



Government of the
District of Columbia

The District of Columbia Child & Family Services Agency



2003 NEEDS ASSESSMENT

Report

January 15, 2004

**Government of the District of Columbia
Child and Family Services Agency
400 6th Street S.W. – 4th Floor
Washington, DC 20024**

FOREWORD

There are a number of people who contributed to the development, conceptualization, and operationalization of this needs assessment. Without their thoughtfulness and guidance, this work would not have been possible. CFSA would like to extend its sincere gratitude to these individuals. We would also like to personally acknowledge the particular contributions of some key persons.

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I. INTRODUCTION

This Needs Assessment responds to Chapter XV, Outcome 2 of the *LaShawn* Implementation Plan:

“By December 31, 2003, CFSA will complete a needs assessment, which will include an assessment of placement support services, to determine what services are available and the number and categories of additional services and resources, if any, that are necessary to ensure compliance with the MFO. The needs assessment shall be a written report. The needs assessment, including the report, shall be repeated every two years.”

Under the Implementation Plan, the Needs Assessment is to form the basis for a Resource Development Plan, due March 31, which will translate the broad findings of the Needs Assessment into a specific plan for developing the appropriate services. Chapter XV, Outcome 3 of the *LaShawn* Implementation Plan describes the Resource Development Plan:

“Within three months of the completion of the needs assessment by March 31, 2004, CFSA will produce a written Resource Development Plan identifying the services required and how they will be funded/ developed. The Plan shall specify the quantity of each category of resources and services, the time period within which they will be developed, and the specific steps that will be taken to ensure that they are developed. CFSA will then take necessary steps to implement this plan. [The Implementation Plan then goes on to lay out specific elements required to be in the Resource Development Plan, including:]

a....the number of emergency placements, foster homes, group homes, therapeutic foster homes, and institutional placements that will be required by children in CFSA custody during the upcoming fiscal year...

c...the needs for community-based services to prevent unnecessary placement, replacement, adoption, and foster home disruption....

d...how the Agency is moving to ensure decentralized neighborhood- and community-based services....

e....an assessment of the need for adoptive families and strategies for the recruitment, training, and retention of adoptive families based on the annual assessment...”

Thus, this Needs Assessment Report is **not** intended to provide quantitative estimates of need or required resources, nor a specific plan for meeting needs. Rather, the Needs Assessment report is intended to provide the rich information that can be a basis for making these estimates and plans, which are to be included in the Resource Development Plan due March 31.

A. Overall Approach

The breadth of the expectations summarized above posed a major challenge in the design of the Needs Assessment. Taking together the Implementation Plan descriptions of the Needs Assessment and the Resource Development Plan, the areas that seem to be covered are needs for placement supports (that is, services that help foster parents and congregate care providers ensure stable placements), needs for different types of placements, needs for community-based preventive services, and needs for adoptive families. In addition, as explained more fully in the methodology section below, we also heard from experts that in all of these areas, we should design the study to go far beyond the usual list of formal services in order to pay careful attention to the informal supports and connections and to the one-of-a-kind individual activities that may be at least as important as formal services. That is, we were cautioned that everyone involved in the system, whether biological families, foster families, workers, attorneys representing CFSA, or judges, may speak in terms of formal services that they know about (such as mental health services or parenting classes), when what might really work could be engagement of informal supports – whether extended family, neighbors, or a trusted teacher or school coach – or individually designed activities such as dance classes for a child who would thrive in them.

It is important to note that not every possible goal for collecting information that could improve our performance has to be accomplished within this single study. The Needs Assessment is not occurring in isolation but is one of a number of CFSA activities intended to improve the fit among our services and our practice, the needs of families and children, and our goals of safety, permanence, and wellbeing. In some cases, we have been able to incorporate information from these other activities into the Needs Assessment itself; in other cases, we will be working on the other studies concurrently and will be able to incorporate information later, into the Resource Development Plan. Among the most important of these related activities is the contract reform initiative currently underway, which has led to the issuance of new RFPs for family-based care and congregate care that are intended to improve the match of purchased services to children's needs. In developing these RFPs, we analyzed a considerable array of information in order to estimate needs for different types of care, information that will be very helpful as we move into the Resource Development Plan this Spring. Another example of a key related activity is the Training Plan submitted to the Court Monitor September 30, 2003, which brings together information from a variety of sources regarding the needs of CFSA staff for training to support strong practice.

However, even with these other experiences to build on and link to, designing the Needs Assessment to cover all the required and intended areas with sufficient attention to detail and nuance in the time available was a very ambitious undertaking. In the end, we made a number of choices which affect the depth and breadth of the information available:

- We considered focusing only on cases with children in placement, given that the Implementation Plan description of the Needs Assessment highlights placement supports as a key issue for this year. However, we concluded for several reasons that it was also critical to look at community-based and preventive supports that could keep children at home. Among our reasons were the lessons from past research conducted in the District and from our own clinical experiences that suggested needs for community services in the District; our own commitment to practice that would link families to their community; and the expectation of the Resource Development Plan that we would be able to propose next steps in community-based and preventive services as well as placement services. As a result, the Needs Assessment provides an overall scan of the whole terrain rather than focusing in depth in one area.
- Within our study of placement, we focused solely on family foster care (both kin and non-kin). We did not study the needs for placement support in group care settings in this Needs Assessment. There were several reasons. First, several recent studies of the District have provided considerable evidence that we need to focus on supports for family settings and reduce the amount of congregate care. This is also the direction that the *LaShawn* Implementation Plan and the District's vision suggest for the future. Therefore, we wanted to make sure to devote sufficient attention to understanding family settings, as a way of assisting us in this transition. Second, we are currently in the midst of selecting new congregate care providers who have responded to an RFP that laid out extremely different expectations from the past, in terms of the care provided to children, the commitment to permanence, and the expectation that congregate care is a temporary setting. We felt that there were already useful reports on the past experience of congregate care in the District (including one by the Court Monitor) and it was too soon to assess the future.
- We included two strategies to enable us to look at informal as well as formal supports to families. First, we included in our surveys and focus groups the opportunity for participants to comment through open-ended questions on a variety of areas that went well beyond formal supports. Second, we reviewed the approximately 40 intensive case studies completed by the expert reviewers who conducted a Qualitative Services Review at CFSA this Fall. Because these reviewers were particularly interested in practice that was flexible and family- and community-focused, we expected them to identify needs for informal and one-of-a-kind flexible supports. As indicated more fully in the Methodology section, however, these two strategies were only partially successful. We expect that for future Needs Assessments, we will be looking for additional approaches to gathering this information.
- We chose to use a wide variety of methods, including surveys, focus groups, and a review of various existing studies and materials. Based on our literature review of other state

experiences (see Appendix B), this made sense to us as an approach given the limits of each single data source and therefore the need to look at multiple perspectives. In addition, this approach provided us with breadth, which we felt was appropriate in a first Needs Assessment for the Agency, and will enable us to select areas from this broad scan that require more intensive attention in the future. However, this approach does mean that we do not generally have as much detailed, quantitative information that we might have if we had focused on gathering a larger sample from a single source.

- We felt it was important to include the views of birth parents, which we found from our literature review has rarely been done in child welfare needs assessments. In this initial study, we selected a sample of parents who are caring for children in their homes with CFSA supervision. We hope in the future to identify an effective approach to understanding the perspectives of parents whose children have been removed as well.
- Finally, we identified from the literature and from past experience at CFSA several areas where we expected respondents to focus: mental health, substance abuse, housing, and education. Within the context of a broad study, we gave respondents specific opportunities to speak to these issues by identifying whether they experienced any of the associated problems surrounding the issues. For example, on issues with housing, respondents were asked if they lived in a shelter (homeless) or with family/friends (lack permanent housing) prior to agency involvement, and if they need specific types of support to remedy their situation (like housing assistance or help with finding an affordable house. In addition, we interviewed directors of the community-based Healthy Families/ Thriving Communities Collaboratives specifically about mental health service needs in order help understand in more detail, the type and range of services that are needed¹. As noted below, this approach was uneven in the information it yielded, and we may in the future choose to design specific studies that build on this early scan to provide more detailed information.

B. Areas of Inquiry

Based on these choices, on what we had already learned about children and families in the District and CFSA's service array from earlier studies, and on the literature review we conducted of other child welfare systems, we identified seven major research questions:

1. What services/resources/supports can help prevent the entry of children into the child welfare system?

¹ Interviews with the Healthy Families/Thriving Communities Collaboratives are summarized and reported as additional data sources in this document.

2. What services/resources/supports can help to maintain stable foster care placements?
3. What services/resources/supports can help a child in a foster care to return home?
4. What is the agency's level of need for mental health services for children and adults?
5. What is the level of need for housing resources among CFSA families?
6. What is the level of need for educational services for children served by CFSA?
7. What is the level of need for substance abuse services among CFSA children and families?

As explained in more detail in the methodology section below, we sought to answer these questions by bringing together a wide range of information: surveys of foster parents, CFSA workers, and biological parents from “in-home” cases on CFSA’s caseload; focus groups with workers, foster parents, attorneys representing CFSA, workers and directors of private agencies serving the District, and workers and directors of the community-based Healthy Families/ Thriving Communities Collaboratives; interviews with Family Court magistrate judges and with the Mayor’s Liaison Services Office; and a review of the data compiled by the Mayor’s Court Liaison Office, the Quality Services Review case sample and a range of other reports and documents.

Not surprisingly given this ambitious array of research questions and the limited time available, we were better able to answer some questions than others. In particular:

- We have combined our discussion of Questions #1 and #3 into one chapter below on “Supporting Families In Their Homes”, because our data did not generally allow us to distinguish between the services and supports that would prevent placement and help families remain together without removal, and the services and supports that would help reunify and stabilize families after children have been removed. Where we did find distinctions, we have noted them in the text.
- The next chapter, “Maintaining Stable Placements”, brings together what we learned from all sources regarding research question #2. This is the chapter that most directly addresses the focus on placement supports required in the Implementation Plan.
- Chapter VI brings together the information we gathered on three of the specific services that we had anticipated initially would be central to the responses: mental health, substance abuse, and housing. We did not learn as much from the respondents regarding education as we had initially expected.
- Finally, we have tried throughout the study to reflect what we could find out about informal and flexible supports, in addition to more formal services. Again, the information here is not as complete as we had hoped. We expect to learn more about how informal supports fit into

family needs as our practice changes to engage more fully those relatives and friends who are a family's real resources, through strategies such as Facilitated Family Team Meetings.

1. Major Findings

- Birth parents who are supervised by CFSA in caring for children in their homes are extremely disadvantaged on a number of dimensions. More than half do not have a high school diploma or GED, only 27% work outside the home, and only 4% are married. On average, birth parents (at an average age of 31) reported four children under 18, and other observers in focus groups highlighted large family size as a major stressor for CFSA families. Fully 25% of the birth parents surveyed reported having been homeless or living in a shelter before coming to CFSA's attention.
- Major needs highlighted from two or more sources (survey or focus groups) to keep birth families together or reunite families after children have been removed include: mental health services (for maternal depression in particular), substance abuse services, support in parenting, assistance with affordable housing, child care and other economic supports, and informal support. Families that come into CFSA's system were seen by observers in the focus groups and interviews as relatively isolated and often having exhausted their informal support network as a result of substance abuse or other past behavior.
- In terms of services required to support stable placements in foster homes, the key needs identified were for mental health or other services to address children's needs and behaviors; training for foster parents to understand and respond successfully to these behaviors; and better recruitment of foster parents and matching of parents to children. One very specific training need that came up was for foster parents to understand more about a child's attachment to his or her birth parents, no matter what the experience of abuse or neglect.
- The needs assessment findings were consistent with recommendations for CFSA practice improvements that have come out of other recent studies. For example, workers and others in focus groups spoke of the need to intensify family engagement and empowerment as a strategy to address isolation.

2. Structure of the Report

The next two chapters of the report provide important background and context. Chapter II, on Literature Review and Methodology, provides a sense of the approaches to needs assessment taken by other jurisdictions and explains the choices we made and the strengths and limitations of our data sources. Chapter III summarizes other recent studies of the District that were particularly important in shaping our thinking, including the recent Quality Services Review. From there, Chapters IV, V, and VI present the major results, by research question as described above, and Chapter VII highlights several next steps suggested by the research to date.

