adoptions
- Educational planning
- Community education/Public service announcements
- Independent living
- Case planning
- Immigration services
- Monitoring/compliance

Figure 2: Full Service Array: Urban Area

Generation of Statements. Participants were then asked to generate ideas through group brainstorming. Participants were also provided with a piece of paper (the question was printed at the top) so that in the event they did not want to share their particular statement they could write the statement on the piece of paper and the group leaders would include the statement in the final pool of statements. Statements were generated in regards to the focal question, "What are the obstacles and/or barriers associated with implementing a "full service array" to achieve the Adoption and Safe Families Act (ASFA) outcomes of safety, permanency, and well-being?" The group had two facilitators who ensured that the statements that were recorded were specific to the question being asked and were clear. This process continued until the group felt that they had exhausted the range of possible statements. Two leaders facilitated the dialogue, while a research assistant recorded the statements for the group by typing the responses into a laptop computer. Table 1 illustrates the number of statements generated for the research question and is broken down by group.

Table 1: Number of Statement Generated by Location

Location	Question #1
Rural	62 statements
Urban	45 statements

During a break, the leaders converted the typed responses onto business cards, where each statement was printed onto a business card. The statements were also merged into rating instruments. A packet of business cards, envelopes for sorting the statements into concepts, and rating instruments was created for each participant.

Sorting. As was mentioned above, each participant was given a set of business cards and 10 envelopes. Participants were asked to sort the statements into conceptual piles that "made sense to them." The piles were placed into a legal sized envelope, and participants were instructed to name the conceptual pile based on the statements that they had placed into that pile.

Rating. After the sorting task was completed, participants were asked to rate each of the statements on a 7-point likert scale based on the scale provided for the focal question. For this rating task, statements were listed in a questionnaire format (See Figure 3 for an example). Two separate ratings were completed. The first rating asked the participants to rate how important each statement was in achieving the ASFA outcomes of Safety, Permanency, and Well-being. The second rating asked the participants to rate each statement regarding how well the state child protection agency has addressed each in its effort to meet the ASFA outcomes.

The number of layers for each conceptual pile, as is shown in the Figures, provides a reference as to the pile's importance or level of being addressed (based on the two rating questions) in relation to the other piles. Those piles with more layers are more important or have been more adequately addressed (based on the two rating questions) than those with fewer layers. Each pile can therefore be conceptually compared to the others in relation to importance and level to which it has been addressed in achieving the ASFA outcomes.

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Unique ID# (so no one knows your name)

What is your date of birth? [month _____ /day _____ /year _____]

What is the town or city of your birth? [_____]

Concept Mapping Rating Scale #1a

Whether or not you have personally experienced the obstacle and/or barrier below, <u>how important</u> do you think overcoming each is to achieving the ASFA outcome of safety, permanency, and well-being?

Please read each statement, and circle the number on the right which answers best for you. There are no right or wrong answers.

1	2	3	4	5	6	7
Not Very			Somewhat			Very

1. statements entered here		1 2 3 4 5 6 7
2.		1 2 3 4 5 6 7
3.		1 2 3 4 5 6 7
4.		1 2 3 4 5 6 7
5.		1 2 3 4 5 6 7
6.		1 2 3 4 5 6 7
7.		1 2 3 4 5 6 7
8.		1 2 3 4 5 6 7
9.		1 2 3 4 5 6 7
10.		1 2 3 4 5 6 7

Figure 3: Example of Rating Instrument

Analyses

The data collected were analyzed utilizing Concept Mapping Software (Trochim, 2001), which is a statistical technique designed for the management and interpretation of certain types of qualitative data. The technique utilizes multi-dimensional scaling and cluster analysis in order to derive a visual representation, or map, of the conceptual relationships among a set of qualitative statements. The concept map produced by the computer program depicts clusters of statements, each ostensibly representing some underlying concept.

Specifically, in concept mapping, a multidimensional scaling analysis creates a map of points that represent the set of statement brainstormed, based on the similarity matrix that results from the sorting task. The output from the two-dimensional multidimensional scaling is a set of x-y values that can be plotted, as well as some diagnostic statistical information. The hierarchical cluster analysis is subsequently conducted to represent the conceptual domain in concept mapping. This analysis is used to group individual statements on the map into clusters of statements that presumably reflect similar concepts. The end product is the cluster map, which shows how the multidimensional scaling points were grouped.

A bridging value is also computed for each statement and cluster as part of the concept mapping analysis. The bridging value tells whether the statement was sorted with others that are close to it on the map or whether it was sorted with items that are farther away on the map. The bridging value helps to interpret what content is associated with specific areas of the map. Statements with lower bridging values are better indicators of the meaning of the part of the map in which they are located, rather than statements with higher bridging values. A bridging value always ranges from 0 to 1. The program also computes the average bridging value for a cluster. Clusters with higher bridging values are more likely to "bridge" between other clusters on the map. Clusters with low bridging values are usually more cohesive, easier to interpret, and reflect the content well in that part of the map.

The software permits the evaluators to specify the number of clusters desired in the solution. Starting with the default solution (8 clusters) generated by the computer software, the statements within each cluster were reviewed. Possible solutions with greater and fewer numbers of clusters were successively reviewed in a similar manner. At each step, a decision was reached by the evaluators as to whether splitting or combining the clusters improved the conceptual clarity and overall bridging factors.

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The evaluators then assigned a name to each cluster, based on the statements included in the cluster, as well as the names given by session participants. The individual statements within each cluster were also examined to assist in discussing the interpretation of the underlying concept represented by the statements.

