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## **A matching process: More effective placement procedures for court dependent children**

Lester M. Kushner

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A MATCHING PROCESS:

MORE EFFECTIVE PLACEMENT PROCEDURES

FOR

COURT DEPENDENT CHILDREN

A Research Project proposal presented in partial fulfillment  
of the Requirements for the degree of the  
Master of Public Administration  
California State University, San Bernardino

by

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March 1987

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## CHAPTER ONE

### Introduction

There is a need to develop a more consistent procedure for effectively placing court dependent children in the proper care facility. Court dependent children are abused and neglected youths who have been removed from their homes by the courts for their safety and well being. The problems of placing children in the appropriate facilities lie in the difficulty in finding the right care for each child. In recent years, increasing case-loads and expanded complexity in properly matching the child with the right treatment plan have aggravated this problem.

The aim of the project is to generate quantifiable data to aid more effective placement. Current procedures rely on a social worker's judgement based on available data both on the child and the available care facilities. Both of these variables are very subjective. With the cooperation of the San Bernardino County Department of Public Social Services, Child Protective Services, the



project tests a mode of placement with the objective of enhancing the matching process.

Often placement is simply a matter of finding available bedspace, which is frequently unlikely to lead to a successful outcome for the child. A successful placement is defined as one leading to future placement in a less structured environment as a result of treatment. It is suggested that a more structured placement procedure, based upon quantified information on the child's background, case history, and presenting problems would yield more satisfactory placements. The aim is to target the match-up between child and disposition by relating this information, organized on a social scale, to corresponding data from residential treatment facilities.

The project will describe how procedures in San Bernardino County were changed as a result of research and analysis. The new procedure was initiated by creating a checklist of applicable problems of each youth, matching it with identical checklists supplied by each care facility. The results of this new matching process were tested by comparison of results with previous years,

using the old process.

### Why Placement ?

Child protective services casework is a method of working professionally with people who abuse or neglect children and their victims, the children. According to the Child Protection Division of the American Humane Association this requires " a specialized casework service to neglected, abused, or exploited children. The focus of the service is preventative and non-punitive and is geared toward a rehabilitation of the home and treatment of the motivating factors." [1] It requires a careful balancing of the rights of the involved parents, children, and the society at large. It recognizes that most clients can change with sufficient help. It is best to keep the children with their parents when their safety can be assured. As a first step to considering placement we must assess the probability of further risk to the child and the likelihood of successful treatment strategies which would be determined as the next step. Reasons for placement include social problems,

behavioral problems, and abuse.

### Social problems

The separation of child from parent is perhaps the most tragic occurrence in a child's life. Its unfavorable after effects are usually irreversible even though the child may have a successful treatment experience. In other words, the process of institution - alizing and separating the child from the family unit can be traumatic to the extent that it could over-ride an otherwise successful treatment plan. Unlike an orphan, the child's pain over separation is compounded with the confusion arising from the inevitable question - "why am I not at home with my parents?" The painful reality of their fate will eventually become crystallized into an awareness in one form or another that they are different from other children, and this leaves long lasting wounds. It is with this awareness that placement is considered as a last resort. The gains must outweigh the losses.

Conditions for removal from the home revolve around several factors.

1. Is the potential for further abuse present?
2. Is needed medical attention being refused by the family?
3. Is the child's emotional state such that he must be placed in a specialized treatment setting?
4. Has the child's psychological, physical, or emotional state become intolerable to the parents?
5. Has the initial contact itself created an intolerable situation for the child? ( Such contact could increase physical abuse when such a condition is present.) [2]

### Abuse

There are several types of abuse or maltreatment which are broken down into two categories - Neglect and Abuse.

There are several types of neglect.

1. Physical - A denial of basic needs such as food, clothing, shelter, etc.
2. Educational - A denial of the basic requirements for a general

education.

3. Medical - A denial of basic or necessary medical care required for good health.

4. Emotional - (Most serious) Denial or failure to allow the child to develop a feeling of self-worth.

5. Abandonment - Failure to accept the responsibility of raising the child.

Child abuse is broken down into two primary categories.

1. Physical - Various forms of physical assaults, severe beatings, or torture.

Sexual - Sexual assault or molestation of the same or opposite sex.

Sexual abuse unlike other types, need not originate in the home.

The effects, however, are very traumatic and the incidence of this type of abuse appears to be increasing in the United States, according to an interview with the group home coordinator ,of San Bernardino County's Department of Public Social Services, (DPSS) Child Protective Services Division. (CPS) [3] In addition to the ego damage common to all forms of child abuse, children's sex role

identity is often challenged. Children who are sexually molested therefore have an increased risk of developing deviant sexual behavior patterns including child molestation. Generally it is only necessary to consider removal from the home when the sexual abuse occurs there.

### Behavioral Problems

In addition to abuse and neglect, there are other factors that may precipitate placement. While children that display behavioral problems at school or show a tendency towards delinquent behavior are frequently the victims of abuse or neglect, there are other factors. Peer pressure and environment tend to play a significant role in the child's development. However, behavioral problems are often an outgrowth of a poor home life or poor parenting, and the child's inability to balance his experiences with proper social values. These children along with the abused and neglected child will sometimes act out in school and on occasion



become involved in fad groups (e.g. "punkers"), gangs, drugs, and/or other forms of anti-social behavior. Unattended, these problems can develop into delinquent behavior. It is estimated by the Department of Youth and Corrections, that up to 87 percent of their population may have been emotionally disturbed and abused children.[4] However, it is difficult to label all emotionally disturbed children as abused. Child abuse and the number of victims of abuse appear to be increasing, but indicators show a trend towards reduced parenting skills as well which may also be a factor in delinquency.[5] The goals of the Department of Public Social Services, CPS are to reverse the trend by more effectively treating its victims.

#### Current Procedures and Problems

The first step begins in the community where the abuse is reported. The reporter may be a neighbor, teacher, doctor, relative, etc., or the children themselves on some occasions. An investigation will be conducted to determine if in fact there is a

need for intervention. Should the results affirm a need for intervention, then it must be determined whether or not the child can remain in the home or must be removed. Only as an avenue to prevent further injury or permanent damage to the child is removal considered. This is due to the reason mentioned earlier, that removal in and of itself can have long range negative effects.

The first line of treatment is in the home with the aid of a social worker and/or a counselor or other mental health specialist as needed. If in house care is not feasible, then foster care is considered. The first sources of placement may often be relatives or friends. If this is not a viable alternative, then a licensed foster home is used. Only after a full diagnostic understanding, including that of the parent/child relationship, can a fair determination be made of the type of placement which will best serve the child's needs. For the delinquent child this decision may be made by the courts. If convicted of a felony, the child would generally be referred to probation or the Youth Authority. Although the legal system is beyond our scope, and we intend to focus on those

court dependent children within CPS (Child Protective Services), that require residential treatment, we will refer briefly to some alternative placement options within the criminal justice system. The probation department for example, does provide similar services to CPS, when feasible based on the child's amenability to treatment. When residential treatment is provided by probation, these services will generally be coordinated through CPS. The Youth Authority may also provide residential treatment, but it is provided on a limited basis as a halfway house option prior to parole from the institution. The Youth Authority, unlike probation, does not coordinate its group home placements through CPS. This is due to the fact that the Youth Authority is part of the correctional system, and is only for convicted felons. The Youth Authority must therefore maintain their own group home network with close links to field parole services, rather than CPS.

The first concern of CPS is whether the child should be removed and if so, where will his/her needs best be served. It is not advisable to permit the child to be moved from one foster home to another several times before deciding that he/she needs a

special setting. If this happens, the child will frequently cease to care about himself or his future. Successful treatment begins with a proper match between the child and care.