II. LITERATURE REVIEW AND METHODOLOGY

Our first step in designing the Needs Assessment was to review the literature and seek expert advice regarding needs assessments in other states. Based on this consultation, we then designed a methodology drawing to the extent possible on the experience of others. We know that given the limits of time, we may have missed useful studies, but within those we did review, we did not find a pre-existing methodology that was widely seen as successful, practical, and comprehensive enough to meet the expectations of the Implementation Plan. Therefore, we combined multiple strategies in order to achieve the goal.

A. Summary of Literature Review

Selected databases relevant to social services and social work were searched to identify related peer-reviewed articles on child welfare needs assessment. The published literature review yielded several studies of needs assessments conducted on child welfare agencies in other states, however few focused in the arena of child abuse and neglect (e.g. child protection, foster care, adoption). We reviewed 17 studies published from 1987 to the present, including:

- Baltimore City Department of Social Services
- District of Columbia Department of Human Services
- Illinois Department of Children and Family Services
- Iowa Department of Social Services
- Kansas Department of Social and Rehabilitation Services
- Los Angeles County Department of Children's Services
- Lucas County Children Services (Toledo, Ohio)
- New Jersey Department of Human Services
- New York City's child welfare system
- Oklahoma Department of Human Services
- The Center for the Vulnerable Child (CVC) at Children's Hospital Oakland, California
- Utah Child Welfare Training Project-includes public child welfare agencies in Alaska & Oregon
- Virginia Institute for Developmental Disabilities

In addition to the review of the published research, telephone interviews were conducted with a range of state and local agency staff across the country, with the goal of determining:

- 1) What relevant needs assessments exist in the community, or are planned?

- 2) What types of assessments have been shown to be efficient?
- 3) Are there any existing studies (needs assessments) of your state agency? (state experiences)

However, while we initially sought to contact eighteen jurisdictions for these telephone interviews, most of them either did not respond or reported limited experience with needs assessments.

Of the needs assessments we reviewed, a majority focused on the needs for support services for caregivers of the children served: foster parents (Brown & Calder, 2002; Calder, Zlotnick, Kronstadt, and Klee, 1999), kinship caregivers (Gordon et al., 2003; Davison, 1997), and adoptive parents (Kramer & Houston, 1998; Rosenthal, Groze & Morgan, 1996). Examples of methods and findings include:

- Kinship Caregivers. Using focus groups, a recent study of kinship caregivers in Baltimore determined the need for expanded support services such as respite care, support groups, and training, as well as a need to enhance agency-caregiver relationship. An earlier study of kinship caregivers in Ohio, drawing on semi-structured interviews and a survey, identified a need for beds, food, and clothing in the initial stages of placement and ongoing needs including information regarding case progress and system procedures, respite, day care, and counseling for the child. Also, caregivers recommended that the agency develop a kinship advisory council.
- Foster Families. The Center for the Vulnerable Child (CVC) at Children's Hospital in Oakland, California, using a needs assessment instrument that was designed to identify services needed by foster care families and to determine which services required the most care manager effort so that targeted services could be prioritized, found that young children in foster care are in need of developmental, medical and psychological services and foster parents need more intensive case management services. Another survey included four different questionnaires to tap independent views of each type of informant (program administrators, social workers, foster parents, and health care providers) to identify the gaps in mental health service delivery. The needs assessment showed that social workers, foster parents, and health providers believed that mental health programs were inadequate, including a lack of special programs for providers, inadequate programs for adolescents, inadequate facilities for the severely disturbed, and lack of training in treating abuse and neglect for providers.
- Adoptive Families. The University of Oklahoma and Case Western Reserve University designed a needs assessment to guide planning and implementation of pre- and post adoptive

services to families in Oklahoma, Illinois, and Iowa (Rosenthal, Groze & Morgan, 1996). The authors identified 35 post-adoptive services and asked families to identify whether they had received each service and if they had, indicate the helpfulness of the service based on a 4-point likert scale. The needs assessment identified gaps in knowledge of the child's background information and post-adoptive services, as well as financial and medical needs. Another study of adoptive parents, in Illinois, studied the needs of adoptive parents through a list of problematic circumstances (barriers) that families with special needs children might face. The study identified a need for more timely adoption finalizations, thorough background information about the adoptive child, adoption subsidies, local directories of service providers and community resources such as specialized child and respite care, self-help groups and culturally sensitive therapists who can work with families. More integrated support systems such as multi-disciplinary teams were also needed because findings revealed that pre-adoptive families rely on a variety of resources and not just the agency.

A number of the studies focused on staff training needs (Denning & Verchelden, 1993; Pecora, 1989) and organizational needs of the agency (New Jersey Department of Human Services, 2003; Crewe & Snyder, 2000). This information, while useful, was not directly related to CFSA's Needs Assessment report, since CSFA is addressing these issues through other studies such as the Training Plan. One study focused on the training needs not of staff but of community stakeholders, in particular concerning child abuse/neglect and children with disabilities (Orelove, Hollahan & Myles, 2000).

Finally, an important gap in the literature is that from the studies we reviewed, few looked at needs expressed by birth parents. Given the broad interest nationally in engaging families, we expect that there is research being conducted with birth parents, even if not under the heading of "needs assessment", that will give us additional guidance in the future as we seek to strengthen our work in this area.

In addition to focus group and survey methodologies, we identified from our literature review and telephone interviews one major alternative approach: Matching Needs and Services (MNS), which was implemented at the Administration for Children's Services in New York City by Dr. Elan Melamid and recommended for our consideration both by John Mattingly of the Annie E. Casey Foundation and by Dr. Melamid, currently Division Chief in the research department of Los Angeles County Children's Services. According to Dr. Melamid in his article, *Matching needs and services: An assessment tool for community-based services* (Melamid & Brodbar, 2003), this approach builds on traditional qualitative research techniques and supports the collection of high-quality information on the service needs of children and families. A representative case sample (of possibly 500 cases) is picked for review by small groups of ten reviewers. Clinical experts then review the case record and, based on their clinical knowledge,

prepare a summary of no more than two-pages, describing the germane issues and presenting problems of the family and the recommended services or resources to help ameliorate the identified issues. These summaries are then sorted based by the identified issues and a focus group of experts (clients and clinicians) decide the best services or resources to address the issues. This provides a significant degree of inter-rater reliability.

We were interested in the MNS as a strategy that might address some of the problems posed by focus groups and surveys, such as the difficulty highlighted in the introduction that respondents who are accustomed to a more rigid and formal service system may not even think to mention informal supports or unique, one-of-a-kind strategies that might truly make a difference. In addition, grounding the discussion in examples may prompt a more realistic as well as comprehensive and holistic look at the case and the remedies that are most likely to lead to success.

In the end, however, we concluded that we were unable to carry out the MNS as part of this year's Needs Assessment. The trade-off was that during the same period in the fall when we would have had to identify a large number of reviewers to conduct the MSN activity, we were using all available CFSA reviewers for a different (although related) task: to partner with a team of outside experts as part of the Quality Services Review conducted by the Court Monitor. Therefore, we chose to postpone the MSN methodology until the future. At the same time, because we believed that analysis of the QSR case stories could produce some of the same benefits for needs assessment as the MSN methodology (being grounded in real cases, being comprehensive in nature, allowing for careful attention to informal as well as formal supports), we decided to analyze the QSR case stories as part of this assessment as well. While this analysis is surely not a complete substitute for the MSN methodology, we are hopeful that it supplements our other information in a useful way.

B. Methodology

1. Overview of Methods

Results from the literature review helped to guide the development of the needs assessment, which included a multi-tiered approach incorporating both quantitative and qualitative data components. Table 1 below summarizes the full array of methods used in the study. Whereas the quantitative arm of the assessment used survey methods, the literature review identified focus groups as the most viable qualitative data collection method. The focus groups were conducted prior to the distribution of the survey so that the latter could be refined, if necessary, as pertinent

data emerged from the groups. OPPPS also convened internal and external focus groups to pre-test the survey instrument.

Table 1: Sources of Information

Method of Data Collection	Target Populations
Focus Groups	<ul style="list-style-type: none"> • In-home & reunification workers • Collaborative workers • Consortium workers • ACCs • Foster Parents
Interviews	<ul style="list-style-type: none"> • Collaboratives Family Services Directors & coordinators (mental health service needs) • Family Court Judges
Surveys	<ul style="list-style-type: none"> • CFSA workers • foster parents • biological parents
Case Reviews	Quality Service Reviews (QSR)
<p style="text-align: center;"><u>Material Sources</u></p> <p>Mayor’s Services Liaison Office</p> <p>Office of the Deputy Mayor for Children, Youth, Families and Elders</p> <p>CFSA-FACES</p> <p>Mayor’s Task Force</p> <p>The Chapin Hall Center for Children</p> <p>CFSA- Family Resources Division</p> <p>CFSA-OPPPS</p> <p>CFSA-OPPPS</p>	<p>Report</p> <p>Report on the Most Vulnerable Citizens of the District</p> <p>CFSA Administrative Data</p> <p>District Substance Abuse Strategy</p> <p>Incidence of Child Sexual Abuse and Current Treatment Capacity in DC</p> <p>Foster & Adoptive Parent Recruitment Plan</p> <p>CFSA Data Profile Book</p> <p>CFSA Geographic Analysis</p>

In addition to the surveys and focus groups, the assessment also included (see Table 1):

- Stakeholder interviews with several key groups. These key groups included staff social workers, collaborative and consortium (private agencies that manage CFSA cases) social

workers foster parents, birth parents, judicial officers from the Family Court and Collaborative Directors.

- Extensive review of documents, including earlier studies of the District.
- An analysis of the case stories completed by the external experts who conducted the Quality Services Review of approximately 40 CFSA cases this fall. These cases were selected randomly from CFSA's open cases; for each case, an external leader and a CFSA partner reviewed the case record and interviewed key participants in the case, including the child, the parent, the foster parent or caregiver, the social worker, and the supervisor. The reviewers followed a structured instrument designed to focus their review on the major issues of safety, permanence, wellbeing, and the quality of practice. The results of the review were shared with CFSA orally shortly after the review was completed; for this analysis, however, we used not only the summary of results but the detailed case stories written up for every case by the external reviewers. Because this detailed information was not available, in draft, until late December, our re-analysis was not comprehensive but focused on issues of particular interest.

2. Focus Groups

Six two-hour focus groups were conducted. Three groups were conducted with social workers (including CFSA social workers, social workers at the community-based Healthy Families/ Thriving Communities Collaboratives, and social workers who work for a partner agencies that provide case management for CFSA cases under contract), two with foster parents, and one with assistant corporation counsels (ACC), the attorneys who represent CFSA in court. The strategy for recruitment of focus group participants varied. For one group of foster parents, CFSA contacted Collaboratives to request to hold a focus group during one of their monthly foster parent support groups. For the other foster parent focus group, individuals were recruited from the Foster and Adoptive Parent Advocacy Center and CFSA's foster care policy committee, which included foster parents. CFSA requested the Collaboratives and the Assistant Section Chief of the Office of Corporation Counsel to identify staff to participate in the focus group. Consortium participants were recruited from CFSA's Licensing and Monitoring Unit's monthly meeting with private agency providers.

Of the social worker participants, six were CFSA staff, two were collaborative workers, and two were consortium workers. Of this group, the average time working in child welfare was 32 months, and 80% had Master's degrees in social work. Of the ten foster parent participants, all were 40 years of age or older, and the group reported having cared for an average of 27 foster children throughout their tenure as foster parents (with three participants reporting more than twenty-three years of foster parenting). On average, the participants were currently caring for

one or two children. Of the six attorneys, all were relatively new to the position, perhaps reflecting the timing of the increase in abuse and neglect section staffing (none had been on the job more than two years and seven months), but the average age was 39.

3. Surveys

Three different groups were asked to complete a needs assessment survey: CFSA social workers, foster parents, and birth parents. The survey instruments, designed specifically for this research project, are included in Appendices D – F. Each instrument has a qualitative component as well as a quantitative component. The quantitative component gives the respondent a list of choices and asks him/her to check the needs he/she believes are most germane. The qualitative component asks a series of open-ended questions that allows the respondent to included any need he/she believes are important. Examples of these questions include: 1. What services can prevent children and families from entering CFSA?; 2. What services can help birth and foster parents maintain a stable home environment?; 3. What services can help children in placement return home?