Results

Each of the maps and analyses (per each rating question) are presented below for the two sites separately: rural and urban. The first part of the discussion shows the conceptual map and highlights the type of statements that were associated with each cluster. Additional discussion is provided on each of the ratings. Finally, discussion is provided comparing and contrasting the two sites on the responses to each question. Please refer to the full-service array for each site (Figure 1 and 2).

Rural Concept Maps

A seven cluster concept map, as shown in Figure 4, was produced for the first question that was posed to the rural group. The following cluster names were either provided by the participants or were generated by the consultants based on the statements in the concept "piles." These concepts were Tally vs. Reality; Family Safety vs. Family Preservation; Legal hold-ups slow down permanency; Service system barriers; Challenges to child well-being; Urban vs. Rural; and Out-of-home placements. Each of these concepts will be discussed below within the context of the question.

Tally vs. Reality: The Tally vs. Reality concept statements were associated with issues of performing the job in the field versus the policies that are from the state office of DCF, which is located in Tallahassee, Florida. The statements and their grouping suggest that a major obstacle in implementing a full-service array is associated with the notion of performing the job in reality versus performance measures set by the state and federal government. Specifically, the issues of performing the job when there are few incentives for the workers, constant caseworker turnover, and the lack of professionalism in the front-line staff arose.

Family Safety vs. Family Preservation: The second concept, highlighted through the statements associated with it is the difficulty in balancing child safety versus family preservation. This obstacle was described in statements such as the "mindset that it is always in the best interest of child to stay with family," "being able to define who the client is," and "conflict between reunification and safety." Each of these statements points to the struggle that caseworkers and others involved in the system have in trying to achieve the ASFA outcomes, when it is unclear how to best achieve these.

Specifically, trying to ensure the safety of the child, while still operating under a model that promotes preservation of the family is a potentially incompatible task.

Legal hold-ups slow down permanency: The legal system is discussed as being an obstacle to achieving the outcomes of ASFA. Specifically, it was noted that the judges and attorneys need to be involved in training programs on the specific issues of doing child protection work and trying to work with families within the time constraints set forth in ASFA. Participants perceived the court system to be disconnected from the realities of casework.

Service System: The service system cluster had a range of responses that included "lack of awareness of available services" to "lack of client buy-in" and "disconnect between assessment and referral for services." Other statements in agreement with these, pointed to issues of client resource deficits as obstacles to service participation. Other issues highlighted in this concept address the possible prescriptive nature of services, rather than providing services based on client need and/or the lack of jointly created case plans.

Challenges to Child Well-Being: The challenges to child well-being are associated with current restraints of the system and services available. Participants identified challenges of being able to match children to appropriate foster homes, providing a full array of services to meet the child's needs, involvement of children in their case plans, and determining the most appropriate level of placement.

Urban vs. Rural: The Urban vs. Rural concept addresses the issues of providing a full-array of services in a rural area compared to being able to provide them in an urban area. There is a considerable difference between the two, according to participants, in their level of funding, the number and types of available services, and the supports that are available to help families and children take advantage of these services.

Out-of-home placements: The concept of out-of-home placements addresses the difficulties in ensuring quality out-of-home placement for children when they have been removed from their home. Participants named the challenges of having high quality foster homes and plenty of them, maintaining current "good" foster parents, providing adequate supports for retaining foster parents, screening foster parents for their appropriateness in being foster parents, and providing incentives for foster parents. Each of these issues points to the barriers associated with helping workers and foster parents achieve ASFA outcomes.
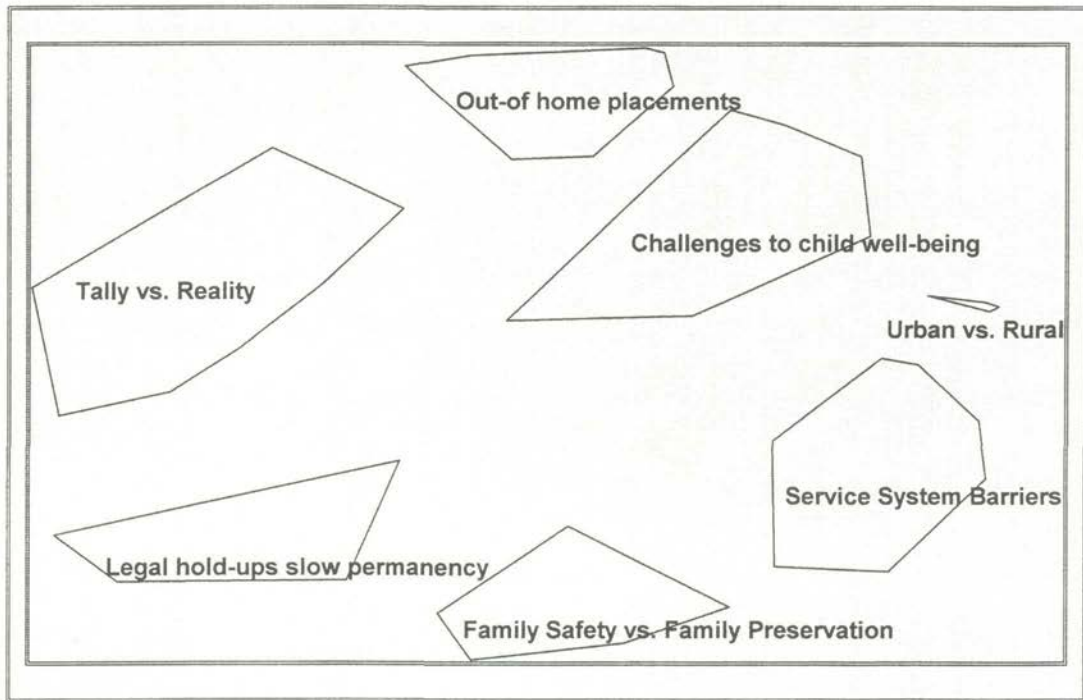
Figure 4: Rural Cluster Map