The process of making a proper match-up is very subjective. A series of mismatches can lead to avoidance of relationships which call for investing one's feelings. It can lead instead to superficial ties managed by manipulation and exploitation, which can lead to patterns of delinquency. Diagnostic testing and psychological evaluations are helpful, but these are not always done due to constraints on time and funds. The social worker must achieve the difficult task of a proper match by subjectively trying to establish a match-up of complementary personalities. This is critical if a successful foster placement is to occur. Properly matched, the child could eventually return home when the environment meets the pre-established criteria for re-unification. However, "there are practically no scientific criteria used in the selection of the independent foster home according to the needs of the specific child." [6] This refers to the independent foster homes and group homes and may include the foster home provided by friends or

family as well since they are rarely screened to determine as to whether or not they could provide the proper emotional and psychological support needed by the child.

The chief problem in the use of the usual types of foster homes available is the numerous re-placements. These are due to either unexpected change in the foster family's circumstances or to their refusal to keep the child because of his or her difficult behavior. Failure may also be the result of a mismatch due to inherent weaknesses in subjective decision making or, as in the situation in too many cases, where the child was placed where there was available bedspace. Also children often fail in moving from a group home to the less structured foster home due to the decision by the child to avoid such settings so similar to their natural home or at least what a normal home setting should be.

Repeated failures in foster placement or unsuitability for foster placement leads us to the professional foster home or group home. Choosing the proper group home is all too often the same as choosing a foster home. However, there are different objectives involved and more data about the home and the child should be

available. A foster home is a normal family setting and professional care if needed is provided by someone other than the foster parent. A group home is a residential treatment facility and is staffed by professionals to provide treatment and care outside of a normal family setting. Residential care is for the child who rejects foster care, the child of the parents who fear and reject foster care, or the child who requires specialized treatment provided by the group home. The proper choice is critical, since not only must the environment be right for successful treatment, but it must provide the proper care for a successful transition to a less structured environment such as a foster home or the natural home without rejection. Failure can result in the child remaining within group home care until the maximum legal age. The factors for placement in a foster home are knowledge of inter-relationships within the family; psychological data, if any; providing the child with information about the home and letting the child choose; and knowledge about the potential foster home. These are all very subjective and frequently used with group home placement as well. [7]



The Boston Children's Aid Society under the leadership of Charles Birtwell between 1886 and 1911, carried foster care a step beyond previous services of finding a suitable place for children to live. Birtwell asked " what does the child really need, rather than where shall we put him. "[8] He sought to systematize the foster care system.

The focus has shifted from choosing the best adjusted parents to selecting foster parents whose needs meet the needs of the child to be placed,[9] thus creating a growth producing and mutually satisfying environment. Social workers are faced with providing the child with the best plan possible rather than the best possible plan. Inappropriate placements are often the result of the lack of availability of appropriate placement facilities, rather than the consequences of a worker's faulty decision. Data from a variety of studies in different states show that the major reasons for inappropriate placements is the great shortage of foster care facilities for teens and special needs children. [10]

The Project

As a group home administrator, I was concerned about the sometimes haphazard method in which children were being placed in my group home and others. In many instances, the children referred did not require the level of care offered by group homes. In other cases, the children recommended for placement required more specialized care than was available at our facility. I approached Mr. Al Sadler, the group home coordinator for the Child Protective Services branch of the San Bernardino County Department of Public Social Services.

My premise was that we (the group home) were not properly set up to deal with certain types of behavioral problems and we wanted to reject those children that did not fit our criteria. Although all group homes define their basic goals, social workers often asked us to do them a favor and take a child that could not be placed elsewhere. The group home staff and I felt that this was not in the best interest of the child and I presented this to Mr. Sadler. He agreed, but said that they did not always get this type

of feedback from other group homes, and it was difficult to always determine the best home for each child. He explained that costs and overpopulation were the villains, but there was another problem. He was trying to categorize the group homes and foster homes and then determine some method of matching this data to the court dependent children needing placement. We requested and were granted permission to tackle this project from the director of the department's Child Protective Services. (CPS) Our objective was to test a combination of new procedures to gain successful placements. They would establish specific criteria in as many cases as possible as an alternative to the old process where the social worker subjectively determined which home would be the best placement. The decision was frequently based on perceived ideas on the available programs and their services or available bedspace based on available information of the group homes and the services provided. We recognized that available bedspace would continue to be a factor, but planned to clarify what services are necessary and who offers them to enhance a better match.

CHAPTER TWOEvolution of the Research Design

In designing what seemed to be a simple project, a number of problems had to be faced at the outset. We had to establish criteria and then choose a compromise. We had to become flexible in learning how to allow for intervening variables and variability of our data. The most difficult task appeared to be in adjusting to the dominant role of CPS: It would affect the survey of social workers and its significance to the project. Finally, we were exploring new concepts in placement procedures with little or no known previous research in this area.

Our hypothesis was to determine if the new method of placement would reduce the time spent in placement and the required level of care through a better matching process. To determine our criteria for a successful placement, we had to consider how the independent variable, [a difference in placement procedures] would effect the length of placement and level of care.

Therefore the criteria for a successful placement would be based on the dependent variables, [the effectiveness of the placement process and the length of time established to indicate a proper match] and how they are effected by the new placement procedures.

1. Criteria for successful placement and their operationalization: Initially we had hoped to interview the Department's social workers to dicscover what they regarded as a time period which would indicate a successful placement. However, we realized that when dealing with individuals, one cannot establish such criteria. The criteria had to be related to the nature of the treatment, and a set period of time was not appropriate. Successful placement had to be conceptualized as a child's readiness for a positive environmental change.

We discussed the matter with several department heads within CPS and determined that a successful placement was regarded as one that resulted subsequently in placement in a less restrictive environment.

The original intent of the project was to interview the San Bernardino County social workers In CPS to see what criteria they

thought appropriate for a better matching process; however, the director of CPS felt that we had sufficient expertise to determine the criteria and did not need to conduct a survey. Although we did finally conduct a survey,[See Index I] its significance was reduced due to several factors. First, the survey was limited by the department's director to voluntary interviews and thus reflected several divergent opinions from which a centralized consensus was difficult to obtain if one exists. Second, Mr. Sadler was already in a position to determine departmental policy. He also possessed considerable experience and knowledge in social work and placement procedures.. In addition, all of the data that would be needed could be supplied by Mr. Sadler, since he was required to clear all placements.

The survey established six months as a successful placement, but, this response was the result of a question asking for a specific length of time rather than including an option to recommend an alternative concept. The wording referring to a less restrictive environment was the result of a discussion where Mr. Sadler and myself questioned whether or not we could actually set a time



span on what constituted a successful placement when in fact our objective was to continually strive for less restrictive placements and ultimately the natural home environment, adoption if necessary, or a permanent foster home.

The criterion problem was a weakness in our project that we gradually had to face. We encountered a conflict between the two criteria. There are definite advantages to establishing a minimum length of placement. Children are not objects you simply move around. Repeated moves are frequently interpreted as failures by the child. This can be very damaging to their self image. It is one of the problems in the CPS system which we are trying to minimize, specifically, less placements and less moving from home to home. The results can leave the children institutionalized. They would leave a setting they had adjusted to and reject the new or less structured placement. Children will often sabotage the new placement by acting out so that they can be returned to their prior home. Establishing a specific time limit would force the child to remain in a specific setting for that period regardless of the accuracy of the match.

On the other hand, a less structured environment is highly desirable to help move the children out of the system as quickly and smoothly as possible. We don't want to retain a child in a setting that is inappropriate. We have to recognize that we are dealing with people and not objects and have to accept certain restrictions due to the emotional responses of children.

The criterion established was that the child would display a readiness for placement in a less restrictive environment where there would be more freedom of choice and an enhanced ability to display a higher level of functioning. It would be measured by the overall length of time in placement from entry into the system to exit since this was the process in use. The County's group home coordinator would send the information to the state DPSS and at the end of each fiscal year would receive the results for the past year back from the state.