For each population surveyed, we report below on our recruitment approach, the response rate, and a comparison of the sample and the universe:

- *CFSA Social Worker Sample*

Worker participants for the survey were recruited by analyzing an agency organizational chart and determining the universe of program areas in the agency. The social workers were then recruited from each stratum (in this case, each program area). A total of 56 social workers returned the survey out of 308 who were invited to participate, for a response rate of 18%.

The sample of workers included those recently employed at CFSA (as early as 1 month) as well as those employed with the agency for as long as 13 years. The average length of time of employment at CFSA was 2.4 years. The sample included 37 MSW-level social workers, 3 BSW-level social workers, 7 social worker assistants, and 2 MSW-level social work interns, along with 7 MSW-level staff, which includes three program monitors, three administrative review specialists and one worker from Clinical Practice's education unit who were not case-carrying social workers. Most workers were in the In-home and Reunification Administration (87%), while others came from Adoptions (6%), Administrative Review (4%), and Clinical Practice's education unit (2%). Eighteen percent were male.

The case-carrying workers in the group report an average caseload size of 28 . . . eighteen out-of-home cases (foster/kinship/independent living) cases and 10 in-home family cases, a larger

number than was average for CFSA at the time of the sample. The average age of children served by the workers was 11 years old. Most (55%) reported that they visit with clients on a monthly basis, however 18% said they see their clients bi-weekly and the other 27% reported visiting clients once a week or more (of course, these are self-reported numbers).

The most important difference between this sample and the universe of CFSA workers consists of an over-representation in the sample of newer social workers (with less than 2-years in their social work position at the Agency).

- *Foster Parent Sample*

Foster parent participants for the needs assessment survey were obtained through several means. First, a systematic random sample of foster parents was used. A simple random sample of foster homes (including those managed by private agencies) was generated and from this random list, the researchers selected every fifth foster home for inclusion into the sample. Thirty-nine foster families were identified using this strategy. These foster parents were mailed a survey and 13 returned the survey for a mailed response rate of 33%. In addition, a strategic convenience sample was used. Active foster parents were approached in foster parent association meetings, support groups, and during home visits. In addition, active foster parents who attended in-service training as part of their licensing requirement were approached before their training began and asked to complete a survey on their perception of the needs of foster families and children in care. Forty-seven foster parents/trainees were approached in this manner, and all completed surveys for a 100% response rate for this method of inclusion.

Of the foster parent sample, 85% were women and 15% were men. Almost all (93%) were African American, and the average age of the foster parents was 53 years old. The respondents had served as foster parents for an average of just over 7 years. Twenty-five foster parents (or 45%) had one foster child in their home, 18 (or 33%) had two foster children in their home, and the remaining twelve (22%) had three or more foster children in their home. Among the 65+ children being cared for, the average age was 8.7 years old. Finally, the largest single group of foster parents lived in Prince George's County (27%), 20% were from Ward 7, and 10% were from Ward 5.

- *Birth Parent Sample*

Birth parents for the sample were recruited by calling from a list of birth parents in the agency's in-home cases. Many phone numbers were either incorrect or disconnected and the staff person would skip to the next name on the list. A standard recruitment statement was read to each parent, that explained the purpose and use of the needs assessment. The questions were read to

each parent and their responses recorded on the survey instrument. Out of the 1500 birth parents called, 450 had working phones and 53 birth parents agreed to participate and completed the instrument, for a response rate of 30%.

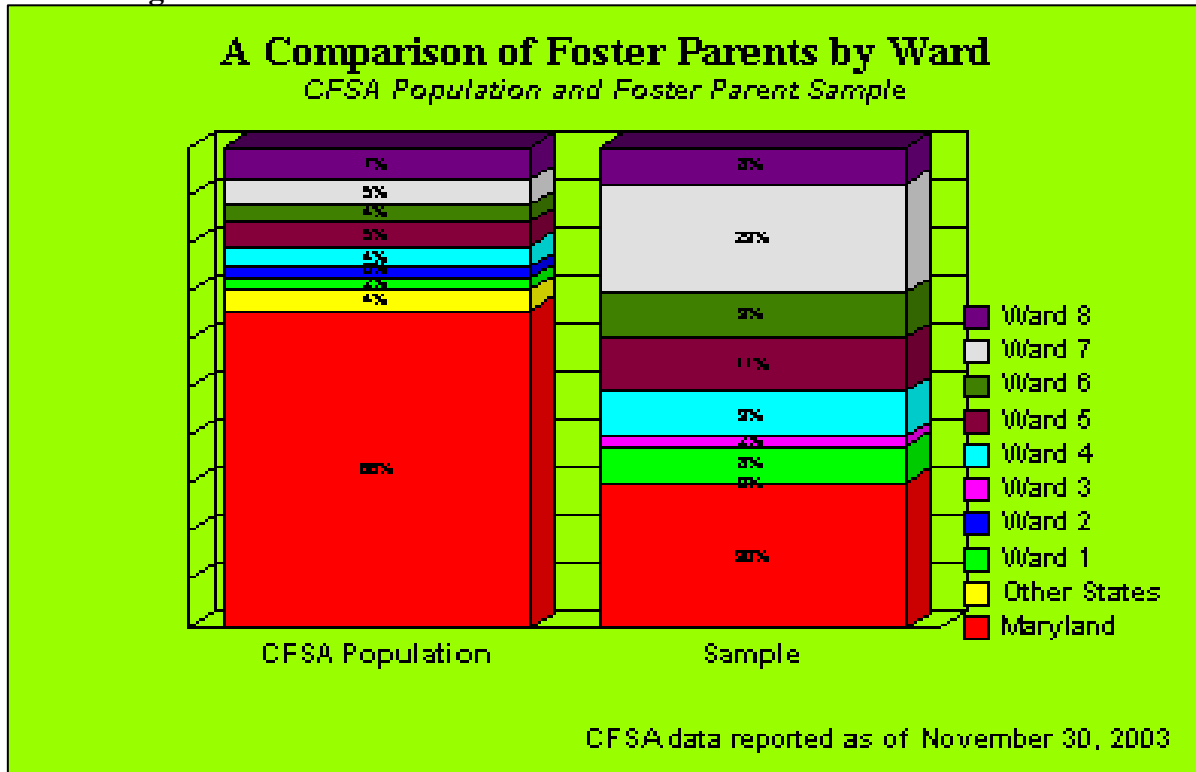
The birth parents in the sample were all women, all but two African American, and 42% lived in Wards 7 and 8 in the District. Most of the birth parents reported that CFSA became involved in their case in 1999. The average age of birth parents was 31.

The most important limitation of the birth parent sample is that the parents were all chosen from CFSA in-home cases, rather than foster care cases. However, about 40% of the sample reported that in addition to the child or children living with them, they also had children who were not living with them, including both foster care and informal kin arrangements.

C. Strengths and Limitations of the Methodology

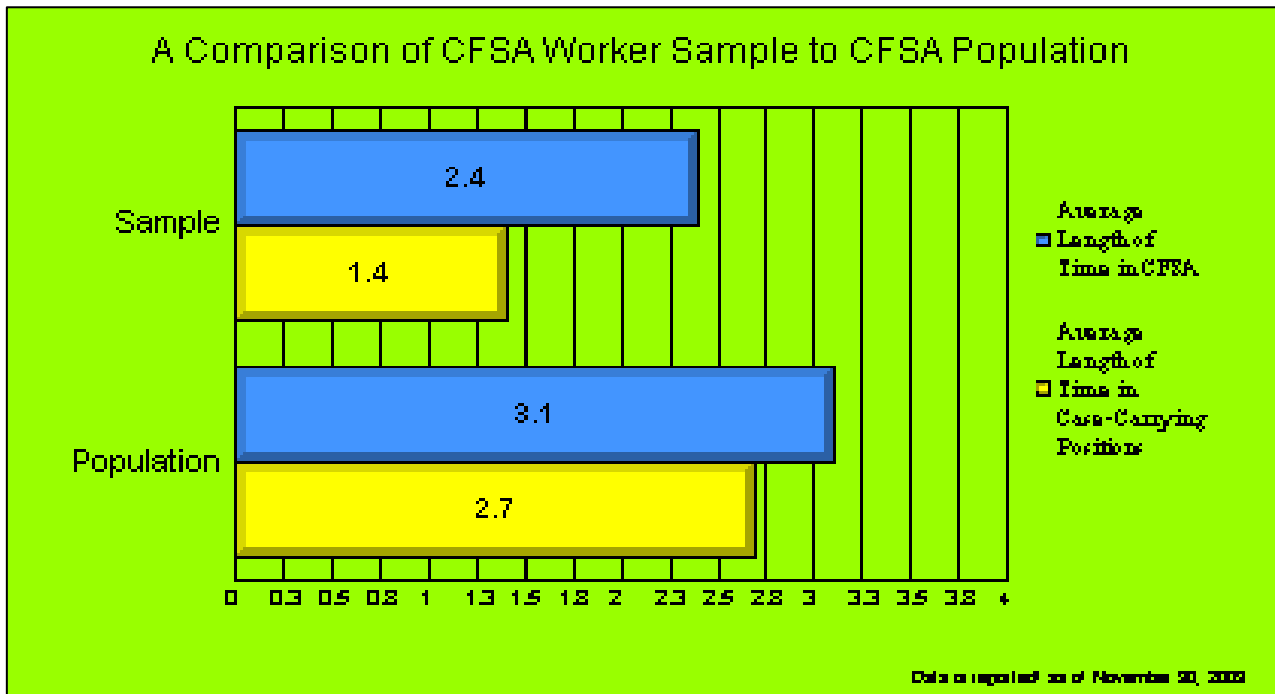
The present assessment has a number of limitations that limit its ability to be generalizable to the CFSA population. The survey samples differ in a number of systematic ways from the overall CFSA universe. This appears to be particularly true of the samples of CFSA workers and foster parents, which were partially recruited by non-random means. For example, foster parents in the sample are more likely to live in the District and less likely to live in Maryland than District foster parents overall (see Figure 1), which may affect their perception of service availability, and they are caring for younger children on average. In addition, the average length of time the sample foster parents have served is remarkably different from the universe of foster parents, 7 years for the sample and 2.5 years for the universe.

Figure 1.



Additionally, the sample of case-carrying social workers appear to be less seasoned than the universal population of CFSA workers in case carrying positions (see Figure 2). While the average length of time workers have been in CFSA is 3.1 years, tenure of the worker sample is 2.4 years on average. This is also true of workers in case-carrying positions (see Figure 2).

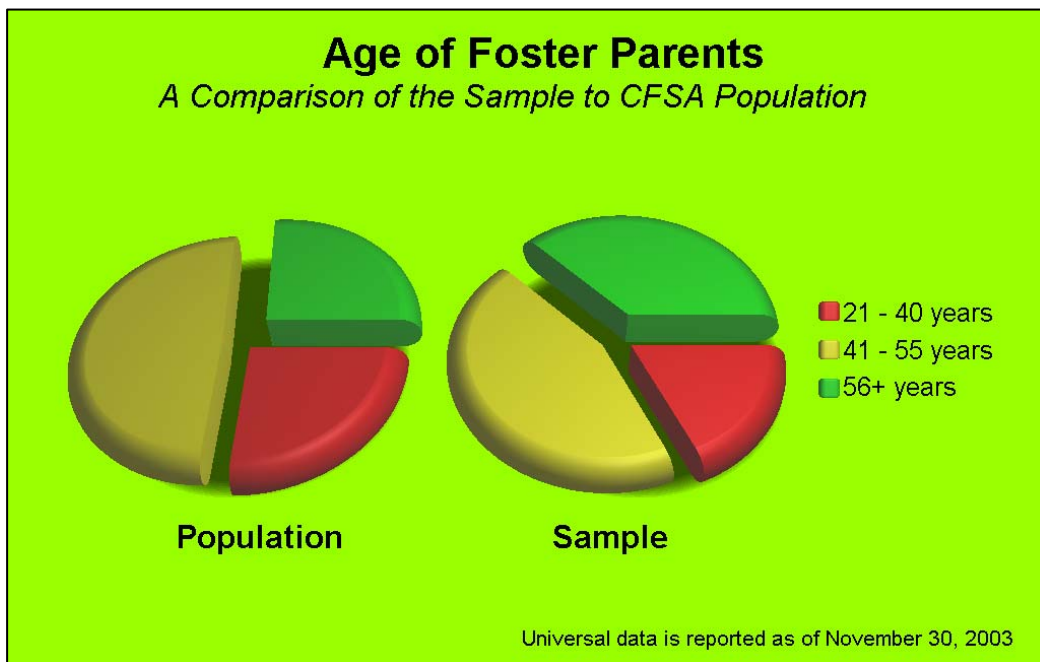
Figure 2.