Rural- Rating of Obstacles

Each participant was asked to rate each statement (obstacle or barrier) as to its importance in overcoming in regards to being able to achieve the ASFA outcomes. Each concept, as illustrated in Figure 5, is presented with the average rating score stated in the parentheses preceding the concept. As the scale indicates, 1 is not very important, while 7 is very important. The highest average on this question was 5.49, whereas the lowest is 4.89—thus, all the concepts generated are of at least minimal importance. A larger number of layers of a concept indicates that the concept was rated as very important, or whatever is denoted by the provided rating scales. The obstacles that are the most important to overcome include (based on average priority rating) Tally versus reality (5.49), Legal holdups slow down permanency (5.43), Urban versus Rural Funding (5.28), Challenges to child well-being (5.22), Service system barriers (5.15), Family safety versus family preservation (4.93), and Out of home placements (4.89).

RATING #1: **Whether or not you have personally experienced the obstacle and/or barrier below, <u>how important</u> do you think overcoming each is to achieving the ASFA outcome of safety, permanency, and well-being?**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Not Very..Somewhat..Very
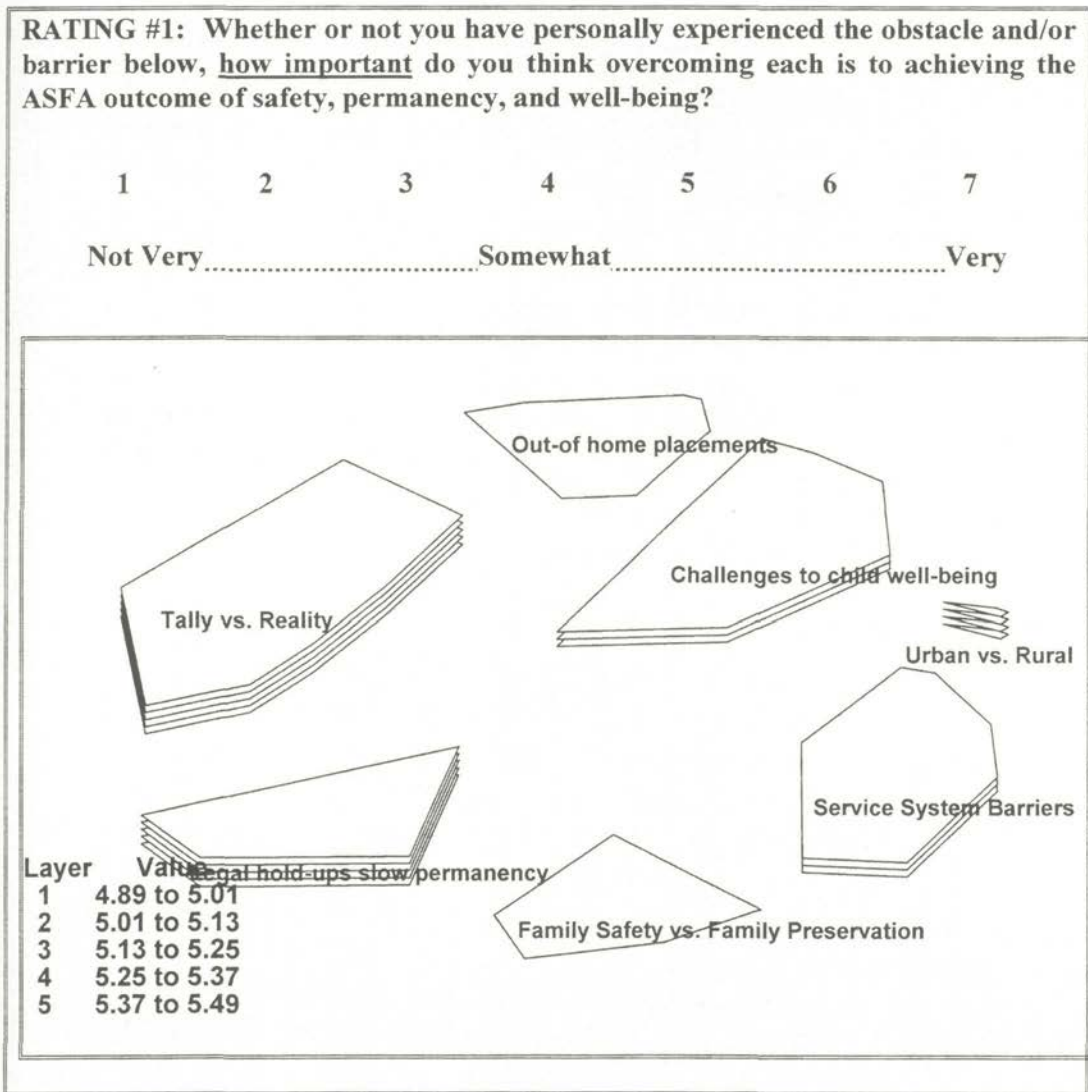

Figure 5: Rural Rating #1 Map

Rural - Rating of DCF Success

For the second question, the same rating scale applies as above, where 1=not very successful 7=very successful. Again, conceptual piles with more layers indicate that DCF had a higher level of success and the reverse for piles with fewer layers. This question asked participants to rate how well DCF has addressed each obstacle. The range of scores for this question was from 3.11 to 2.35, which overall indicates that DCF has not addressed each of these in a systematic way as they relate to ASFA outcomes. The ones that the participants identified as having somewhat addressed were (as shown in Figure 6): Family Safety versus Family Preservation (3.11), Services system barriers (2.95), Urban versus Rural funding (2.75), Out of home placements (2.72), Legal holdups (2.51), Challenges to child well-being (2.42), and Tally versus reality (2.35).