2. Control group: Social science research procedures usually require the use of a control group in order to compare the results of the new procedure versus the old. We ran into a moral and legal snag in this area. The initial design was to create two

separate groups. However, the director of C.P.S. felt that this was unnecessary since as a group home administrator I had considerable contact with the social workers involved and the group home coordinator could easily provide all the necessary data. He did provide the data but, we could not have two separate groups. We thought that Mr. Sadler could easily route half of the placements using the old method and the other half with the new matching process but this did not take place. A control group would raise some legal obstacles since we were dealing with children under public care. Could we provide a better service to some and exclude others? Legally and morally the answer was no, so we were forced to abandon the concept of a control group and establish one of comparison through a Before/After study. We would compare the results of time in placement from prior years with the results of the next two years to see if a positive pattern emerged using the new procedure. Validity would hinge on the comparability of the two groups. Since the legal criteria for placement had not changed, we felt that it was reasonable to believe that even though we were working with a changing

population, the overall makeup of the children in placement during the experimental period was essentially the same as that of those placed in the past. This was a significant factor since it would establish our ability to measure comparable groups and verify the validity of the results.

3. Intervening variables: What effect would time have on our results? There are many factors that could affect the final results. We could not compare the same children under the same circumstances and vary only the matching process. We had to work with different children through different periods of time. No two children are alike, so we have one variable that we could not control - the differences in case histories.

Our major concern was that there would be no change in the length of time in placement due to the effects of continuing growth in the number of children needing care coupled with a predicted decline in available facilities, due to stricter licensing laws. In other words a decline in available bed space coupled with increased case-loads would further aggravate the situation and possibly negate any gains we might achieve.

Another variable would be the placement environment. As the system expanded and the political environment grew more conservative, many children might be turned away. This development is not within the scope of this paper, but there is reason to believe that it may have occurred based on my current experience with the Youth Authority. Also, the level of behavioral difficulty of the type of child being placed appears to have increased over the last two years of the project. The only solution to this problem appeared to be to abandon the idea of focusing on the group homes alone and look at the whole placement picture including children placed in foster homes. This would increase the numbers and help stabilize some of the variables by giving us more children to work with. It would encompass all of the children in placement through CPS.

4. Variability of data: We were also faced by the problem that the data used in the research would be inconsistent. Children vary in behavior. It is difficult to confine behavioral traits into neat categories. Also many factors may affect recovery or failure. The parents and their relationship with the child could

change for better or worse and thus affect the child's behavior. As the child grows there are developmental changes that can not always be identified, but may have an impact. Also group homes change with the turnover of personnel. New staff may be more or less effective and ties to old staff after they are gone may have varied effects on the dependent child. All of these factors apply to foster care as well. By including foster care in our project we added some stability due to the fairly large number of licensed homes that remained available over a period of time with relative consistency.

5. The dominant role of CPS: This was a very difficult obstacle. The agency initially opened its arms and welcomed an outside opinion until it was suggested that this could be used as a research project. Agency personnel gradually grew more and more restrictive.

All data had to come from CPS and they would therefore control the information I would have access to. The key appeared to remain flexible and try to anticipate legal and moral objections. Another reality was the resistance to change from many non-



management personnel. Often in the public arena, change can be very slow when people have adjusted to set routines which they believe are more than adequate from their perspective. Flexibility and diplomacy had to prevail.

6. Novelty of the project: According to the group home coordinator and various group home evaluators in other counties, there was no known research on the development of a matching process of this type for placement. We initially determined that a weighted format depicting the child's problems coupled with a categorical classification of group and foster homes might improve the quality of and reduce the duration of residential care. The weighted format was to include the child's case history, background, and psychological profile. This was to be matched with a categorical description of the different care facilities and the types of care that had been more effective in each home in the past.

Our original hypothesis was that a weighted format identifying the child's needs, with a psychological evaluation for each child, and a descriptive classification of group homes would

enhance the number of successful placements.

Our project was designed to identify in specific terms the items necessary for improvement. Our goal was to simplify the process by utilizing data uniformly and categorically. We established more specific categories for, demographics, background information, case history, and presenting problems. Combined on a social scale and matched with corresponding data on available residential treatment facilities, we expected to improve matching and expedite appropriate placements.

The final addition to the process was the previously mentioned idea to survey the group homes. As the recipients of these children we often had serious concerns about the sometimes random pattern of placements that appeared to be occurring. We were also concerned about the number of children that might be better served in foster care. Once the group home questions were completed, we were ready for the questionnaire, fully realizing that it was for information only and would have no binding force, but the input could not only be of value, but would satisfy the social workers who were concerned about a new, administrative system

with no concern for the human element. It involved some questions to determine what the social workers considered a successful placement and included a copy of our criteria for placement to be weighted. [See Index I] The social workers were asked to place a numerical value on specific types of behavior within each behavioral category to later be matched with a similar weighted format for the group homes.

The group homes were sent a questionnaire requesting demographic data, types of children currently in their population, and the same categories to be weighted as given to the social workers. However, they were instructed to check off the applicable categories as to the characteristics of their population, rather than assign weights. [See Index II] The combined data were to be entered on to skeletal diagrams, and once perfected into a computer. The data selected were information routinely used in determining placements. The difference was that for the first time it was categorized. Additionally, rather than depend on memory or a perceived need to address certain issues, all of the issues were included in the checklist.

Finally, we discussed whether or not there were any criteria that were not usually used in placement and as a group home administrator, I recommended that several categories be added such as running away, potential to commit a rape or child molestation, number of prior placements, and firesetting. These were factors that were significant to the group homes. They were based on conversations between myself, other group home executives and staff at several facilities.

Of 100 social workers surveyed, 29 responded. While some answered all of the questions and assigned weights, many did not. The most common answer was that a weighted format would be too impersonal and quite cumbersome to compute on a continuous basis. We had also begun to come to a similar conclusion, but for different reasons.

After deciding to send a copy of the weighted format to the group homes, I realized that this could be matched to the same format on each child. Mr. Sadler concurred and we developed a simpler concept of two matching forms. One would be filled out by the group home to define the type of population they were

clinically prepared to treat. The other would be filled out on each child as he/she entered the system. Many of the needs would be identified through the psychological evaluation completed upon entry. This new technique was not only less subjective, but much simpler. Comparison to the identical group home check list would make choosing the proper match simpler and quicker. It was also an effort to find some means of putting all this information in a computer without losing the personal touch. The group homes were asked to add information on age, sex, basic program design, plant design, and plant location.

Although our original intent was to utilize this procedure only with residential treatment, the same principles and formatting were applied by the group home coordinator, Mr. Sadler, in San Bernardino County with foster care facilities. We decided that it would be simpler to implement and would give us a preview of what we could expect. In addition, as stated earlier it would widen the scope of our project and give us some statistical stability. Finally, if successful, more effective matches at this level would reduce the number of children requiring group home care, thus

alleviating the problem of too little bed space and reserving the group homes for more severely disturbed children. What did not occur to us at this time was that these more seriously emotionally disabled children would require longer term care and the group homes would have fewer short term placements, which would affect our final data.

Data on available foster parents, unlike group homes, is generally gathered through questionnaires sent out to interested parties and by the social workers. Our primary focus was on the checklist to better identify the child's needs and match it with the available information on the list of available foster parents. It was later suggested that this data be computerized, both on the child and the care providers. We discussed the idea and even though we were initially told that this might not be feasible by the department head, it was later applied. They were able to place the questions into the computer with the data on each child being considered for foster care and they were matched with corresponding data on the various foster care facilities available. The final selection was made in the field by the caseworker utilizing

the homes selected as viable placements. The computer selected several homes and the child and social worker visited them to determine the final choice.