As noted, the sample of birth parents is limited in that it was only selected to represent parents who are caring for children at home under CFSA supervision, not parents of children in care. Second, the response rates were relatively low. The mailed foster parent survey response rate was 33%, the birth parent call response rate was 30%, and the social worker response rate was 47%. Third, the sample size is relatively small, leading to results that do not necessarily mimic the universe.

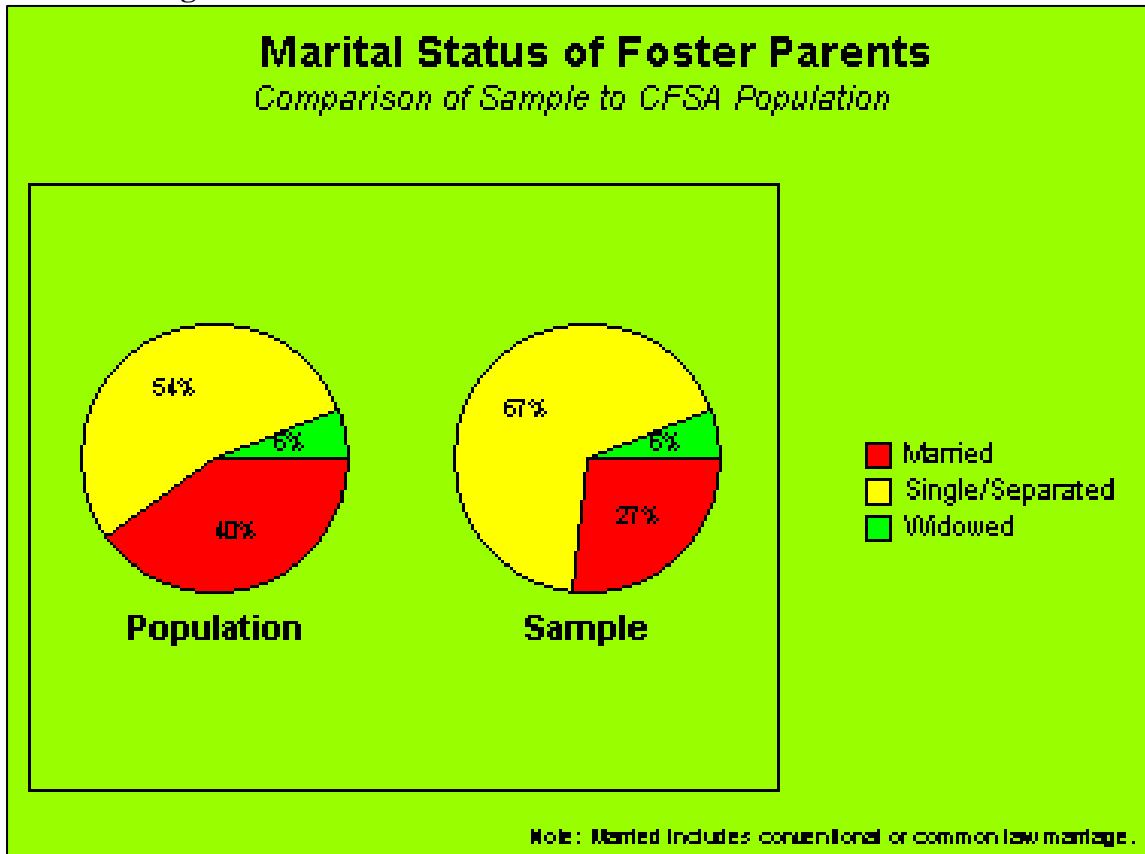
The foster parents who are caring for CFSA’s children are older, more likely to be employed, more likely to be married, and have much more education than the birth parents described in the previous chapter. Of the foster parents who completed the survey, the majority (85%) were women while 15% were men. In the universe, 80% are women, while 20% are men. Most sample respondents were also African American (93%) and seven percent (n=4) were White, which is similar to the racial distribution in the universe. The age distribution of foster parents in the sample was comparable to the age distribution of foster parents in the universe: 25% of the population and 19% of the sample are under 41; 49% of the population and 44% of the sample are 41 to 55; and 26% of the population and 37% of the sample are age 56 or older (see Figure3).

Figure 3.



Sixty-seven percent of the foster parent sample was single and 27% (n=16) were married. This is somewhat different from the population of foster parents (see Figure 4). Information on whether foster homes in the sample were kin providers is not accurately known.

Figure 4.



More broadly, both the quantitative and the qualitative portions of the study pose many other challenges that are characteristic of this kind of research in general:

- Responses may reflect in part what the respondents believe is socially desirable to say. This is a particular concern in assessing the responses of birth parents, who may have felt pressure to respond in ways they believed to be socially desirable even though the respondents were told that their specific answers would not be included, but that only the aggregate data would be examined. For example, many parents reported that they do not have alcohol abuse issues. If their answers are underreported then it may be because they want to give the impression that they have fewer barriers to the return of their children than there really are.
- It is not possible to know (from this survey design, and arguably from any) that the factors with which families were struggling prior to coming into care could have truly prevented the entry of children into foster care. Inferring that by addressing the problems that families had before coming into care could have prevented entry is not academically sound. Even in more scientifically rigorous methods, causality is impossible because of the extraneous variables

that cannot be controlled. Therefore, the results should be read cautiously and in the preceding context.

- Many of the issues addressed in these focus groups and surveys can look very different depending on the assumptions, framework, and history of the person responding. These differences in perspective are particularly challenging when we try to make the leap from a specific situation to the “need” represented by that situation and therefore to potential solutions. For example, when a foster parent perceives a child as behaving aggressively, does that represent a need for more foster parent training, better matching of child and foster parent, more mental health services for the child, or a community recreation program where the child could let off steam?

On the other hand, major strengths of the methodology include the breadth of perspectives represented and the mix of quantitative and qualitative methods. This broad array of perspectives is well-suited to the first of what will be a regular series of Needs Assessment. It should enable us to identify major issues which we can then address in more depth in future studies. Another important strength is the sample of birth parents, which provides us an important perspective that is too often missing from agency assessments. Additional strengths are the grounding of this study in a literature review and external consultation, as well as in a series of earlier studies and reviews of the District.

As a result of these strengths, we have been able to address the limitations described above in a number of ways. First, we have generally chosen to highlight findings only when they emerge from several different groups of respondents or data sources. This helps us correct for the limits of each data source taken individually. Second, we have sought to be cautious in interpreting each finding and have sometimes identified multiple possible interpretations. Third, as indicated in Chapter VII on Next Steps, we intend to follow up with more detailed work in a number of areas.

III. RECENT REVIEWS OF SERVICE NEEDS AND CAPACITY IN THE DISTRICT OF COLUMBIA

Over the last several years, there have been a number of outside reviews of various aspects of service needs for District children and families. We have reviewed the reports resulting from these reviews and have considered the information set forth therein as part of this needs assessment. Most of these reviews did not focus on family care, however, which is in significant reason why we have focused on family care in this needs assessment.

The Urban Institute, in collaboration with George Washington University, conducted a capacity and needs assessment of youth activities in the District of Columbia in 1999. Interviews with service providers and preexisting data from DC Agenda, University of the District of Columbia and the District government were used. The instrument for interviews was designed to help guide the allocation of additional funds in the area of youth services. The capacity and needs assessment identified a need for safety, more affordable, available, and high-quality care for children and better methods for improving relevant skills sets such as computer literacy.

Chapin Hall Center for Children conducted an Assessment of Contract Agency Capacity in the District's child welfare system in 2000. This assessment consisted of a survey of private organizations providing child welfare services to children and families in D.C., and was based upon detailed questionnaires and follow-up field interviews. The provider agencies surveyed included those providing foster care placement services, group home care, residential treatment services and well as preventative and after care services. The focus of the survey was to gather information about the types of services existing in the provider network, the then current capacity of the providers and their interest in expanding services. Responses were received from 35 of 61 contract agencies surveyed. While the report concluded that the then existing provider network was balanced and had the infrastructure to deliver a broad range of services, it recommended that the District develop an evolving profile of client's needs and quality standards which would allow it to make informed strategic decisions about reform in the system. The report likewise concluded that CFSA should take advantage of those aspects of the provider network that permit more focus on community-based *integrated* services, family preservation, and prevention of placements. The current needs assessment was designed in part to learn more about families and foster care.

Similarly, in September, 2000, Casey Family Programs conducted case reviews of children in residential care outside the District of Columbia to examine their needs and issued a summary

report. The review included a fiscal analysis and case record reviews of a random sample of 21% of the children in residential care outside the District of Columbia. Reviewers also met with social workers for the children, conducted on site interviews with the children and residential treatment staff and met with biological families. The reviewers concluded that only three children of the 20 sampled continued to need residential treatment services and that seventeen children could be returned to the District if services could be tailored and if intensive case management could be provided during the transition period. The report highlighted the need to expand therapy to include nontraditional treatments and practices for some children and to provide family support services to children in residential treatment centers and their families, including visitation supports and respite support for when the child returns to the community. Finally, the report noted that only 20% of the children ready to be returned to the District needed group care upon their return.

In 2003, the District also sought information about impacts on and treatment of children who had been sexually abused and retained Chapin Hall Center for Children to provide an analysis. Chapin Hall completed a report in August, 2003 presenting information on the current knowledge of the consequences and treatment of child sex abuse. The report summarizes information from published studies about the impact of sex abuse on children, best practices for treatment and placement, and presents perspectives from experts who were interviewed on the subject. The report explains that approximately one-third of child abuse victims experience post traumatic stress syndrome and/or poor self-esteem. Victims can also suffer from anxiety, depression, nightmares, self-injurious or externalizing behaviors. About 37% of child who have been sexually abused experience behavioral problems. Another effect is sexualized behavior, where the child acts out in a sexual manner, which occurs in some cases as a result of child sex abuse. The report also cites research on the importance of placing children who have been sexually abused in family settings rather than group care if at all possible. This research provides information about the type of services, both support and treatment services, that child sex abuse victims will need in order for them to succeed in family settings.

Finally, in September of 2003, the District of Columbia completed a review of substance abuse services and expenditures in the District and developed a comprehensive strategy to tackle the issue. The report reviews the scope of the problem, includes an analysis of the District's drug programs and governmental expenditures, and sets forth strategies for addressing the public health and public safety issues created by substance abuse. The review provides an up-to-date look at all of the District systems involved in substance abuse treatment, prevention or public safety relating to substance abuse. It is based upon information gathered through focus groups, neighborhood forums, as well as information provided from D.C. health, human services and law enforcement agencies. While certainly not primarily focused on substance abuse and child welfare issues, the reports notes the health risks substance abuse poses for pregnant woman,

parents and children. The report includes relevant strategies relating to prevention by focusing on youth, and developing a continuum of care, including the increasing the availability of long term care and after-care for youth and women with children.

Most recently, we received a draft report summarizing the quality service reviews completed this Fall by the Court Monitor with CFSA. In addition to the following summary of major findings from the draft report, we have also analyzed selected portions of the detailed case stories provided by the reviewers, in order to provide fuller detail in response to several key questions below.

According to the draft report, the reviews revealed a number of system strengths, including social worker recruitment and caseloads, stable and safe placements, high quality of foster parents (along with evidence of recruitment of new foster parents) and the availability of a broad array of services and supports. Other strengths of particular relevance to this needs assessment were the exemplary programs identified in two cases where substance abuse treatment was provided to mothers while their children were able to live with them on-site; a proctor home (foster home paid at a rate that allows a foster parent to provide care full-time) where the child and family also received additional supports and services identified as exemplary by the reviewer and individualized to meet the needs of the child and family; and significant use of treatment foster care placements, which are intended to provide therapeutic environments for children in families rather than using congregate placements.