As each of these numbers shows, DCF is not perceived as responding on the whole to many of these issues, as the average scores for each concept are on the lower-end of the scale. Participants identified that the concept of family safety versus family preservation has been met better than the other concepts. This clearly illustrates the areas of difference between those issues identified as important to achieving the ASFA outcomes and the assessed efforts put forth by the state.

Urban Concept Maps

Similar to the previous group, the participants in the urban group also were asked to define what a full service array encompasses. They were instructed to generate all the services they could think of that would form the basis of the full service array continuum from which the statements for the question could be based upon (See Figure 2).

For the question in the urban group, the best bridging solution, as illustrated in Figure 5, produced 6 concepts. These were each named, as were those in the rural concept mapping session, by the participants and/or the consultants with participant input. The concept "pile" names were Inconsistencies between legal, policies, and procedures; Workload barriers; Inadequate level of skill; Personnel challenges; Community connections; Balancing ethics and mandates. Each of these is discussed below in relation to the statements that were sorted with the pile.

RATING #2: Whether or not you have personally experienced the obstacle and/or barrier below, how well do you think DCF has addressed each in its effort to meet the ASFA outcome of safety, permanency, and well-being?

1	2	3	4	5	6	7

Not Very...Somewhat...Very

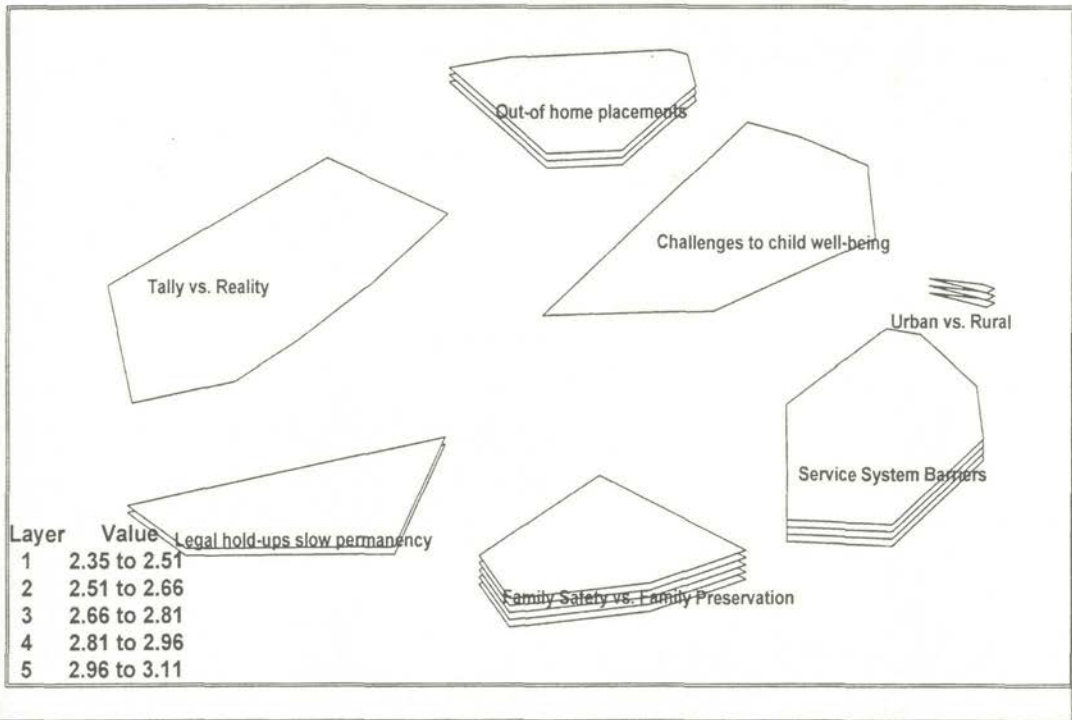| Layer	Value
1	2.35 to 2.51
2	2.51 to 2.66
3	2.66 to 2.81
4	2.81 to 2.96
5	2.96 to 3.11

Figure 6: Rural Rating #2 Map

Inconsistencies between legal mandates and policies and procedures. The statements contained in this pile are associated with the inconsistencies the system and worker experience between what is legally mandated and the department's policies and procedures they must follow. A sample of the statements included in this pile are "procedures/policies constantly changing," "documentation requirements changing," "inconsistency between ASFA and reality," and "legislative mandates without appropriate funding." These barriers highlight the problems workers and other service providers experience when trying to work within all the different systems. Furthermore,

these noted inconsistencies may impede the workers and systems in being able to implement a full-ervice array given the confusion surrounding the inconsistencies.

Workload barriers. Workload and caseworker turnover are barriers that significantly affect the services that can be provided. Caseworkers are given increased case loads, without financial incentives, and are expected to work in a field that is considered difficult at best. Issues such as unrealistic expectations and continual increase in caseload create a system that leads to caseworkers managing their caseloads in the best way possible. Those who struggle with this level of management are more likely to resign, thus creating a cycle of worker turnover.