The final project design was therefore different in several important respects from that originally conceived. 1. The criteria for successful placement could not be established numerically, but were developed rather to reflect a readiness for a less restrictive environment. However, the final results would be measured numerically by the total number of months in placement. 2. We abandoned the need for a control group due to legal and moral implications, and used a Before/After comparison to previous years' experiences. 3. We expanded our project from group homes to foster care as well and included residential treatment as a whole to balance out the intervening variables and variability of data which we could not control. 4. We became flexible with the changes and restrictions placed on us by the Department. 5. We recognized that we were developing a new concept and maintained an open perspective to ideas and necessary changes in our design, thereby remaining flexible with our questionnaire and its application.

We recognized that all evaluation involved decision making criteria. Our measurement for success rested heavily on the reduction of overall time spent in placement. If the decisions were correct, we could expect to see a reduction in total time in placement.



## CHAPTER THREE

### Project Outcomes

#### Implementation

In June of 1984, Al Sadler and I discussed the various areas within his department that might lend themselves to a research project of value. As we talked, I noted with some frustration that the types of children referred to the group home which I administered, were frequently mismatched with the types of care we offered. We decided to see if there was some means of improving the placement process. There was no formalized method in use other than local standards which varied. What did exist was some defined problems and facilities with available beds which were in some counties classified by levels of care.

We started out with the idea of designing a weighted format to fit the existing types of needs already classified. These weights would be matched with the four levels of care sought by the county. Level I was foster care, Level II was moderate group home

care, Level III was serious group home care, and Level IV was for state hospital settings or similar treatment plans offering care for the most seriously disturbed children usually requiring extended care.

During July and August of 1984, the weighted format was designed and we decided to poll the social workers via a survey as to their preferences for a weighted format. Due to some departmental safeguards, there was a delay, but by early September, the surveys went out to the social workers. [see index I] The delay and concern over a rigidly weighted format brought us into a discussion about what services the group homes specialized in. We decided to ask them and I set out to design a questionnaire for the group homes. I quickly realized that the simplest process would be a matching checklist rather than a weighted format which could also lend itself more easily to computerization of the system if desired at a later date. By the end of September, the checklist matching the weighed format went out to the group homes along with a brief questionnaire about their operations.[see index II]

By the end of December 1984, the surveys had been returned by most of the group homes. Followup telephone calls in January elicited responses from all of the homes operating with placements from San Bernardino County. The results were surprising and revealed a weakness in one category - critical level care other than state hospitals. Mr. Sadler used the checklist and questionnaire for the group homes and began seeking out homes offering these higher levels of care in other counties. This level of care became increasingly more significant with changes in placement patterns that evolved from 1984 to 1986.

The results also indicated that many children could be routed to foster homes which was more economical and desirable for the county. Thus in January 1985 we began expanding our project to include foster care. By March of 1985 we were using the checklists for foster care. However, they were being used only to identify the child's needs and not the types of care offered by the foster parents. They offered a family setting for minimally disturbed children and the match was more dependent on complimentary personalities than treatment modes. Any psychological services

needed were provided at the clinical level rather than in the home. At this time we discussed the idea of computerization and Mr. Sadler said he would review the idea and see if it was feasible. By September, 1985 we started to utilize the computer to store the data from the checklist on the child and also to list the foster homes available. A truly computerized matching system in foster care was limited by the need for the human element necessary for a proper match. Computers simply lack the ability to classify matching or complimentary personalities.

From September, 1985 to June, 1986 we would now wait and see what kind of results the new process would yield. We would examine the total time in placement from June, 1983 to June, 1984 and compare these figures with the results of the next two years to see if there was any change in the total time spent in placement. We would also re-examine the process to see if there were any other benefits to the new procedures.

At the outset of the project there were three objectives. The first objective was to utilize a psychological evaluation of all children entering the system on a consistent basis. The second was

to develop a weighted format that would improve the matching process in group home placements. The third, which would be an outgrowth of the first two, was to reduce the amount of time individual children spent in group home care.

### Outcomes

We evolved from a weighted format to a simple set of matching checklists for group homes on the one hand and children on the other. The information provided by the group homes was enlightening and according to Mr. Sadler, was in and of itself a positive step in the right direction. It clarified more specifically the strong points and clinical abilities of the participating group homes. We also discovered a lack of locally available facilities that provided care for the more seriously disturbed children.

The major change that resulted from the project related to the criteria for group home and foster care placement. The categories listed on the matching checklist are now included in the Family Reunification Guidelines for San Bernardino County, which

are part of the procedures manual for county social workers.[11]

A final interview with Mr. Sadler in August of 1986, revealed that over the past three years, the placement population had increased by nearly 50%. There had been a lack of facilities and the final numbers reflecting length of time in placement, may not show a major change. However, Mr. Sadler felt that the new method had resulted in a positive impact when looking at the overall view. Overall length of placement has decreased, but time spent in group homes appears to be increasing. This was an unexpected side effect of improving the foster care placement procedures and the changes in placement population. It exposed a flaw in the original concept that the new process could be developed and implemented through application to group homes alone. In our initial design we failed to recognize the link between group homes and foster care, even though we were aware that many group home children would be better served in foster homes.

By achieving a better match, in spite of working in a "placement hostile" environment of scarce bedspace, there was a

significant reduction in average length of time spent in placement. In 1984, when we began our project, the total average length of time in placement was 22 months. [ see Table page 42 ] These figures changed to 21 months for 1985. [ see Table ] We noticed the change but, felt that a one month fluctuation could be a sign of improvement or merely a normal event that might or might not carry over to the next year. However, the 1986 results showed that the reduction was not just a fluctuation. The average length of time in placement had again dropped and it was a more significant reduction in the light of the previous trend of increased placement time or status quo. The average length of placement time was down to 19 months. [ see Table ] However, from 1984 to 1986 the placement time in the large group homes had increased. This development may be the result of the increased numbers of more seriously disturbed children due to population increases coupled with a reduction in numbers of improper group home placements. In addition, with respect to long term group home care, although it does reflect an increase in total time in placement from 1984, there is a decrease in total time from 1985. The

matching process was implemented and did reduce the overall time spent in placement by court dependent children.

TABLE

STATE OF CALIFORNIA  
HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES  
COUNTY: 36 SAN BERNARDINO

TYPE OF FACILITY AND  
LENGTH OF TIME IN CURRENT PLACEMENT  
AVERAGE MONTHLY FIGURES  
FOR FISCAL YEARS  
OCTOBER 1983 THRU JUNE 1986

AGENCY: COUNTY WELFARE DEPARTMENT

\*\*\*TYPE OF PLACEMENT FACILITY\*\*\*TOTAL CHILDREN\*\*\*AVERAGE TIME IN\*\*\*  
CURRENT PLACEMENT  
IN MONTHS

	1983-84	1984-85	1985-86	1984	1985	1986
TOTAL CHILDREN.....	1,118.67	1,346.17	1,510.00	22	21	19

FAMILY HOMES:

NONRELATIVE-NONGUARDIAN..	699.00	905.17	1,058.92	15	14	14
RELATIVE - GUARDIAN.....	23.33	25.75	32.00	49	49	42
NONRELATIVE - GUARDIAN.....	32.78	33.58	41.08	43	42	41
RELATIVE - NONGUARDIAN.....	251.44	279.92	295.00	41	39	32

GROUP CARE HOME:

CAPACITY 1 - 12.....	36.67	34.33	31.17	13	15	14
CAPACITY 13 - 25.....	14.22	9.83	7.08	11	16	13
CAPACITY 26 PLUS.....	8.56	10.58	9.92	27	24	26

OTHER:

SMALL FAMILY HOME.....	28.89	26.83	22.08	32	38	37
SOCIAL REHAB FACILITY.....	3.89	2.33	1.17	8	13	32
INDEPENDENT LIVING.....	0.00	0.00	0.00	0	0	0
OTHER.....	19.67	10.58	11.58	8	12	14

INVALID TYPE OF FACILITY.....	0.22	0.08	0.00	1	1	0
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The real reduction in length of time spent in placement came in the foster care sector. Group home placements and other residential care facilities experienced a reduction in overall population. However, it appears that more severe cases were placed with them. That resulted from more referrals to foster care facilities that did not appear to require the more structured setting provided by group homes. This trend seems to have caused the effect of increasing the overall length of time spent in group homes. This, according to Mr. Sadler, would be a natural phenomenon since more severe cases would require more time in treatment. It also had the desirable effect of reducing the number of homes the county might have to deal with. However, it did temporarily create a crisis in finding homes that were clinically suitable for more severely disturbed children.