The findings also confirmed the challenges that CFSA families face. Among the themes highlighted are that the families have a long history of involvement with the child welfare system, a high incidence of substance abuse as a factor leading to agency involvement, and a large number of children in the family.

The report also noted lack of consistency in the coordination of services as well as gaps in some services. Areas of need included substance abuse services, affordable housing, and full access to mental health and health care supports in certain circumstances. And while the report recognized the value of treatment foster care, it also noted needs for additional training and skill-building for treatment foster care parents, who did not always have the skills to handle children with greater behavioral needs. More broadly, the review identified needs for improvement in practice, including case planning that focuses on the long-term view, effective teamwork among the different people involved in helping a child and family, stronger assessment of child and family needs, and clear division of responsibilities among CFSA and private sector agencies. Responding to these areas of need, the Court Monitor made recommendations, most of which reflected strategies which are already underway.

IV. SUPPORTING FAMILIES IN THEIR HOMES: RESEARCH QUESTIONS #1 AND #3

This chapter reports the results of the needs assessment in regard to the two research questions that address support to birth families:

- What services/ resources/ supports can help to prevent the entry of children into the child welfare system?
- What services/ resources/ supports can help a child in foster care to return home?

The chapter begins with an overview of what we learned from this study about the difficult circumstances of birth parents, in order to provide some context to the rest of the chapter. Even given what we already knew about the level of poverty and disadvantage among low-income women with children in the District of Columbia and about families in the child welfare system nationwide, the information we have gathered here is distressing. The second section provides selected examples of strengths in the District's service array for preventing entry into the foster care system and reuniting families. While the study was not designed to identify strengths, several came up nonetheless. The third and longest section surveys the major needs that were identified.

A. Characteristics of Families: Complexity of Needs.

The birth parents who completed the survey were overwhelmingly single, had very limited education, did not work, and had very large families:

- With an average age of 31 (about 49% were under 30 and 34% were 40 or over), parents reported having between 1-10 biological children 18 years old or younger, for an average of 4 children each. Sixty percent of the women (n=31) had all of their children living with them. Of the twenty-one women who had children who were not in the home, nineteen were in foster care and sixteen lived with a relative or kin provider.
- Only 4% of the parents were married and 6% reported living with their significant other, although 34% of the parents reported that at least one other adult resided in their home. A majority of the birth parents in the sample were single (68%) and 11% were in a relationship where their partner did not live with them.

- More than half (57%) of the birth parents did not complete high school or the equivalency (GED). Forty-three percent of the birth parents had some high school (10th or 11th grade) and thirteen percent completed only junior high school. Twenty-eight percent completed high school or the equivalent. One parent attended at least one-year of college or technical school and another completed graduate school.
- Only 14 birth parents (27%) reported they were working outside the home; 73% did not work.

With this background, it is of deep concern but perhaps not surprising that fully 25% of the birth parent sample reported that they had been homeless or in a shelter before coming onto the CFSA caseload. Basic needs like food and clothing were reported by 46% of the birth parents. Of those, 60% needed help with acquiring their basic needs within the past 6-months and felt that they would need this type of assistance twice a year (40%).

The participants in the focus groups, across all six groups, raised the same issues of poverty, lack of education, and large families and added other characteristics that they felt placed families at risk. Across all six groups, six themes were highlighted as placing families at risk of coming into the child welfare system:

- **Socioeconomic barriers**—including poverty and related issues (e.g., unemployment, lack of adequate housing, and under-education)
- **Family environment**—including poor parenting skills and learned helplessness
- **Lack of knowledge**—including lack of information around child welfare policies, appropriate parenting behaviors, and availability of services and supports
- **Lack of support**—including family, friends, and community supports
- **Size of family units**—including more children in the household than one parent can reasonably care for
- **Co-occurring problems**—including substance abuse, mental health issues, and domestic violence.

Socioeconomic barriers. Respondents across all groups identified poverty or associated issues as one type of barrier facing many families who enter the child welfare system. Similar issues were raised when respondents were asked to identify issues that make it difficult for families to maintain safe and suitable living environments once children return home.

These issues often co-exist and can compound each other. For instance, lack of transportation can decrease the opportunities to find a job, and without an income, it is difficult for families to meet their transportation needs.

Family environment. Across groups, participants perceived that some parents are unable to provide or maintain safe and suitable living environments for their children because they were raised in homes where inadequate parenting was modeled and where poverty, substance abuse, and mental health issues were common. Having come from compromised family environments, individuals are not exposed to positive role models and so are at risk for developing these problems themselves. One of the most commonly reported behaviors associated with child

Then you have a group of parents who are teaching from the old school. You know, you were whipped so you are going to whip your kids.
- CFSA caseworker, 9/12/03

removal from the home was the use of corporal punishment to discipline a child.

CFSA caseworkers reported the related issue of "learned helplessness". Specifically, they felt that many

child-welfare involved parents have been raised in environments fraught with challenges, including poverty, violence, sexual and physical abuse, substance abuse, and mental health problems. Having been raised in this type of environment, individuals often experience few opportunities to develop relationships with pro-social peers, succeed in school, or have strong relationships with parents and their community. In combination, these factors sometimes produce adults who struggle with such challenges as depression and low self-esteem, lack of appropriate parenting skills, and limited skills for employment.

Lack of knowledge. Participants felt that lack of knowledge about the child welfare system and its policies and procedures, child development and parenting, and the types of services and supports that are available to assist families increases their vulnerability overall, putting them at greater risk of contact with the child welfare system. For example, some participants felt that if parents understood child development, they would be able to normalize some of their children's behaviors within the context of appropriate developmental milestones and, therefore, might be less likely to physically discipline young children. They also felt that parents could proactively seek out services to help stabilize a family, if they knew the services existed.

Lack of support. Further compromising already vulnerable families is their lack of natural support, including that which comes from contact and interaction among family members, friends, and community networks. Participants felt that many child-welfare involved parents are isolated from their family and community, especially those parents that are experiencing mental health, substance abuse, or domestic violence issues. For example, participants felt that individuals with substance abuse problems are often estranged from family and friends because of the drug culture with which they associate. Unfortunately, isolation further compromises an

individual's ability to cope during times of stress and may increase the likelihood that they will come into contact with the child welfare system.

Size of family unit. Consistent with the birth parent survey, participants, especially CFSA agency staff, reported that family size is frequently an issue for child-welfare involved families. If the family is large (more than three or four children) and the parent is stressed, the combination places children more at risk for neglect. In addition, they felt that having a large family in itself increases the stress on the family unit as a whole and in particular on the parents. Having to provide for and raise several children and deal with poverty, unemployment, under-education, and other stressful factors, further compromises a parent's ability to cope and increases the potential for abuse or neglect.

Co-occurring problems. Participants talked a great deal about problems that frequently co-occur with child abuse and neglect, including substance abuse, domestic violence, and mental health issues. These factors contribute to family stress and to the possibility of family involvement in the child welfare system. These issues work to further compromise an already stressed family and reduce a parent's ability to cope under normal circumstances let alone during times of crisis. In addition, parents that use substances, have mental health issues or are involved with a violent partner are at higher risk for neglecting their children than are parents who are not dealing with these problems.

Respondents in each group also talked about the inter-relatedness of such factors as poverty, mental health and substance abuse, and large family size as the most common reason for taking children into care. In most cases where a child is removed, according to participants, families are struggling with multiple problems, requiring an array of services and supports—issues that make serving them more complicated and challenging. Participants frequently mentioned that many of their families live below the poverty line, lack parenting skills, have limited education, and use substances. In combination, these factors put families and children at risk. Unfortunately, these issues also make families more difficult to treat.

B. Strengths of the District's Service Array To Support Families In Their Homes

While the survey instruments and focus group questions were generally designed to elicit needs rather than strengths, a number of strengths for supporting families did emerge from the survey methodology. A more detailed review of strengths to build on will be part of the analysis that

leads up to the Resource Development Plan in March, but we note here several specific strengths that came out of this analysis.

Overall strengths in working with families to prevent removal and reunify families— While there is clearly much more to be done, several sources highlighted overall accomplishments. The focus group of ACCs noted a significant decline in the severity of CFSA court cases, which they attributed to agency staff working with families to prevent the removal of children. And one birth parent reported in the survey that:

All my children are with me. My son, who was in foster care, was recently returned after being in a residential treatment program. The supports provided to me to care for my family have been very helpful. But a major concern was the constant switching of social workers on the case.

Specific services designed to address substance abuse in a family-oriented manner—

As indicated in the discussion of needs below, services to address parental substance abuse are clearly a major need to keep families together. The QSR review noted that the Family Treatment Court as a very positive example of a substance abuse service that allows mothers to address substance abuse issues while keeping their children with them.

Intensive in-home services such as Families First— These services were mentioned in the focus groups as intensive and effective.

Strong community-based service network through the Healthy Families/ Thriving Communities Collaboratives—

In the focus groups, CFSA workers noted the helpfulness of community services provided by the Collaboratives.

Improvements in social worker caseloads and retention— Manageable caseloads and improvements in hiring and retaining social workers, thereby reducing staff turnover as a barrier to service provision, were cited in social worker and judicial focus groups. However, turnover continued to be cited by others as a barrier.

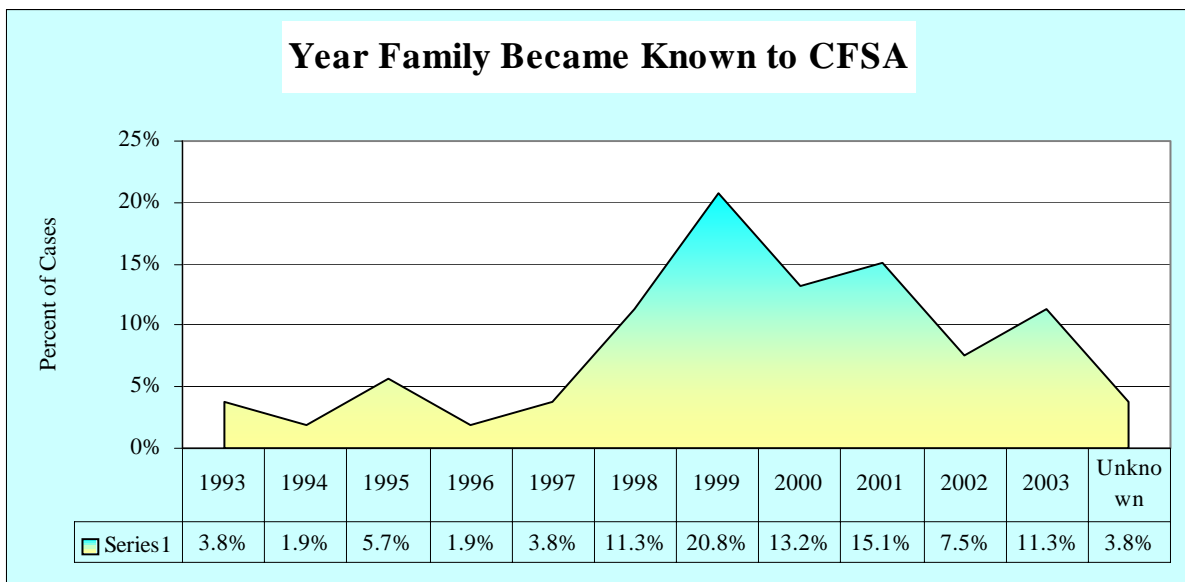
Improvements in cross-system collaboration— Participants spoke about improvements in cross-system collaboration, including liaisons with DC public schools and other community-based service providers, that have been particularly helpful in serving children and families.

Effectiveness of the Mayor’s Services Liaison Office— Family Court Judges noted the facilitation of the Mayor’s Services Liaison Office.