Inadequate level of skill. This concept had statements related to training issues, of keeping new workers in the field longer, as well as training of foster parents. Additional statements discussed inexperienced caseworkers, inexperienced attorneys and the lack of appropriate supervision.

Personnel challenges. The concept of personnel challenges included such statements as caseloads too high, high staff turnover, insufficient pay for the work that is done, unrealistic workload demands, and inexperience among case workers and attorneys. Participants perceived these ideas as barriers to being able to provide a full-service array in working towards achieving the ASFA outcomes.

Community connections. As service arrays are being provided through a myriad of community agencies, access to these services is critical. The participants identified transportation, waiting lists, unequal distribution of services, and numbers of skilled providers as barriers to implementing a full-service array.

Balancing ethics and mandates. The participants identified a number of statements that concern how they balance the ethics and values of their profession within the mandates of the system. Related to this are statements that discussed cultural issues, the best interests of the child, and working between agencies. The participants discussed the problems with competition and turf guarding and how this, at times, goes against the outcomes of safety, permanency, and well-being.
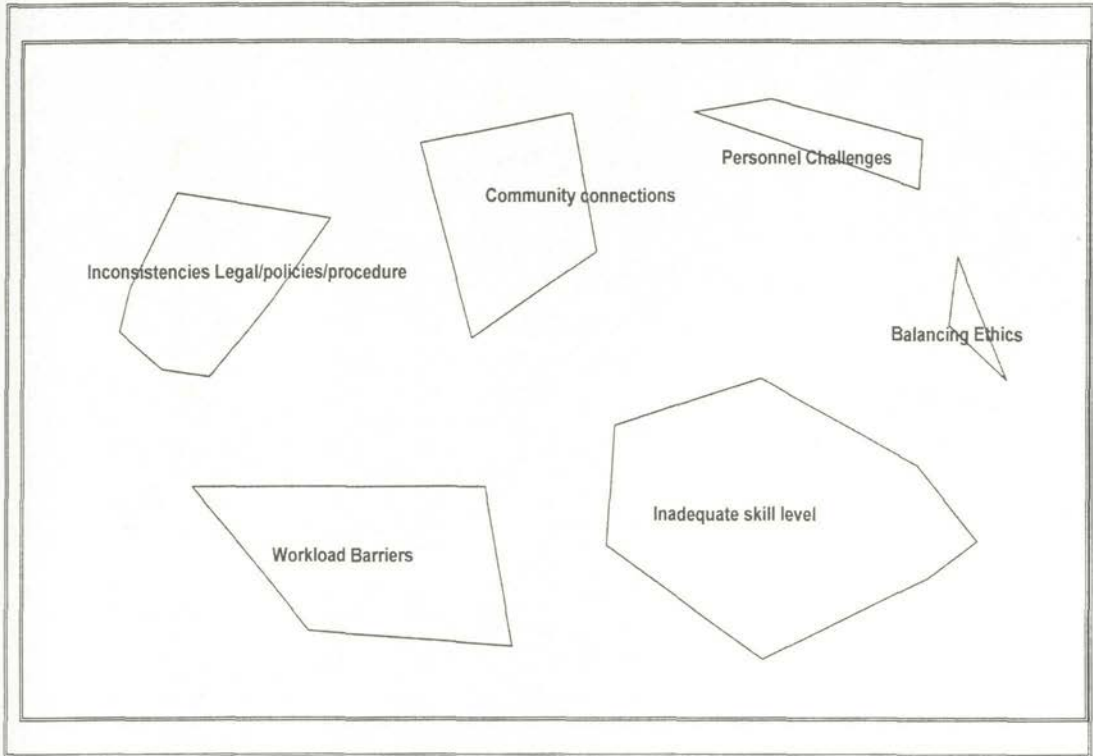
Figure 7: Urban Cluster Map