We originally surveyed thirty six homes. Mr. Sadler later surveyed an additional eighteen homes. However, during the final year of the project, 1986, Mr. Sadler found a reduced need for homes that treat moderate cases and said that he was examining the programs of two more highly structured facilities.

When possible,(In many instances finding available bedspace is still a primary objective.) the new process does appear to be more effective in properly matching the child with the proper treatment plan. In addition, the checklist takes a more complete look at the child and therefore provides more information on the individual child and the child's needs. Finally, with such a large increase in population, the lack of significant change towards longer placements, indicates that the procedure has worked quite well.

We evolved from a weighted format to a simple checklist. The simplicity of the checklist evolved into a more flexible tool for placement. It now serves as a checklist for group homes to identify available services; as a matching checklist when it is possible to better match the child with the proper care facility; and as a checklist of criteria that must be looked at before any placement is made to at least ensure the proper level of care. In addition a recent psychological evaluation is required prior to considering group home placement.

These were considered to be improvements not only for the placement process, but inherently for the child as well. By

systematically gathering more data on the child and the treatment facility we increased the knowledge about both. This not only served to increase our awareness of available services, but it enhanced our ability to provide the child with better care by providing the caretaker with more information about the child.

According to Mr. Sadler, the only controllable drawback was in the use of the computer for group home placements. While it enabled the process to be more streamlined, it did so at the expense of the personal touch that is normally part of the placement procedure. In the case of foster care, however, it had the same streamlining effect, but did not lose as much of that personal relationship. This was attributed to the close knit concept of placement in a family setting and a higher interpersonal relationship between the social worker and the child. In addition, the foster home candidate is not generally as severely disturbed and can better cope with the situation. Therefore, although the children did benefit from the new procedure we became well aware that the personal touch is a significant factor in dealing with children and people in general. With this knowledge, the

structure of the process and the use of a computer can be kept in perspective and balanced with the social and emotional needs of the child.

This helped us focus on two indirect results of the project. The first provided more concise and better information on each child as well as each care provider. The benefits from this improved data alone should improve the placement procedure. However, the results also indicate a need for more research in this field. Shortly after we began to recommend changes in the placement process, we encountered resistance from both the social workers and the department leadership. Many restrictions were placed on the project (i.e. I was prevented from spending extensive time with the caseworkers to more closely examine their individual procedures). A guideline has been established, but many caseworkers have probably continued to function as before. The only exception is the group home coordinator who states that he has fully implemented the new procedures and is responsible for them being entered into the manual. He has established the guidelines, but openly admits that full implementation rests with the individual social worker.

CHAPTER FOURConclusions

The results were better than anticipated. When we started out we realized that there might not be a significant downward change in the average length of time spent by the child in the care facility. Although our objective was to reduce the time each child spent in placement by creating a better matching process, we felt that there would be little change due to the forecasted worsening conditions of available bedspace. We had hoped to gain a slight improvement along with a more streamlined and efficient system that whenever possible could indeed produce a better match. In addition we were trying to better identify the dependent child's needs by itemizing in categorical terms the behavioral and psychological traits displayed. What we achieved was a much better reduction in average time in placement than anticipated, a more accurate description of the child's behavior and needs, and a bonus in terms of better identifying the services provided by each

care facility, particularly the group homes. Another extra was the surprising benefit to foster care placement and small family placement. [resembles a group home, but based on a family setting usually with 1-6 children]

### Interpretation of the Results

We began in a "placement hostile" environment of scarce bedspace and worsening economic conditions for county governments. We were concerned with the resulting intervening variables of time, placement environment, changing caseloads, and economic conditions. To compensate for worsening conditions, we expanded our project beyond group homes to encompass all court dependent children placed by CPS. The variables were and continue to be uncontrollable in the placement process. However, these variables have always been present, and therefore comparison to previous years may still gain more credibility with the passage of time. The reverse is also possible and this could well be the subject of a follow up study on the impact of having changed the placement procedure.

Some of the data could therefore be somewhat ambiguous due to the changes with time. The children are always different and human behavior is unique to each individual. Relationships between parents or caretakers continually change and are subject to many uncontrollable factors that occur day to day as a simple fact of life. These ambiguities have also been factors in the past and will continue to exist in the future. The long term view accounts for these variables and should level out in the long run.

The results of the project are reflected in the figures we have so far. As seen in the tables for "Total Time in Placement" on page 33, we see a change in total time in placement. Overall children in San Bernardino County appear to be spending less time in placement. However, we also see a greater percentage of placements in foster care than group homes and overall time spent in group homes appears to have risen. This seems to be the result of placing only the more seriously disturbed children into group homes and specialized treatment. Thus our focus had to shift from reducing time spent in group homes to reducing the amount of time in placement. This was an unexpected result of improving the

matching process. It also created a need for more highly structured treatment facilities and reduced the need for lower levels of group treatment.

Finally, we had some real conflicts with the criteria for successful placement. Six months seems to be a realistic figure for assessment in a group home environment. However, in a foster home, six months of a mismatched and often disruptive child can have traumatic effects on the family. Likewise six months in a group home for a child who does not require that level of care can have serious long term psychological effects. We established our criteria on a basis of displaying a need for a different environment. We called for a less restrictive environment as a measure for successful placement, but the reverse is also true.

The effect of placements in a less restrictive environment was dramatic. This may have reduced group home placements and allowed more children to be successfully placed in foster homes. We can only say maybe, due to the other factors already mentioned, but, it does appear to be occurring. However, in lieu of the requirement for movement to a less restrictive environment as a



measure of success, we still have the numerical criteria of six months when placing a child in a more restrictive environment where a long term psychological assessment based on observation is necessary. This is a requirement for proper diagnosis of certain psychological disorders. Flexibility is the rule in mental health and a rigid standard would be counterproductive. The less structured environment criterion therefore becomes the best alternative. The means of measurement remains the same - average overall time spent in placement.

#### Achievement of Standardized Procedures.

The procedure did indeed work. It worked for the simple reason that we set in writing specific areas of need that had previously been identified and addressed on a random basis by the group home coordinator, psychologists and psychiatrists, social workers and group home staff, as well as others involved in the treatment process. The check-list established a more systematic approach to identifying the child's needs by listing the various

types of behavior displayed by children in placement. In addition, when we involved the care facilities and requested the same information on the children they had in placement at the time of the survey that resembled their typical population, we gained a bonus insight into their areas of expertise that in some cases were not obvious to the facility itself. We therefore helped to better categorize the areas and levels of treatment offered by the care providers.

Although there were many obstacles within the Department of Public Social Services, cooperation was extended. The problems of child abuse are very real. They dominate the news with increasing frequency. Even group homes and licensed day care centers are increasingly falling under greater public scrutiny. As mentioned earlier in the paper, large numbers of prison inmates and youth authority wards were victims of child abuse. The abused child frequently develops into an abusive parent with more children and society becoming the victims. Poor parenting and substance abuse are more frequently discussed in the public arena. Politically, the County needs to find answers to these ongoing and possibly

increasing problems. The County cooperated because it realizes that there are a wide variety of problems relating to child abuse. However, despite this variety, it is possible to improve their placement and care through standardized procedures as shown by this project.