Long-term services: a mixed picture— There was mixed information regarding the length of CFSA’s service provision to families in their homes. The birth families in the sample reported

long periods of involvement with the agency: the median family in the sample became involved with the agency in 1999, although is the possibility that respondents were addressing total time involved with CFSA and not time involved with CFSA for the currently open case. By most standards of child welfare practice, this would suggest too long a period of involvement, or at least longer than a child protective intervention focused on safety. On the other hand, in the focus groups, several groups reported their perception that cases are closed too soon (see Figure 5).

Figure 5.



C. Needs Identified by the Assessment

There was considerable consistency across all of the sources of information in regard to the services and supports that would be needed to maintain children in their own homes and enable families to reunify. Needs highlighted very strongly in the surveys of birth parents and workers and supported also through interviews and focus groups included substance abuse services, affordable housing, mental health services (particularly for maternal depression), supports for better parenting, and child care and other supports related to economic self-sufficiency. In addition, through the focus groups and interviews, other key issues were highlighted: approaches to strengthening informal supports for families, approaches to increasing knowledge about the child welfare system and reducing the stress of being involved with it (particularly with respect to reunification), approaches to engaging families and reducing their dependence on the

system, and approaches to aftercare. Domestic violence and the impact of community violence were mentioned more briefly. Overall, at least two or more of the groups sampled identified the following factors as challenges for CFSA In-home families: parental drug or alcohol abuse, housing issues, parental depression, child care issues, lack of informal support, and problems with children in school.

- *Major Areas of Family Need*

The issues listed by social workers and by birth parents as the major items with which families struggled before coming into care were quite similar. The workers identified **substance abuse** by the parent as the greatest item with which families struggled prior to coming into care. Seventy-two percent (34) of the workers identified parent drug or alcohol abuse as a problem before the family came into care. The social workers considered **parental depression** and **child behavioral** problems at home as the second most common challenge of in-home families prior to coming into care. Fifty-nine percent (28) of the workers indicated these issues as challenges of in-home families. Fifty-five percent (26) of the workers indicated that the **parent's poor relationship with the child** and 49% believed **problems with childcare** were issues before coming into care. Forty-nine percent of the workers indicated that the child had **problems in school** as well.

Birth parents voiced some similar challenges that were present before CFSA became involved with their families. Fifty-two percent indicated that **depression** and 50% indicated that **parental drug or alcohol abuse** were challenges before CFSA involvement. As indicated earlier, fully twenty-five percent of the birth parents said they were **homeless or living in a shelter** prior to entry. Other issues that in-home families struggled with prior to CFSA were that the child had problems in school (36%) and had behavioral problems at home (34%). Nineteen percent reported having a poor relationship with their children.

Drug treatment, housing assistance, and counseling were the most common or primary service needs identified by workers on what families needed in order to create a safe and suitable home. Seventy-two percent of workers cited the need for drug treatment services for birth parents and 70% reported housing assistance as a need to create a safe and suitable home. Counseling for the parent was mentioned by 64% of the workers and help with basic needs was reported by 62% of the workers. Sixty percent of the workers indicated that families need **child or day care services** and 55% thought that families needed a local directory of community resources. Social worker responses on services or resources in-home families need to maintain a safe and suitable living environment were very similar to those needed to create a safe home.

Birth parents reported a need for **parent training classes** (71%) and **counseling** (60%). Financial supports such as **housing assistance** and help with basic needs were also critical to ensuring stable homes (See Table 2). Fifty percent of the birth parents reported housing assistance as a need to create a safe and suitable home. In fact, nearly half cited a need for housing assistance (47%) and another 51% cited help with the search for affordable housing within the past 6-months. They believe that they would be able to maintain a stable home if they had rental assistance, adequate housing to accommodate children, and resided in a better neighborhoods. It is important to note that the parents surveyed probably had substantially fewer housing problems than families whose children were in fact removed; we were interviewing parents whose home was minimally safe or CFSA would not have permitted the child to remain in the home.

I need larger housing for me and my four children. [Currently] I'm living we are living in a two-bed room apartment.
- Birth parent survey

Other needs include child care, counseling for the child, and better linkages to available community resources.

Table 2: Birth Parent Responses to What They Need in Order to Create & Maintain A Safe Suitable Living Environment for their Children

Top 10 Needs to CREATE a Safe Home		Top 10 Needs to MAINTAIN a Safe Home	
Parent Training Classes	71%	Parent Training Classes	64%
Parent Education about Child Development	63%	Counseling for Parent	59%
Counseling for Parent	60%	Parent Education on Child Development	54%
Housing Assistance	50%	Help with Basic Needs (i.e. food, clothing, furniture)	42%
Drug Treatment for Parent	46%	Counseling for Child	41%
Counseling for Child	46%	Housing Assistance	39%
Help with Basic Needs	46%	Tutoring for Child	35%
Outpatient Mental Health Services for Child	33%	Child/Day Care	30%
Tutoring for Child	31%	Outpatient Mental Health Treatment for Child	30%
Child/Day Care	30%	Parent Support Group	21%

Fifty- six percent of the birth parents claimed having no prior knowledge of the availability of child care services although nearly half (43%) said they needed the service in the past 6-months.

Sometimes I don't go to NA because no one can watch my kids and I can't take them with me.
- Birth parent survey

A respondent noted that she needed child care, but was unable to receive the service because *you can't get it when you're looking for job.*

The interviews and focus groups provided a generally consistent picture of the major service areas – substance abuse services, housing, mental health services, parenting support and child development, and child care and economic supports. For example, the focus group and interview with judicial officers highlighted the most important services for birth families as family therapy, tutoring, substance abuse treatment, housing, mentoring, parenting classes and job training. Chapter VI below provides a more detailed discussion of these areas drawing on the insights of the focus group and interview participants. .

- *Service Delivery Approaches and Strategies*

In addition to the list of specific services, many of the focus group and interview conversations addressed more nuanced questions of how to deliver services in a way that would work for the highly stressed and potentially isolated families described earlier. The major themes included: strengthening informal supports for families engaging families and reducing their dependence on the system, increasing knowledge about the child welfare system, and providing aftercare.

Strengthening Informal Supports for Families— The needs of birth parents for social support came up in a number of settings. For example, the judges interviewed stated that they have noticed that many of the families do not have the proper social support. One judge gave the example of a family that lived in Southeast, but her social support network (family, friends, etc.) lived in Northwest. The family could not acquire housing in Northwest. This example highlights not only the need for housing but the need for social support. Other evidence of the impact of social support is found in the written response by a birth parent to one of the open-ended questions on the survey. She says that her case became known to CFSA because of a loss of informal support. She wrote “my mother, who used to help, moved to Pennsylvania to live with her sister.”

I think that the most important thing that really helps with situations like that from my agency standpoint, is really finding out what the support system is for this family. I think my agency works towards kind of rebuilding those bridges so that they can have actual family members with them to actually help them out in a situation.
- Collaborative worker 09/22/03

In the focus groups, foster parents, CFSA workers, and collaborative workers all felt that natural support systems (e.g., family, friends, community members) were the best way for families to maintain a safe environment for their children. Helping parents to develop relationships in their family and community often means that parents have someone to turn to for support in times of stress or crisis. While caseworkers like to include support networks in family safety plans, sometimes these individuals are difficult to identify or to engage. Community outreach might be helpful to identify community members that could serve as mentors for parents who are trying to stabilize their family environment. In addition, participants reported having had the experience

of re-engaging family members in an individual’s life once the family member was made aware that the support was needed.

In regard to reunification specifically, focus group participants talked about the stress of being involved in the child welfare system and what kind of supports could successfully address that stress. Whatever challenges a family may have experienced, the removal of a child from the home, and the subsequent process for reunification are stressful events that require intensive services and support. While counseling and natural support networks can help families cope after a child has been removed, parents sometimes need more intensive interaction than these services can provide.

I think there should be more parent advocates, because I think parent-to-parent is much easier for you to open up and to tell me what is really wrong, and what you really need without fear of any retaliation
- Foster parent, 12/08/03

One foster parent suggested that using parent advocates or mentors—parents who have been

through the system previously but who were successful in having their children returned—might be an effective method for assisting parents to understand and negotiate the system while they are moving through it.

We should stop enabling adult clients, and start focusing on empowering them. It’s all of our faults... the judges, the jails, everybody... [We] help them all the time, and not actually give them the skills and empowerment to do for themselves. When you’re out, what are you going to do?
- CFSA workers, 09/12/03

Engaging and Empowering Families— In focus groups, CFSA workers spoke about an issue they described as “learned helplessness.” Workers felt this issue could be addressed if agency staff were willing to promote self-sufficiency among

parents to and to empower rather than enable families. Some workers felt that other agency staff (as well as judges and attorneys) did too much of the work for parents and families, instead of supporting them to do it themselves. Some examples of this include making medical and other appointments for children and then transporting them to their appointments. The workers felt that parents should be required to take on these tasks so that they can learn to care for their children appropriately. Participants felt that empowering parents to advocate and provide for themselves and their children was a critical part of teaching them how to develop and maintain a safe and nurturing environment for their families. To help empower them, workers felt parents needed help learning how to communicate with people in authority (e.g., judges, child welfare workers, school administrators and teachers), seek help when it is needed, and to identify family goals that are specific enough that parents can actively work toward achieving them.

When asked, “how do you get parents to become motivated to advocate for themselves?” groups acknowledged that even when a worker wants to empower parents by giving them more responsibilities, it is often challenging to motivate parents to follow through. Consortium and agency workers both mentioned that you have to get “buy-in” from these parents. They have to have the desire to want to change, before they will be successful. CFSA workers reported that

getting parents to “buy-in” is sometimes a long process. Several participants mentioned that workers need to “start where the client is” and relating to clients as an individual can be a crucial step to this process. After building trust, workers reported that they often role-played with clients to help them learn how to interact and self-advocate appropriately. One CFSA participant reported that one of the most important reasons clients “buy-in” and become empowered is that they understand why they are in the system, and that they accept responsibility.

Increasing knowledge about the child welfare system—Lack of knowledge about what constitutes child abuse emerged as a common theme across focus groups. Some respondents

[There is] the lack of knowledge of other resources available in the community to assist the family. For example, everybody here knows about the Salvation Army, but most people don't really know how to access that. They just think, “That is for somebody else and not me.”

- Foster parent, 12/08/03

indicated that cases in which families need to be taught parenting skills and to understand what constitutes abuse are sometimes resolved more quickly than families with more complex problems. CFSA workers reported that the agency has currently stopped offering parenting and anger management classes but that the parents they work with are in desperate need of these types of services. Participants also felt parents need the following knowledge and education:

- *An understanding of the child welfare system.* Collaborative workers felt that parents would be better able to negotiate the child welfare system if they understood how it operated, including its policies and procedures.
- *Community outreach.* Participants in the agency and foster parent groups identified that CFSA needs to conduct more community outreach to educate the public about what types of assistance and resources (financial or others) are available to families and in what communities. As one foster parent stated, if families knew how to access community-based assistance themselves, it may prevent some families from coming into the child welfare system.

Birth parents made the point that knowledge begins with understanding at a basic level how to communicate with the agency, and more than one commented regarding the effect of turnover of agency workers.

When my worker changed, I did not know who had my case for a while.
- Birth parent survey

After-care—Focus group participants mentioned a variety of services that might help families remain stable and out of the system once a child or children have been returned home. These

include such commonly referred services as therapy, parenting classes, and after care groups for parents and children. They also mentioned the importance of ongoing parental monitoring and agency contact as an important means for keeping families stable. As indicated above, even though the birth parent surveys suggest that parents with children at home continue to have open cases with CFSA for a very long time, some foster parents and agency workers believed that CFSA closed cases too soon to ensure that a family will remain stable over time. In addition to agency supervision, participants mentioned potential roles for others: collaborative (community-based) workers to provide ongoing monitoring, support, and follow-up once children return home, and potentially a mentor or parent advocate assigned to parents whose children are coming home.

The judges also report that there is a need to have aftercare services. That is, some services need to continue after the case is closed. If the services won't continue, then judges will often keep the case open in order to have the family receive the needed services.

V. SUPPORTING STABLE FAMILY PLACEMENTS: RESEARCH QUESTION #2

This chapter brings together a wide range of information to answer research question #2:

- What services/ resources/ supports can help to maintain stable foster care placements?