Urban – Rating of Obstacles

The participants in the urban area identified personnel challenges (5.90) as the biggest obstacle as it relates to achieving ASFA outcomes. Other important concepts included overcoming inconsistencies between legislation, policies, and procedures (5.66), Inadequate skill level (5.59), Community connections (5.44), Workload barrier (5.31), and Balancing ethics and mandates (5.34). The participants identified most of these as important barriers to overcome in working to achieve the ASFA outcomes. This is evidenced by the average scores of each concept being above 5. The map representing these ratings can be seen in Figure 8.
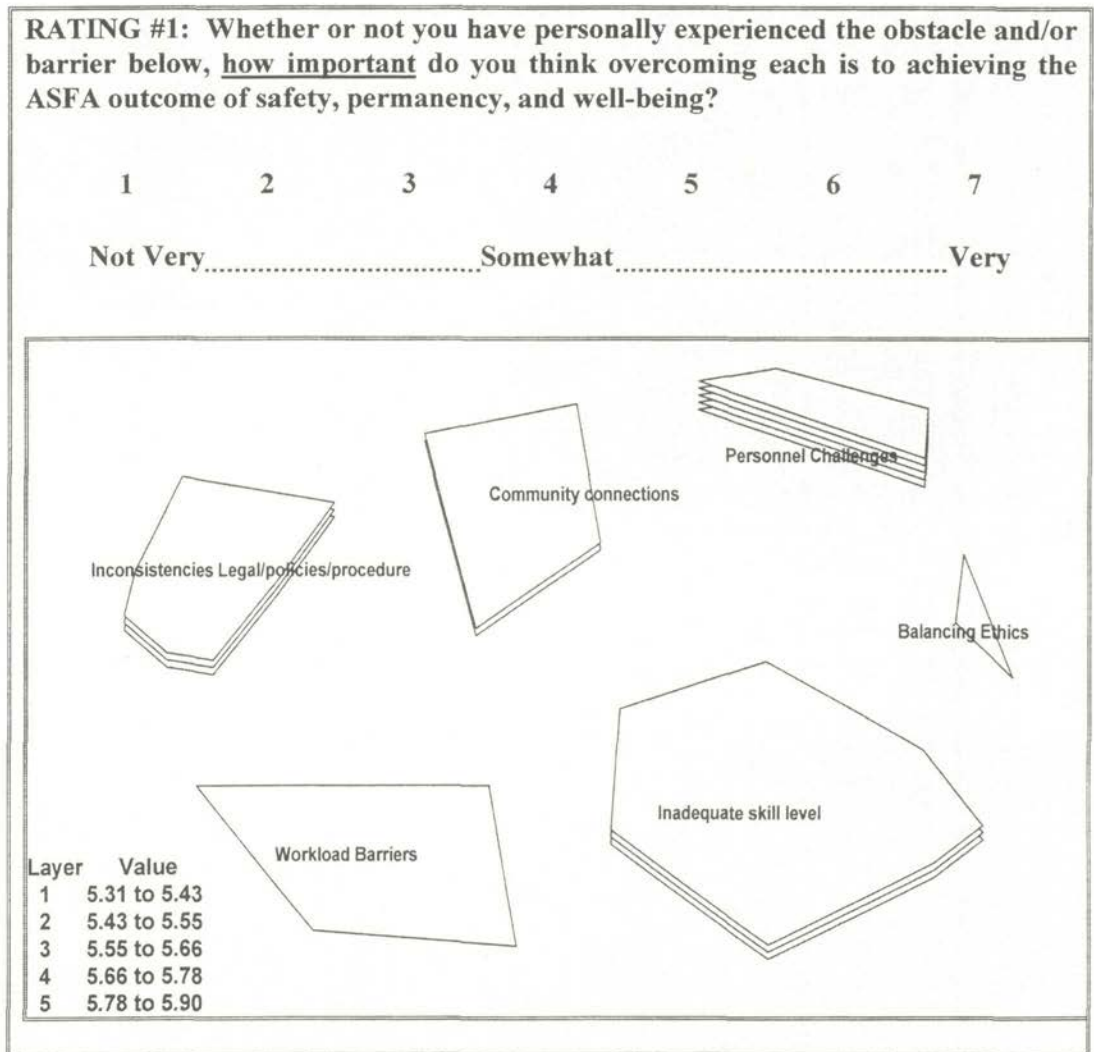
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RATING #1: Whether or not you have personally experienced the obstacle and/or barrier below, how important do you think overcoming each is to achieving the ASFA outcome of safety, permanency, and well-being?

1	2	3	4	5	6	7

Not Very..Somewhat...Very

Layer	Value
1	5.31 to 5.43
2	5.43 to 5.55
3	5.55 to 5.66
4	5.66 to 5.78
5	5.78 to 5.90

Figure 8: Urban Rating #1 Map

Urban—Rating DCF Successes

In regards to how well DCF has responded to these concepts, participants feel they have responded to the concept of balancing work and ethics (3.68) and workload barrier (3.59) issues better than the others. The other concepts are presented in descending order as to the level in which DCF has addressed these concerns/concepts. The concepts and their ratings, as shown in Figure 6, are as follows: inadequate skill level (3.30),

inconsistencies between legal/policies/procedures (3.09), personnel challenges (2.81), and community connections (2.64). The average ratings of each concept demonstrate that while some of the issues are being addressed, there is still a substantial need to address these issues in regard to how they help workers, staff, foster parents, and others in their ability to achieve the ASFA outcomes.
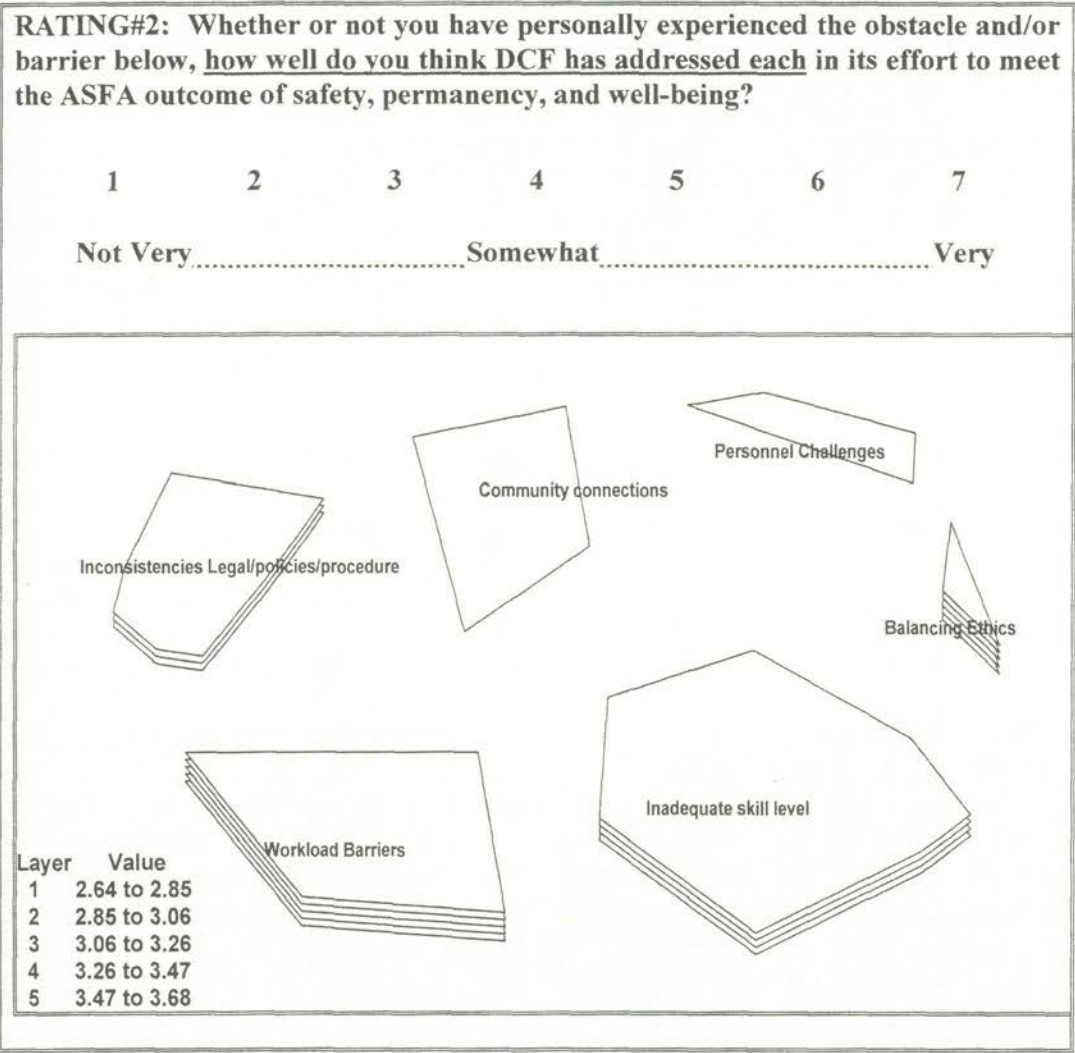
RATING#2: Whether or not you have personally experienced the obstacle and/or barrier below, <u>how well do you think DCF has addressed each</u> in its effort to meet the ASFA outcome of safety, permanency, and well-being?