Standardized procedures help research and lend themselves to scientific principles. Even in behavioral science, standards are necessary. Medical and psychological research is an ongoing process. Proper placement for these children will expose those in need of changes in treatment to the proper researchers. More seriously disturbed children can benefit more from the advantages of being matched with the proper treatment facility.

Finally, flexibility in implementation and design has enabled us to achieve standards in placement that will enable a better matching process. We felt as previously stated that an improved and systematic matching process would help better identify the dependent child's needs by providing data on his behavioral and psychological traits. The new process provided a clear guideline for the social worker to follow.

The surveys revealed some surprising information about the services provided by many of the homes and identified a need for the most critical care level. There were not as many homes for maximum levels of care in a community setting as believed. Since one of the unexpected side effects of our project was to create a greater need for more critical levels of care, we had to send out more surveys to meet this demand. Finally, we surveyed the foster care facilities and small family homes, which was not originally part of our focus. This area appears to be where our bonus came from.

#### The Bonus: Reduction in Long Term Placement in Foster Care

By widening the focus to include foster care facilities and small family homes, we achieved a bonus - a significant reduction in long term placement in foster care. Looking at the "Total Time in Placement" tables on page 33, for 1983 thru 1986 we see a significant reduction in long term placement in foster care. The improved match-up between child and placement has resulted in

no increase in group home populations which in the past treated not only more severe children, but those children that experienced too many failures in foster care. Although the number of children in care has increased by nearly 50%, the group home population has remained stable. In the future, it is hoped that we will see a reduction in this area as well.

Implementation in foster care as stated previously, began early in 1985. Although, the data was already available, it took more time to go through it than with the foster care home due to the large volume of information. In addition, the data from the foster homes was computerized, whereas the data from the group homes is not fully in the computer. Much of the process utilizes a manual procedure. This is to a degree a part that we found must always be present. We are dealing with people, in particular, children. The human element must be present. The computer can store the childrens names and their profiles with the needs that need to be addressed for easy access. They can also systematically store the services and areas of specialization of each care provider, and provide the case-worker with several options through the

matching process, but they can not make the final decision. Although the project began with some ignorance as to best improve placements through a more efficient system, I forgot that my primary goal was the result of my own discomfort with the emotional effects of improper placement on the children under my care. Once this was restored to its proper perspective, we combined the best of the two processes, the personal touch and the checklist, to enhance the procedure as much as possible.

### Implications

This type of policy improvement project demonstrates that change is possible. However, it is difficult to make easy changes in the public sector. Many social, economic, and political variables are involved. Although one can set out idealistically to implement change, one soon learns, as I did, that flexibility is to key to positive change. As a public employee, I have noticed that even positive changes are met with resistance. Even when the change has management's blessing, resistance to change can slow the

process down.

The program is working in San Bernardino County because the guidelines flow from the Group Home Coordinator who oversees all county placements. In other counties this is not always the case. For example in Riverside County, while this project was being implemented, there was a decentralized system working under county guidelines. This differs from the more centralized process of San Bernardino County and would probably make implementation more difficult. Its centralization was a contributing factor to my choosing San Bernardino County over Riverside and three other local counties. However, even in a centralized system, the caseworkers in the field enjoy a certain degree of independence and this will always be a critical factor.

The design had to incorporate flexibility to overcome the internal obstacles. The Department's management was concerned with the legal ramifications of our decisions and the possible political effects. The social workers were concerned with their current methodology and how the new procedures might affect their moral and ethical views of proper placement procedures.

These factors made it difficult to keep the project on track without becoming irritated or discouraged. Future work is needed and only through persistence and flexibility can continued progress be made.

The problems of placement are child centered. As long as there is child abuse, the problems involved in placement will continue. Economics and politics will play a major role in influencing the types of care made available to meet the social needs of the child. The major implication of this project is hopefully the establishment of basic criteria for successful placements. It is an evolving outline of basic placement needs. Many procedures existed prior to the project. We looked at what we had and added what appeared to be missing. We also established criteria for success. Future research may have to look more closely at the criteria for proper matching and what constitutes proper treatment.

We may not discover a cure, but that is a topic more suited for the psychologists. Our focus should be on helping to provide the best care with the least damage. We don't have the cure, but we can apply a good band-aid to patch the wounds and minimize the scars of poor and excessive placements due to poor match-ups.



The implications for public administration and public policy are far reaching. Proper match-ups can accelerate the treatment process and allow the focus to shift to the home where the problem generally originates. Economically, it is approximately fifty to seventy five percent less expensive to treat children in foster homes than group homes or other structured forms of residential care. However, the results of increased foster care reduce the central controls previously discussed which is another issue for study, namely how to hold public servants more accountable to follow established procedures.

We started out looking for a means of improving the matching process of court dependent children with the proper care provider. The objective was to reduce the number of mismatches and the amount of time spent in placement. We set out to develop a checklist and evolved to two checklists to help identify the child's needs and one to identify the services offered by the care providers so that they could be more easily matched. We ran into many obstacles including the structure of the department and its policies, uncontrollable intervening variables, and variability of our data.

We had to be flexible and continually modified our original design. We had several areas that needed modification and the intervening variables created several weaknesses in our results.

The only measure we have is the total average time in placement in the county by type of placement and as a whole. These figures originate in the county and are sent to the state for tabulation and then returned to the county at the end of the fiscal year for analysis. The County establishes its budget and makes its plans prior to the new fiscal year, but the results of the previous year arrive a month later. This seems to be a weak link in proper feedback. With the problems mentioned in variability of data, this delay makes it difficult to accurately assess the results and may actually exacerbate the problem.

Another weakness in the study, is the lack of a control group. Although it was not feasible according to the department, it does leave an open question about whether or not the changes could have been influenced by other factors such as the reduction in group homes and the search for more highly treatment oriented facilities for the more seriously disturbed cases. Also, the group

home crunch increased the need for more and better foster care facilities. The tightening of standards by the state licensing agency may also be a significant factor that cannot be measured without a control group. However, as previously stated, these were areas that were examined and in the end could not be handled differently due to the possible moral and legal ramifications.

We have however, successfully streamlined and improved the placement process for court dependent children by developing an improved matching process. We also met our much hoped for goal of reducing the number of poor match-ups to reduce or at least hold constant the number of children in group home care. In addition, we gained a valuable placement tool with which to identify the child's needs and treat them. We re-learned a very valuable lesson about the human element and the need for the personal touch. We have put these items together and found an improved procedure that will hopefully continue to grow and improve to its maximum potential.

The areas identifying the child's needs on the survey are now listed as part of the departmental guidelines for assessment of

needs. They have been established not only as a guideline to be utilized by choice, but as policy for assessing the best possible mode of treatment to take as well as the best possible placement. The checklist with a recent psychological evaluation, will provide a more uniform and thorough picture of the child's needs to make the best choice for the best available plan for the child.

The End

Footnotes

- 1] Child Protection Division of the American Humane Association, Helping in Child Protective Services Englewood, Colorado 1980 p. 4
- 2] Ibid p. 123
- 3] Discussion with Mr. Al Sadler, Group Home Coordinator, San Bernardino County Department of Public Social Services, Child Protective Services. January 1984.
- 4] Discussion with Mr. Frank Ornelas, Program Administrator for the California Youth Authority, Youth Training School, Chino, Ca. September 1985.
- 5] Interview with Al Sadler. September 1984.
- 6] Child Placement by Esther Glickmen, Columbia University Press, N.Y. 1957 p.69
- 7] Child Welfare Services by Alfred Kadushin, Macmillan Publishing, N.Y. 1980 pp. 154-195
- 8] Ibid p. 318
- 9] Ibid p. 337
- 10] Foster Care in Five States - A Synthesis and Analysis, Wash.D.C. by Shirley Vasaly. Social Research Group, George Washington University Press. June 1976
- 11] Interview with Mr. Sadler, October 1986 and San Bernardino County Operations Manuel # 668 "Family Reunification" Mandatory Service Program 4, Chapter iii, 6/84 pgs. 5,8,9,10-13,17,18&19 of 22.