The chapter begins with a brief summary of the circumstances of the foster parents who carry out this difficult work for CFSA; the second section identifies strengths of the District's service array for supporting foster parents; and the third section summarizes the needs identified to support children and foster parents so that placements can remain stable. In answering the questions about needs to support placement stability, all of the groups interviewed and surveyed saw the core of the issue in the fit between the child's behavior and the foster family, but they characterized this need differently depending on their perspective. Foster parents characterized the needs as primarily about mental health services for the children; workers and other observers characterized the need as a mix of services for the children, support and training for foster parents, and more effective matching of child to foster parent along with better information sharing to ensure a strong match. Finally, one very specific training need that came up was for foster parents to understand more about a child's attachment to his or her birth parents, no matter what the experience of abuse or neglect.

A. Characteristics of Resource Families

As previously mentioned, the foster parents who are caring for CFSA's children are older, more likely to be employed, more likely to be married, and have much more education than the birth parents described in the previous chapter. However, a look at their circumstances underlines their likely needs for support given the experiences and needs of the children for whom they are caring. Of the foster parents who completed the survey, the majority (85%) were women while 15% were men. Most were also African-American (93%) and seven percent were White. The average age of foster parent respondents was 53 years old.

Somewhat surprisingly, more than half (52%) of the foster parents in the survey sample did *not* work outside the home while 48% did work outside the home. Among those having spouses, 76% had spouses who worked outside the home. In contrast to the birth parents, 86% of foster

parents had at least a high school diploma or equivalent: 27% stopped at high school, another 33% had at least a year of college or trade school (33%), 13% completed a 4-year degree, and 13% completed a graduate degree.

Of the foster parents responding to the survey, 40% reported that they had experienced a placement disruption (that is, a child leaving other than for reunification or adoption). This smaller group provided us with additional information about the reasons for disruption.

B. Strengths of the District's Service Array

While, as noted above, the methodology was not designed to identify strengths, a number of strengths of the District's practices and service array in relation to promoting stable placements did emerge from the study.

For example, QSR reviewers noted that children and families are receiving many services and supports, such as mental health treatment, mentoring, special education services, and educational advocates, although the services were not always coordinated or clearly tied to permanency goals. The reviewers considered the District to have several exemplary programs providing services to children and families. One example was the District's Proctor Home program, which provides a higher payment rate to a foster parent who is able to provide full-time care as well as substantial supports and services targeting children with significant behavioral or medical needs. The reviewers there found that services were individualized to meet the needs of the child and foster family.

Also from the QSR, there was evidence of the use of the District's guardianship subsidy to promote stability and permanency and that there is greater attention to the licensure of kinship homes so that children can remain with their extended families. The QSRs also found that foster parents were committed, effective caregivers and advocates for the children in their care and able to provide stability and security to children. Additionally, reviewers reported a significant use of treatment foster care placements, which is intended to provide therapeutic environments for children in families rather than using congregate placements. Reviewers noted that many foster parents and children reported good relationships with their caseworkers, which is a key piece to stable placements.

Finally, the QSRs notes that the District has been greatly committed to preserving the connections children have with their families, even when the children are in care. As such, more

children are being placed in foster homes in the District of Columbia and there is greater attention to placing siblings together.

One kin parent wrote:

I have the services that I need at this time. CFSA has provided before and after school care for my grandson and he attends counseling and mentoring program supplied by CFSA. It is called the ABC program.
- Foster parent survey

C. Needs for Placement Support Identified by the Assessment

The foster parents surveyed saw disruptions as directly caused by the behavior of the children placed with them, and they identified the greatest needs for more stable placements as counseling, mentoring, and tutoring for the child. Specifically, forty percent (n=24) of foster parents reported that they had experienced a disruption: a child had been removed from their home for reasons other than to return home or be adopted. They indicated the main reasons why disruption occurred were because the child exhibited severe aggressive behavior in the home (79%), was a bad influence on other children in the home (50%), and had problems in school (38%). Other events noted that precipitated placement disruption included perceived foster parent safety concerns (17%), child being withdrawn and hurtful to himself (17%), exhibiting socially offensive behavior or lack of sensitivity (17%), and not getting along with foster parent's biological child in the home (17%).

Correspondingly, when all foster parents (not only those who had experienced disruption) were asked to identify the supports they needed to assist them in maintaining stable placements, they identified counseling, mentoring, and tutoring for the child at the top of the list. Counseling services for the child was the greatest need, reported by 57% of the foster parents. In fact, almost half (44.5%) of foster parents said the child in their home needed counseling services within the last 6-months and ideally want this service to be provided once a week (67.9%) (see Table 3).

I need counseling for the children to help them understand what happened to them and what adoption will mean for them. Respite care [is also needed] so the parents can have a stress relief.
- Foster parent survey

The first type of services I need is a good mentor and respite program provided to the child- an honest and fair look at the child's personality and behavior outlook. I don't mind taking children but [I] need support on a continuous basis- a monthly meeting with social worker to voice needs.
- Foster parent survey

Just over half (51%) of the respondents specified a need for mentoring services for the child and 35% (34.6%) said the child needed the service within the last 6-

months. Nearly half (49%) of foster parents highlighted tutoring services as a necessity, and twenty-five percent (24.6%) said their foster child needed tutoring service within the last 6-months.

Interestingly, after this top list of needs came practical supports such as transportation (44%) and support through a direct relationship with the social worker:

42% highlighted a need for remaining with the same, stable worker while the child is in care, and 35% mentioned ongoing communication with the worker. In addition, in the first mention of support or training, 40% of foster parents mentioned support groups for foster parent (40%) and child (40%), and 39% mentioned respite care. Just over half (51%) expressed the importance of foster parent support groups on a monthly basis.

I need transportation [for the child] to therapy. I work full time.
- Foster parent survey

Other vital resources/services needed to support foster care placements were identified as: educational assessment of the child (38%), outpatient mental health services for the child (36%), ongoing communication with the worker (35%), having an updated local directory of community resources and service providers (36%), child/day care (33%), foster parent education on foster care issues (34%), help with basic needs (such as food, clothing & furniture) (31%), and financial support (29%).

Table 3.
Foster Parent Responses to What Supports are Needed in Order to Maintain a Stable Living Environment for Child While They are in Foster Care

Counseling Services for Child	57%
Mentoring Services for Child	51%
Tutoring Services for Child	49%
Transportation Services	44%
Remain Under the Same Worker	42%
Foster Parent Support Group	40%
Support Group for the Child	40%
Respite Care	39%
Educational Assessment of the Child	38%
Local Directory of Community Resources	36%
Outpatient Mental Health Services for Child	36%
Ongoing Communication with the Social Worker	35%
Foster Parent Education on Foster Care Issues	35%
Child/Day Care Services	33%
Financial Support	29%
Foster Parent Training on Conflict Resolution	25%

For the workers surveyed, both the child's behavior and the potential lack of training and support received by the foster parent to manage the child's behavior were identified as reasons for placement disruption. Like foster parents, workers reported that the child's aggressive behavior in the home (59.1%) and problems in school (47.7%) were major reasons why foster care placements disrupt. They also mentioned the child's poor socialization or lack of sensitivity (45.5%). In addition, however, workers highlighted a range of issues relating to the support or training available to the foster parent:

- Difficulties presented by the child exceeding foster parent's capabilities (54.5%),
- Lack of foster parent training on conflict resolution or relationship building (47.7%),
- Foster parent's unrealistic expectation of the child (45.5%), and
- No respite care for foster parent (43.2%).

In looking at services needed to support stable placements, workers, like foster parents, identified counseling (68.8%), mentoring (63.6%), and tutoring as the primary resources needed to maintain foster care placements. A somewhat smaller proportion of workers but still more than half identified outpatient mental health services (59.1%), transportation (59.1%), and foster parent training on how to ease the adjustment period of newly placed children (%?). Foster parent support groups (54.5%), financial support (52.3%), educational assessments, and respite (50%) were other secondary supportive services that workers thought were critical to placement stability.

Interviews and focus groups provided more depth to this picture. First, in addition to the issues raised by workers and foster parents regarding the child's behavior and the foster parent's training and support, the Family Court judges also highlighted a concern regarding poor matching between the child and the foster parent and the inadequacy of information available to foster parents to understand the needs of a child. They also underlined the need for additional training for foster parents regarding the effects of abuse and neglect on children. Because of trauma from abuse or neglect, foster children have different developmental needs than their biological children, therefore parenting methods will need to be different.

The foster parent focus groups delved into all of these questions and identified some very particular training and support needs for understanding and responding to children's behavior.

Participants identified the following challenges in maintaining foster care placements:

- Feelings of confusion and hurt about the relationship to the child
- Lack of training on therapeutic care for when child is identified as having a special need post-placement
- Rigidity or insufficiency of financial assistance for foster parents
- Difficulties for foster parents in negotiating the legal and child welfare system
- Lack of preparation and information for foster parents at the front end

Understanding the relationship between foster parents and foster children, as well as the relationship between foster children and their biological parents— One major challenge reported by foster parents was the relationships formed with children placed in care. Foster parents reported feeling confused and hurt when foster children do not develop attachments to them and instead remain attached to their parent, despite the fact that the parent has abused them. Kinship care parents reported that the relationship between themselves and the child are further complicated by the relationship between the kinship parent and the biological parent.

Participants reported that support groups helped them deal with these issues but, given the foster parents reported feelings, they may need some additional training in areas such as child development and child trauma to help them understand a child’s reaction to being removed from the home and his or her parent(s). Training on the dynamics of foster children in homes with a foster parent’s natural child may also be critical. Foster parents also reported that respite care might be helpful in giving them a break from the challenges of foster parenting.

Training to provide specialized care— Foster parent participants also reported that children in their care sometimes have special needs that they were not made aware of prior to the placement and that once these needs were identified, children had to be re-placed in therapeutic foster care— a difficult situation for the foster parent and the child. They suggested that instead of moving children with special need to special homes,

[There should be] a continuum of services model where all foster parents are trained to handle the toughest children... [That way,] the child doesn’t have to be moved to another placement.
- Foster parent, 12/08/03

CFSA could offer training for foster parents to provide care to special needs children. This could potentially reduce the number of placements children would have and increase the number of foster homes for special needs children. As noted in an earlier chapter, the QSR review also highlighted the need for training in skills for specialized foster care; the QSR reviewers felt that parents already providing therapeutic care could benefit, as well as other foster parents.

Financial assistance for foster parents— Foster parents discussed their desires for the agency to

I have to know where she is all the time... the agency doesn’t provide me money for a cell phone, so the money comes out of my pocket. She wants her own privacy. The agency doesn’t pay for a telephone for her. It comes out of my pocket. She wants to be able to look at her shows and live independently. I treat her just as if she was my own child.
- Foster parent 10/07/03

provide more financial assistance to them than what is currently offered, explaining that good foster parents provide more for the children in their care than the “bare minimum,” even if this goes beyond the payment they receive from the agency. Expenses foster parents incur that they are not compensated for include new clothing, home furnishings for the child’s room, cell phones for safety and monitoring, and paying for small luxuries such as a separate phone or cable line so that children can have their own space and privacy.

Support for negotiating the child welfare and legal systems—Foster parents mentioned that it was difficult to understand the workings of the legal and bureaucratic processes associated with child welfare, including tracking medical information, maintaining copies of children’s records, and understanding how to access resources. One kinship parent reported having received unclear and conflicting information from the judge about issues of guardianship, custody, and other legal matters, which made it difficult for her to understand what she was supposed to do in relation to the child’s case.

And outreach for foster parents... we desperately need that. Let them know that our own mayor was a product of a foster family... and a big advocate for foster care.
- CFSA workers, 09/12/03

Recruitment of better, more informed foster parents—

Agency workers felt that CFSA would be better served if they conducted more outreach to recruit foster parents.

One participant felt that potential foster parents should be made aware of the expectations the agency has of foster parents so that they are prepared for the responsibilities of caring for a foster child. One foster parent suggested peer advocates for potential and foster parents. These advocates would be foster parents themselves and could help potential or current foster parents understand the challenges of caring for foster children, provide support during high stress times, and be a resource for both the foster parents and children.