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Not Very...Somewhat...Very

Layer   Value
1   2.64 to 2.85
2   2.85 to 3.06
3   3.06 to 3.26
4   3.26 to 3.47
5   3.47 to 3.68

Figure 9: Urban Rating #2 Map

Comparison of the Two Sites

There were several similarities between the statements and concepts generated from both the rural and urban groups. Both groups highlighted the notion of responding to state and federal mandates and how these become a reality in providing casework services. The reality of working with families and children is what DCF workers do, on a daily basis. Both groups stated a certain level of frustration of being able to meet the state and federal mandates that may not necessarily fit into their current situation or within the context of the services that can be provided. For example, the 12-month time frame on determining parental rights may be an issue for some workers when the mother or father has substance abuse issues. If this family happens to live in a rural area, a substance abuse program that is also empathetic to the co-existing goals of the child welfare program may not be available to these families. Workers are, therefore, faced with trying to meet these specific mandates without having the support to assist these families. Additionally, in the current age of accountability and the new tracking systems that are being implemented in Florida will highlight those workers who are not meeting the ASFA requirements, while not necessarily being able to indicate the conditions that may be related to the family and workers not being able to meet the mandates.

Participants, in both sites identified the tension between family reunification at all costs versus child safety. As a result of this dissonance, workers may be affected in the decisions that they make and the types of environments that children are left or placed in. This tension is situated in the middle of the lack of clarification of reasonable efforts in the ASFA legislation and a lack of sound decision-making tools. Caseworkers are left to make decisions, specifically as they relate to removing a child and/or reunification of a child with his or her parents, without a lot of legislative and practice support.

Funding was a critical issue for both groups, as many stated, that they simply were required to do too much with too little. Participants also discussed the issue of having a full-service array and some of the barriers to implementing such. The specific issues noted were lack of client buy-in, lack of transportation, too many places to go for services, unrealistic service or case plans, and unequal distribution of services. For services to be most effective, they must be accessible, assessment driven, and outcome oriented.

Finally, personnel issues, such as worker turnover, too high caseloads, and too low pay are issues that are at the very heart of the people who provide these services. The workers and those who provide the services are in essence doing a lot with a little, and experience a high degree of burnout. Unless strategies are implemented that address

recruitment of employees who will more than likely stay and retention of employees who have or are staying, the worker turnover and caseload explosion will continue.

Limitations

It is important to note that the findings presented in this report represent the opinions, thoughts, and feelings of those participants who were involved in the focus group/concept mapping session, and cannot necessarily be generalized that all DCF administrators, employees, staff, foster/adoptive parents have these same opinions. These ratings give just one picture of what needs to be addressed and how they have been addressed. Additional evaluation methods can and should be employed to gain a triangulated view of the importance and the needs that are being addressed. It should also be noted that the sample selection was nonrandom and the size of the groups was not optimal. However, it was believed that the positive aspects of this project outweighed these limitations.

Recommendations and Conclusions

Within the context of this discussion and the discussion statements generated by the participants of both groups, the following recommendations are made:

Reality versus Mandates

Both the rural and urban groups discussed the disconnect between Reality and Mandates. The primary recommendation centers around empowerment and communication between all participants at all levels. This could occur through forums, discussion groups, web-based chat rooms, or internet-based list-serves. The other aspect of this concept, is the notion of administrators and legislators not having day-to-day contact with front-line work. It would be helpful for workers to document, through time studies, what it is that they do, how they spend their day, and what are the demands that they encounter and overcome.