Group Home Placement Procedure Survey

1. How many children did you place in group homes in 1983? 112 \*
  2. What is the minimum number of months you feel are required for a satisfactory placement where the child is ready to move to a less restrictive environment? 6 \*
  3. How many of those children placed in 1983 remained in the same care facility without satisfactory completion of the program for: a) 0-6 months 55 \* b) 7-12 months 23 \*
  4. How many of those children placed in 1983 met the criteria for a successful placement? [verbal answers indicated no previous standard]
  5. How are the decisions made to place a child in a particular care facility? (You may indicate more than one)
    - a. Self devised weighted format? 0 \*
    - b. Case History? yes \*
    - c. Psychological evaluation? yes - when available \*
    - d. Education and / or experience? yes \*
  6. Would you like to see a weighted format developed that would help match the child with the proper care facility categorized by the services offered? a) Yes 8 \* b) No 20 \*
  7. Do you feel that a psychological evaluation is always needed? (or a mental health assessment) a) Yes 30 \* b) No 0 \*
- If no, then why not?
- a. Weighted format would be sufficient.
  - b. Case History sufficient.
  - c. Professional expertise sufficient.
  - d. Other (Please explain)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_Overall  
most of the social workers opposed the concept of a weighted format as too impersonal and lacking in human input.

\* Denotes totals from survey respondents and county records.

NEEDS ASSESSMENT

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 Social Worker \_\_\_\_\_ Telephone # \_\_\_\_\_

The determination of the proper home must be a matching process of the needs of the child and must also recognize the services the care provider has available. Each of the fifteen factors become very important in the child's evaluation. If the child is consistently graded at one or two, on a scale of one to five, then the child would normally be placed in a foster home. The higher the grading, the more problems the child has, and the more skills required of those people working with the child. \*

A. INTELIIGENCE	Points
1. The child has above average intelligence.	_____
2. The child is average or low average as indicated by history and testing.	_____
3. Below average I.Q., and is considered educationally handicapped.	_____
4. Borderline I.Q. [70-79]	_____
5. Moderate retardation, motor functions impaired, 69 or lower I.Q. (Hospital setting may be considered)	_____
<b>B. MEDICAL PROBLEMS</b>	
1. No history of medical problems.	_____
2. Minor medical problems requiring some supervision.	_____
3. Major medical problems requiring supervision and causing limitations on activities.	_____
4. Minor is hyperkinetic and requires close supervision.	_____
<b>C. FAMILY INVOLVEMENT</b>	
1. No involvement.	_____
2. Limited involvement.	_____
3. Regular involvement.	_____
4. Parent(s) may interfere with the placement and their participation may have to be limited or restricted.	_____

\* Weights not necessary when using a straight match. Check all applicable categories and enter # of prior placements for information only.

## D. NUMBER OF PRIOR FOSTER CARE PLACEMENTS

1. Enter one point for each placement. \_\_\_\_\_

## E. UNETHICAL BEHAVIOR

1. No history of unethical behavior. \_\_\_\_\_
2. Minor will cheat in games, or tell lies of a minor type. \_\_\_\_\_
3. Sneaky or underhanded in much of what he or she does, tells lies of a major nature and is involved in thefts. \_\_\_\_\_
4. Served major theft episodes. \_\_\_\_\_

## F. SEX RELATED PROBLEMS

1. No history of sex related problems. \_\_\_\_\_
2. Victim of child molestation or rape. \_\_\_\_\_
3. Sexually promiscuous. \_\_\_\_\_
4. Experimental homosexual. \_\_\_\_\_
5. Overt homosexual and exhibitionist. \_\_\_\_\_
6. History of rape or child molestation of others. \_\_\_\_\_

## G. SCHOOL RELATED PROBLEMS

1. No problems in school. \_\_\_\_\_
2. Behind grade level and requires special classes. \_\_\_\_\_
3. Behavior, acting out problems in school. \_\_\_\_\_
4. Habitually truant. \_\_\_\_\_
5. Expelled from school. \_\_\_\_\_

## H. RUNAWAY BEHAVIOR

1. Has never runaway from home or placement. \_\_\_\_\_
2. No history, but threatens to runaway. \_\_\_\_\_
3. Has runaway more than a year ago. \_\_\_\_\_
4. Some recent attempts. \_\_\_\_\_
5. Frequent runaway. \_\_\_\_\_

## I. GENERAL BEHAVIOR

1. No presenting problems. \_\_\_\_\_
2. Unsophisticated - easily manipulated. \_\_\_\_\_
3. Verbally abusive. \_\_\_\_\_
4. Streetwise. \_\_\_\_\_
5. Street wise with fad type behavior. [Punk, Gangs, etc.] \_\_\_\_\_

## J. ASSAULTIVE BEHAVIOR

1. No history of assaultive behavior. \_\_\_\_\_
2. Temper tantrums or can be verbally abusive. \_\_\_\_\_
3. May fight with peers. \_\_\_\_\_
4. Destructive tendencies to property. \_\_\_\_\_
5. Cruelty to animals. \_\_\_\_\_
6. Physically assaultive to peers, family, or others. \_\_\_\_\_



## K. SELF DESTRUCTIVE BEHAVIOR

1. No history. \_\_\_\_\_
2. Some history of self destructive behavior over one year ago. \_\_\_\_\_
3. Often expresses that he or she is no good and would be better off dead. \_\_\_\_\_
4. Self inflicted injuries. \_\_\_\_\_
5. Talks about suicide and he/she might kill themselves. \_\_\_\_\_
6. Recently attempted suicide. \_\_\_\_\_

## L. BEHAVIOR CONTROL

1. Has normal control of behavior. \_\_\_\_\_
2. Impulsive, often acts without thinking. \_\_\_\_\_
3. Quiet, withdrawn, stays by self. \_\_\_\_\_
4. Hyperactive, constantly moving about. \_\_\_\_\_
5. Explosive, expresses anger frequently, shouts, yells, and often becomes hysterical. \_\_\_\_\_

## M. DRUG INVOLVEMENT

1. No history of drug or alcohol abuse. \_\_\_\_\_
2. Some experimental or limited use of drugs or alcohol. \_\_\_\_\_
3. History of alcohol or marijuana abuse. \_\_\_\_\_
4. History of hard drug use. \_\_\_\_\_
5. History of heroin addiction or chronic glue or paint sniffing. \_\_\_\_\_
6. History of alcoholism. \_\_\_\_\_

## N. FIRESETTING

1. No history of firesetting or playing with matches. \_\_\_\_\_
2. Past history of an experimental nature. \_\_\_\_\_
3. Recent history of experimentation, but, no major fires set. \_\_\_\_\_
4. Past history of a serious fire setting incident. \_\_\_\_\_
5. Recent history of a serious fire setting incident. \_\_\_\_\_

## O. CRIMINAL BEHAVIOR

1. The minor has no history of criminal behavior. \_\_\_\_\_
2. The minor would be classified as a status offender. \_\_\_\_\_
3. The minor has been arrested for criminal activity, but, not adjudicated. \_\_\_\_\_
4. The minor is a probation supervised 601 or 602. \_\_\_\_\_

## P. DANGEROUS PROPENSITIES

1. No known or suspected dangerous propensities. \_\_\_\_\_
2. The home should be notified of known or suspected ones. \_\_\_\_\_

Index IIGROUP HOME ASSESSMENT

The determination of the proper home or treatment facility must be a matching process for the needs of the minor and the appropriate care facility. The county department of social services is assisting in developing a profile of your facility and others with a format which will correspond to a similar one of needs for the minors being placed. Please check the statements below which best describe your program.