VI. SPECIFIC SERVICES: RESEARCH QUESTIONS #4 - #7

This chapter summarizes the results of research questions involving specific service needs. Where possible, we have gone beyond the numerical information to provide additional insights from the interviews, focus groups, or QSR analysis regarding the quality and nature of services required to address the specific need.

Mental Health Services

The data from the needs assessment highlight the need for mental health services for both parents and children involved with the child welfare system. For parents, depression was a particular issue. Fifty-nine percent of workers and 55% of parents considered depression to be a factor in families that became involved with CFSA before the families came into care. Twenty-two percent of the same parents responded that they needed outpatient mental health services for themselves in the last 6-months, with 20% indicating they would use it once a week.

Among birth parents, 33% report that they needed outpatient mental health services for their child(ren). Fifty-three percent of these parents indicate that the child needed the service within the last 6-months. Among these, 45% say that they would use this service once a week.

Mental health services for children were also highlighted as important to preventing placement disruption. When foster parents who had experienced a disruption were asked about what the reasons were for the disruption, 79% said they returned the child because of severe aggressive behavior in the home. Fifty-one percent of workers considered this to be a reason for placement disruptions.

To see if we could get behind these numbers and understand more about the nature of the need, we reviewed the detailed case stories from the QSR reviews to understand more about the nature of the mental health needs and services. The case stories did provide additional detail on the needs of children: many of the children in the case stories have behavioral problems such as AD/HD and would benefit, and in some cases are benefiting, from psychological or psychiatric therapy and or medications. In several instances in the case stories it is revealed that the entire family, not just the child, is receiving therapy.

The case stories also illustrate the challenge of ensuring that mental health services are high quality and that social workers as well as mental health professionals are skilled at assessment and at understanding the particular needs of children who have been abused and neglected. Without these characteristics, services may not truly have an effect: in the majority of cases the needs of the child and the treatment seem to be connected, but if therapy is superficial, as indicated by one case reviewer, and does not deal with the underlying issues for the child or the family, the chance that real change can take place is lessened. In several of the cases reviewed the reviewers state the child and family's assessment is not up to date and in a couple of instances completely incorrect. If the needs of the child are not being properly identified then there is little chance that their psychological or behavioral needs are being met. While many of the cases indicate that therapists are part of the child's treatment network and provide needed services that are helping the child deal with trauma, aggression, loss and grief and depression, in several of these cases the reviewers state that the treatment or placements are inappropriate. This may be due to poor coordination, unavailability of appropriate treatments or lack of understanding of the child's needs.

The case reviews provide less information about the mental health needs of parents. Several cases discuss parents' developmental disabilities and the services they are receiving, as well as substance abuse services for parents who are addicted or drug involved. But the cases do not appear to focus specifically on parents' mental health needs. This is surprising given the high level of self-reported need by birth parents (particularly depression among birth parents), and it raises concerns regarding a need that may be somewhat hidden by a focus on treatment for children separately.

Housing

The need for housing was cited repeatedly as a need among CFSA families, based on each of the different data sources. Twenty-five percent of birth parents indicate that they were homeless or living in a shelter prior to CFSA involvement. Half of the birth parents report that housing is a need to create a safe home for their family. Fifty-one percent of birth parents said that they needed help in searching for affordable housing within the past 6-months. They estimate that they would need this service twice a year. Consistent with the observations of birth families, the Family Court judges believe that housing is a major reason cases are opened and why they can't be closed.

The interviews and focus group discussions provided additional information regarding the kinds of services that might be helpful to address these needs. The Collaborative directors also pointed to housing as a very important issue for CFSA families. Beyond the broad need for affordable housing, they highlighted several specific issues:

- While previously there were barriers in families receiving vouchers for Section Eight housing, the greatest challenge now is in finding property owners who accept Section Eight vouchers.
- Any housing resources should include a program with incremental training on maintaining the household as well as job training. The Collaborative Directors indicate these additional services would be critical to decreasing the long-term dependency of families on CFSA. They report that many people cannot maintain housing once it is secured for them because they don't have jobs or they have poor financial management skills.

Education

The information available from this survey regarding education needs of CFSA families is limited. Forty-nine percent of workers and 36% of birth parents indicated that children have problems in school, though it is not clear if the problems are behavioral or academic. Thirty-one percent of birth parents indicate that their children need tutoring in order to create a safe and suitable home environment. Nearly half (49%) of foster parents highlight tutoring services as a need for families; however, only 25% indicated that their foster child needed the service within the last six months. The foster parents also indicated that their foster children needed educational assessments.

The Mayor's Services Liaison Office (MSLO) reports that 40 percent of the referrals that they receive request assistance in the acquisition of special education services for children. This makes special education far and away the most common request for assistance they receive, as the second highest is substance abuse with 18% of referrals. However, these data may reflect the specific role of the MSLO rather than reflecting absolute need. Specifically, the MSLO collects data on the requests that they receive for help in securing services that are needed by the family and where the services have not been secured even though the service need was long identified. In other words, the MSLO acts as a catalyst in securing services and removes barriers to service acquisition when asked by the Family Court or other participant in the legal process. Therefore, special education may be at the top of the list because other services are more likely to be resolved outside of the legal process, or without a need for MSLO intervention.

The QSR case stories provide some additional information on the nature of children's needs. The stories suggest that many of the children who come to the attention of CFSA regardless of whether they have been removed have special educational needs. Many of the children are in special education classes and/or have an individualized education plan. Because many of the

children served by CFSA and its contractors have mental health needs and or developmental delays, the need for specialized educational settings is high. The case studies report that many of these children were born drug exposed and have developmental delays due to this exposure. In addition to issues related to drug exposed babies, the trauma that many of these children have experienced may have also contributed to their being a need for special education programs. Behavioral problems, regardless of the cause, also contribute to some to the children identified in these case studies as needing special educational settings.

Substance Abuse Treatment

The need for substance abuse services is substantial and identified by all the data sources. From the survey data, one of the most common issues was parental substance abuse. Both workers (72%) and birth parents themselves (50%) reported that families struggled with parental substance abuse prior to entry into care. From the open ended items on the questionnaire, birth parents continued to express that substance abuse was an issue prior to coming into care. Forty-six percent of parents maintain that they need drug abuse treatment in order to create a safe and suitable home for their children. Thirty-seven percent of the birth parents stated that they needed drug treatment services (for themselves) within the last 6-months.

The need for alcohol treatment seemed less prevalent than drug treatment. Twenty-five percent of workers stated that birth parents needed alcohol treatment to maintain a safe and suitable home. However, less than five-percent of parents report that they needed alcohol treatment.

The data from the surveys and focus groups do not give a clear picture of the extent of substance abuse among children. While the families report that neither drug nor alcohol use was a significant factor with their children, one of the magistrate judges indicated that drug use is fairly common among the children. This may be because the birth parents in the sample are generally caring for children while the judge is thinking of teens in care.

The majority of cases reviewed in the QSR sample indicate that one or both parents are substance abusers. In many instances it is the mother; however there are several cases where the father is also indicated as being drug involved. Substance abuse treatment is also indicated in many of these cases but often the parent relapses or does not follow through with the program. Although there are many reasons that parents do not stay in substance abuse treatment programs, there are several success stories that are indicated. One in particular is that of a mother and child who have been residing in a treatment facility for almost a year. As of the case story, the mother was able to keep her child with her as well as get treatment for her substance abuse problem and is succeeding at both. This illustration shows that some treatments are very effective especially if they are gender specific and child friendly.

These issues among parents in the child welfare system fit into the context of a broader problem in the District of Columbia. The Mayor's Interagency Taskforce on Substance abuse Treatment, Prevention and Control (2003) estimates that sixty thousand (60,000) residents – nearly one in 10 – are addicted to illegal drugs or alcohol. And of the 1.3 million emergency room visits in the District, about 40% are related to drug and alcohol abuse. In addition, nearly 15% of new mothers report having used illicit drugs during pregnancy. In response to the prevalence of substance abuse, the Mayor has is aiming to reduce the city's addicted population by 25,000 and reducing the social costs of substance abuse by \$300 million by year 2010 (p.1-1).

Other Services

Child Care Services — Birth parents, workers and Family Court Judges mentioned the need for child care services for families. Birth parents reported needing child care to assist them during their period of transformation, for example getting child care while they search for employment or to attend a counseling or support session. Judges, on the other hand linked the need for child care services to the lack of informal supports. They noted that often times, a family is isolated because they reside in one area of the city, while their major support systems are in another. This is similar to an event that one of the birth parents mentioned that she struggled with before becoming known to the agency. The parent said that her mother, who lived with her initially, moved to live with her sister in Philadelphia.

Agency workers also identified the need for quality after-hours childcare services. They felt it was difficult for families to find day care, in general, but even more difficult for parents that work in the evening.

Parenting Education—A common problem identified before the families came into care is the birth parent's ability/skills to parent. Seventy-one percent of birth parents indicate that they needed parenting classes, while 55% of workers indicated the same. Sixty-two percent of birth parents stated that they need education on child development. Family Court judges also highlighted a need for parenting classes, tailored to meet the needs of individual parents. In addition, the participants indicated that the parents had very poor models of parenting in their own childhood and did not know how to form a bond with the child. Therefore parenting skills and child development seems to be a service needs for families before coming into care.

VII. NEXT STEPS

As indicated in the Introduction above, this Needs Assessment report is the first of a series of Needs Assessments to be completed every two years. It is also a step along the way to CFSA's first Resource Development Plan, which is to include detailed plans for addressing the major needs of families that affect permanence and stability in placement and which is to be completed by March 31.

We are very excited about what we have learned from this first Needs Assessment and intend to build on it and use the information we have gained in a number of ways over the coming months. Key next steps include:

- **Sharing information broadly with other District agencies and with key stakeholders.** In the case of District agencies, we have been working closely with some, such as the Department of Mental Health, over many months and years. In other cases, we have jump-started a partnership through sharing this document for review and anticipate a close working relationship hereafter. For our external stakeholders, including foster parents, the Healthy Families/ Thriving Communities Collaboratives, contracted agencies, other service providers, the judges of the Family Court, and others, we look forward to sharing this document and building on the commitment of time that they have already made to this effort through their participation in focus groups and interviews. With this document, the Health Assessment, and the QSR report available at about the same time, we anticipate that we will be able to make considerable progress with our stakeholders in developing a shared view of the strengths our system currently possesses and the needs and next steps we must work on together. Since we cannot meet the needs or take the next steps alone, this is a crucial role for this document.
- **Sharing information with CFSA staff and using it to inform training.** We believe that staff will be energized by the understanding that they are not alone in their day-to-day struggles with each of these issues and that the District is committed to strategies that will address each issue over time. In addition, we see a number of links between the findings of this Needs Assessment and the practice recommendations emerging from the QSR's. For example, the key role of family engagement is evident throughout the QSR review and also underlies the discussion of family isolation that we have presented here; the need to develop more sophisticated assessment skills and to be attuned to the multiple needs and difficult circumstances of parents (including such issues as maternal depression) is evident in the Needs Assessment as well as being high on our training list for this year and central to the QSR findings.

- **Delving more deeply into selected issues, in preparation for the Resource Development Plan.** As indicated in the Introduction and Methodology chapters, we have gathered information very broadly in this Needs Assessment. As a next step, we expect to work with the appropriate District agencies to look more deeply at a limited number of issues, in order to be prepared for the detailed identification of next steps required in the Resource Development Plan. We also anticipate bringing into the Resource Development Plan information that we are gathering through other parts of our work, including what we have learned from individual case staffings, what we have learned through the design of the contracts reform effort, and other data.
- **Designing a series of studies that will lead up to the next Needs Assessment, in two years.** We anticipate that after this first Assessment, we will prefer in the future to conduct the Needs Assessment through a linked series of studies rather than all at once, with the goal of combining in-depth reviews of particular need with overall updates that allow us to scan for major changes. We intend to reflect on lessons learned from this study and discuss with other agencies what would be a useful plan for research and data analysis over the next two years.

As we move forward, we know that we will hear about many improvements that we can make to this document in the future: additional data, additional approaches to methodology, and additional questions that we should be asking. We look forward to receiving this advice and assistance, building on the information collected here, and working closely with our District government colleagues in order to complete the Resource Development Plan with its specific implementation steps by March 31.

APPENDIX A:

Bibliography

Appendix A:

Bibliography

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