Family Preservation versus Child Safety

Unfortunately, as Kelly and Blythe (2000) noted, these two notions of child safety versus family preservation have been treated as mutually exclusive. The alternative is to understand that child safety and family preservation can be actualized and can be successful. As Kelly and Blythe, Cash (1998), and Berry (1997) argue, several key issues need to be taken into account in the provision of child welfare services. These issues include targeting of family preservation services to those for whom services will be most

appropriate. Second, ask the courts for assistance in considering family preservation or reunification services when families have made significant gains toward the goals on their case plans. Finally, it is important to understand the role of treatment fidelity and the evaluation of processes and outcomes. Family preservation has been highly criticized because of model drift and being a service panacea for child welfare services. Family preservation services need to continue to be evaluated for both processes and outcomes in order to understand treatment fidelity and the relationship of treatments to outcomes.

Best Interest of the Child

It is absolutely necessary that workers be provided with the best decision support tools available to make decisions about which children can safely remain in their homes, which families should be preserved, and which families should be reunited. These issues, however, should not be addressed at one point in time, but rather support tools should be created that can follow a case over time and can provide workers with a guide for when a situation may become too dangerous for a child or when it is okay to reunify a child with his or her family. By using and relying upon decision support tools that have been validated and tested for reliability with this population, workers will have a theoretical and practical foundation on which to base their decisions; they won't be simply left with the issue of trying to "eyeball" or guess about children and families. The implementation of this, however, is based upon the training that is provided, the supervision that is given, and the willingness on the worker to implement and use the decision tools to their fullest capacity.

An additional recommendation is to create handbooks and provide training on issues of implementation of policies (both federal and state) and procedures that were created by DCF. These would assist workers and other staff members in understanding the importance of the policy and/or procedure, while also allowing for them to understand (if at all possible) why this policy/procedure is needed and how it relates to their practice.

Funding

Investigators, front-line providers, foster parents, and others have noted the increasing demands of their work and the stagnation of the rewards and financial incentives. The current system has inherit issues of generating perpetual worker and foster parent turnover. The recommendation, therefore, is based on lobbying for children's issues to be a top priority and to have the financial structure and incentives to support the policies and workload that the system is facing.

Community Connections

In a time where communities have been charged with taking the torch and helping each other and the federal government oversight is supposedly decreasing, connections in the community must be created and maintained. Partnerships should be explored where agencies will no longer compete for the same client base and same pots of money, but rather they will each find their own niche and try to decrease, in a systematic and organized way, the problem of child maltreatment.

Worker Recruitment/Retention

Florida is on its way to trying to incorporate new funding into the child protection system, specifically as it relates to qualified and tenured workers. One of these implementations is related to the use of Title IV-E funding that would provide financial incentives (via stipend and tuition remission) for child welfare workers to go back to school and obtain their MSW or to provide incentives to social work students to work for DCF once they have graduated with their MSW.

Defining Roles and Ownership

The issue was raised regarding the roles of DCF and how these roles are played out in the community. One of the primary recommendations associated with defining roles is to create open lines of communication among DCF and the community and community providers. This could be done through a similar avenue that is currently being pursued with the implementation of the community-based care models—via the community stakeholder group. Other attention could focus on the way in which the media portrays DCF to the public. It might serve DCF well to find media networks that will cooperate and work to help present the positive side of DCF and the way in which the community can respond to child maltreatment.

Achieving Goals

The critical juncture happens when assessments have been completed and services provided—what are the outcomes? Has the child and/or family met its goals? Whose goals are these? And who set these goals? These issues are critical in understanding the importance of the ASFA legislation and providing a concrete reason for why child protection work is so needed. In order to understand the model of services and their relation to outcomes, it is necessary to understand the role of assessments, how assessments inform service delivery, and how these both lead to outcomes. There is a critical balance that each worker must find when working with families and children—

can this child remain safely in this home, should this family be reunified, should parental rights be terminated, and is this child going to be adopted or is there another alternate solution? The recommendation for achieving goals centers around the need to evaluate and document the decision making points and the services that are offered and accepted by the clients.

Evaluations

Enough cannot be said about the importance of conducting evaluations of the programs and processes. Evaluation is a critical, but often forgotten component of service delivery systems. Best practice models need to be evaluated within the context of the services and with the specific population. As research evidence supporting good child welfare practice is recommended, participants at all levels of services to children and families will have more confidence in the ability of agencies and caseworkers to be effective and efficient. Only then will perceptions of success increase from the levels seen here.

Conclusions

Overall, the concept mapping sessions produced a significant amount of data that reflects one state's implementation of the Adoption and Safe Families Act. The participants identified a range of important issues and obstacles. When asked how DCF has met these needs, the scores were somewhat low and reflected room for improvement. The participants clearly identified that balancing family preservation and child safety were critical; however, they also perceived these as obstacles in identifying and implementing a full-service array. The issues that have been reflected in the literature regarding the abandonment of family preservation services for child safety were also reflected in this evaluation (Kelly & Blythe, 2000). States must continue to work toward ensuring that one type of service model is not provided to all, while also ensuring that the service continuum is allowed to be just that—a continuum of services (from prevention to adoption) that meets the variety of needs of all families and children (Hooper Briar, et al., 1995). Only a continuum of services will be able to reach the greatest number of families and help families in the ways in which they need help.

The results of this evaluation show that DCF has some areas to work on in regard to meeting the ASFA outcomes. However, the evaluation does show that DCF is on its way in accomplishing some of these. It is important to note, that without this or other types of evaluations, it is difficult to know what areas need to be addressed and what solutions might be generated by those who know the system the best: clients, workers, administrators and researchers.

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