## GENERAL INFORMATION

## A. Your facility accepts:

1. Males \_\_\_\_\_

2. Females \_\_\_\_\_

3. Coed \_\_\_\_\_

## B. The preferred age range is: [please circle each age]

1-2-3-4-5-6-7-8-9-10-11-12-13-14-15-16-17-18

## C. The program is designed for: [may indicate one or more]

1. Basically well children. \_\_\_\_\_

2. Behavior problems. \_\_\_\_\_

3. Minimally to moderately emotionally disturbed minors. \_\_\_\_\_

4. Seriously emotionally disturbed minors. \_\_\_\_\_

5. Minors with school or educational problems. \_\_\_\_\_

6. Developmentally disabled minors. \_\_\_\_\_

7. Physically handicapped minors. \_\_\_\_\_

8. Substance abusers. \_\_\_\_\_

9. Pregnant or teenage parents. \_\_\_\_\_

10. Minors classified as 601's or 602's. \_\_\_\_\_

11. Other. \_\_\_\_\_

## D. The physical plant is:

1. Group home(s) located in the community. \_\_\_\_\_

2. Located on a central campus. \_\_\_\_\_

3. A combination of the above. \_\_\_\_\_

The name of your facility is: \_\_\_\_\_

Your address is: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone #: \_\_\_\_\_

The following statements will describe the typical minor in your facility. Please check all items that are applicable to your program. It will help the social worker match the dependent child with the appropriate care facility.

A. INTELLIGENCE

1. Above average intelligence. \_\_\_\_\_
2. Average or low average intelligence. \_\_\_\_\_
3. Below average intelligence and considered educationally handicapped. \_\_\_\_\_
4. Borderline intelligence. [70-79 IQ] \_\_\_\_\_
5. Moderate retardation, motor functions impaired, 69 or lower IQ. \_\_\_\_\_
6. Severe retardation, minimal or no speech, poor motor development. \_\_\_\_\_

B. MEDICAL PROBLEMS

1. No history of medical problems. \_\_\_\_\_
2. Minor medical problems requiring some supervision. \_\_\_\_\_
3. Major medical problems causing limitation of some activities. \_\_\_\_\_
4. Hyperkinetic and require close supervision. \_\_\_\_\_

C. FAMILY INVOLVEMENT

1. Some have no family involvement with minors. \_\_\_\_\_
2. Some have limited family involvement with minors. \_\_\_\_\_
3. Some have regular family involvement with minors. \_\_\_\_\_
4. Some parents have interfered with the placement and their participation has been limited or restricted. \_\_\_\_\_

D. NUMBER OF PRIOR PLACEMENTS

1. Please indicate average number of prior placements. \_\_\_\_\_

E. UNETHICAL BEHAVIOR

1. No history of unethical behavior among our residents. \_\_\_\_\_
2. Some may cheat in games or tell minor lies. \_\_\_\_\_
3. Some are sneaky or underhanded in much of what they do, tell major lies, and are involved in thefts. \_\_\_\_\_
4. Some have been involved in several major thefts. \_\_\_\_\_

Thank you for completing this page. Please continue on the following page.

F. SEX RELATED PROBLEMS

- 1. No history of abnormal sexual behavior. \_\_\_\_\_
- 2. Some may be victims of child molestation or rape. \_\_\_\_\_
- 3. Some display sexually promiscuous behavior. \_\_\_\_\_
- 4. Some residents have experimented with homosexuality. \_\_\_\_\_
- 5. Some display overt homosexual or exhibitionist behavior. \_\_\_\_\_
- 6. Some residents have a history of raping or molesting other children. [Not necessarily at your facility.] \_\_\_\_\_

G. SCHOOL RELATED PROBLEMS

- 1. Some have no school related problems. \_\_\_\_\_
- 2. Some are behind grade level and require special education. \_\_\_\_\_
- 3. Some display poor behavior and acting out in school. \_\_\_\_\_
- 4. Some are habitual truants. \_\_\_\_\_
- 5. Some have been expelled from school. \_\_\_\_\_

Do you have an on grounds school? Yes \_\_\_\_\_ No \_\_\_\_\_

H. RUNAWAY BEHAVIOR

- 1. No runaways in placement. \_\_\_\_\_
- 2. No history of runners, but some who threaten to run. \_\_\_\_\_
- 3. Some residents have run, but not within the past year. \_\_\_\_\_
- 4. We have several residents that have made several recent attempts. \_\_\_\_\_
- 5. We have residents that are frequent runners. \_\_\_\_\_

Do you accept children classified as runners? Yes \_\_\_\_\_ No \_\_\_\_\_

I. GENERAL BEHAVIOR

- 1. No presenting problems. \_\_\_\_\_
- 2. Some are unsophisticated - easily manipulated. \_\_\_\_\_
- 3. Some are verbally abusive. \_\_\_\_\_
- 4. Some are streetwise. \_\_\_\_\_
- 5. Some streetwise with fad type behavior [punk, gangs, et.] \_\_\_\_\_

J. ASSAULTIVE BEHAVIOR

- 1. No residents with a history of assaultive behavior. \_\_\_\_\_
- 2. Some have temper tantrums or are verbally abusive. \_\_\_\_\_
- 3. Some may fight among peers. \_\_\_\_\_
- 4. Some may have destructive tendencies to property. \_\_\_\_\_
- 5. Some may display cruelty to animals. \_\_\_\_\_
- 6. Some may be physically assaultive to peers, family or others, including adults or staff. \_\_\_\_\_

What is your policy towards assaultive behavior and/or destruction of property. \_\_\_\_\_

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K. SELF-DESTRUCTIVE BEHAVIOR

- 1. Residents do not have any history of self-destructive behavior. \_\_\_\_\_
  - 2. Some have a history of self-destructive behavior over one year ago. \_\_\_\_\_
  - 3. Some residents often express that they are no good and would be better off dead. \_\_\_\_\_
  - 4. There have been cases of self-inflicted injuries. \_\_\_\_\_
  - 5. Some talk about suicide and ways to kill themselves. \_\_\_\_\_
  - 6. Some resident(s) have recently attempted suicide. \_\_\_\_\_
- Would you accept a resident with a history of self-destructive behavior? Yes \_\_\_\_\_ No \_\_\_\_\_

L. BEHAVIOR CONTROL

- 1. Residents have normal control of their behavior. \_\_\_\_\_
- 2. Impulsive acts without thinking are common. \_\_\_\_\_
- 3. Some are quiet, withdrawn, and stay to themselves. \_\_\_\_\_
- 4. Some are hyperactive and constantly moving. \_\_\_\_\_
- 5. Some are explosive and frequently express anger by shouting, yelling, and by becoming hysterical. \_\_\_\_\_

M. DRUG INVOLVEMENT

- 1. No history of drug or alcohol abuse among our residents. \_\_\_\_\_
- 2. Some experimentation or limited use of drugs or alcohol. \_\_\_\_\_
- 3. A history of alcohol or marijuana abuse is known. \_\_\_\_\_
- 4. Some residents have a history of hard drug abuse. \_\_\_\_\_
- 5. Some have a history of heroin addiction, chronic glue sniffing, or alcoholism. \_\_\_\_\_

N. FIRESETTING

- 1. No histories of fire setting or playing with matches. \_\_\_\_\_
- 2. Past histories of an experimental nature may exist. \_\_\_\_\_
- 3. Some have a recent history of experimentation with no major fires being set. \_\_\_\_\_
- 4. Some have a past history of serious firesetting. \_\_\_\_\_
- 5. Some have a recent history of serious firesetting. \_\_\_\_\_

Do you permit residents to smoke or posses matches? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Briefly explain any special rules regarding smoking if you answered yes to the above question. \_\_\_\_\_

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