CalSWEC Curriculum Study:

Understanding Reunification Services Delivery Models in California Counties

EXECUTIVE SUMMARY

January 11, 2013

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Introduction

With the Adoption Assistance and Child Welfare Act of 1980, family reunification was identified as one of the primary goals of the child protective services system, and public child welfare agencies were required to make "reasonable efforts" to help families reunify. Public child welfare agencies meet their "reasonable efforts" requirements usually by providing services or referrals to services, such as counseling or drug treatment (Bean, 2005; Kaiser, 2009). These reunification services are the key means by which families' problems are expected to be resolved and families reunified (CWIG, 2006).

Evidence suggests use of treatment services is important for reunifying parents. Critical to consider then is what facilitates parents' use of these services. A body of work on social service use suggests that individual, program, worker, and community characteristics all affect clients' use of services (Daro et al., 2007; Littell, Alexander, & Reynolds, 2001; Littell & Tajima, 2000; McCurdy & Daro, 2001). However, this literature discusses service use in the context of a single service type; influences may be different in the unique context of child welfare reunification, in which parents with many life problems are asked to engage with a variety of service types offered by an array of different providers.

Given reunifying parents' many problems, and the numerous requirements on their case plans, service delivery models that make accessing services easier, by using strategies such as service colocation or service integration, may be more effective at facilitating reunification than service delivery models that do not attempt to do this. However, "...there is a lack of well known, well-articulated models of reunification practice that have been implemented in large scale and no single program model has captured the attention of the field as a whole" (2001, 4-7), and very few studies of "models" of reunification services delivery have been conducted. The several studies that exist suggest that programs of intensive, integrated services can improve reunification rates.

Given the shorter timeframes and serious consequences for parents of failing to reunify quickly in the post-ASFA environment, there is a need for studies that can provide information regarding reunification service delivery models most likely to be effective with child welfare clients, so that parents have the best chance possible to reunify with their children. This two year, three phase study used a

statewide county survey, county outcome data, quantitative analysis, and follow-up interviews and observations in four counties to address this research gap. The purposes of the project were to 1) explore models of reunification services delivery currently in use in California; 2) determine whether any of these approaches were associated with improved reunification outcomes; and 3) provide an in-depth description and examination of promising models and/or model components.

Research Design and Methods

Survey.

The first portion of the study used a survey design and descriptive analyses. The sample consisted of child welfare administrators from California counties. An on-line survey was developed, asking about reunification services interventions, service delivery and organization strategies, as well as barriers to reunification. A link to the on-line survey was emailed to child welfare directors, who forwarded the link to the appropriate individuals within their county. Respondents completed the survey on-line. Data were downloaded into MS Excel, and transferred to SPSS for analysis. Analysis consisted of summary descriptive statistics and cluster analysis to explore models of service delivery in counties.

Case Studies

Phase II used a qualitative case study approach, using interview and focus groups with multiple stakeholder groups within each county. Four counties were selected based on their high usage of interventions from at least one of four "approaches" to reunification service delivery -- *Supportive*, *Linking*, *Assessing*, and *Burden-Easing* -- identified by categorizing interventions identified in the Phase I survey. Six counties were invited and four agreed to participate (Contra Costa, Orange County, Santa Clara, and Santa Cruz). Stakeholder groups interviewed included county social workers working with reunification parents, legal representatives of reunifying parents, providers of reunification services, and agency managers overseeing continuing services units. Overall, there were a total of 47 social workers, 22 attorneys, 37 service providers, and 4 managers interviewed in 11 focus groups and 17 interviews. Interview questions concerned participants' role in reunification; what they considered to be working well, and not well, in their reunification services programs; issues in the environment that affected the

process; and their perceptions of major hindrances to reunification. Interviews were conducted in person when that was feasible, and over the phone was it was not. Interviews were recorded using a digital recorder, and transcribed for analysis. Emerging codes were analyzed for thematic relationships, across stakeholders, counties and questions.

Quantitative Analysis

A longitudinal research design using a fixed effects regression modeling approach with bi-annual periods used as observations and controlling for county and time was used to examine the relationship between reunification approaches and outcomes of reunification and reentry. The sample consisted of counties returning completed surveys in Phase I of the study. Data on the independent variables came from the Phase I survey. Data on dependent and control variables came from publically available data on child welfare outcomes provided online by the Performance Indicator Project at U.C. Berkeley, 2012 Q2 extract.

Results

Survey

Survey results provide a glimpse of reunification practice across the state. Commonly used interventions and service delivery strategies include Parent-Child Interaction Therapy (PCIT), Family Maintenance services after reunification, Wrap-Around services, provision of concrete services, Family Team Meetings (or TDMs), formal assessments at the time of case plan development and reunification decisions, in-home services, and co-location of services. Somewhat less common but often used interventions and strategies include Parent Partner or Parent Mentor programs, Drug Courts, service combining, and service staggering. The IFRS program was relatively rare, and not a single county used the Shared Family Care program, in which a foster family hosts both the parent and the child in the home.

Other important aspects of reunification practice include transportation and contracting approaches, and perceived barriers to effective service delivery. The most common general approach to transportation in counties is to provide bus tickets or other compensation to clients. Most counties contract with providers to provide services to reunifying parents, though use of community providers

without a contract was fairly common as well; agency staff infrequently provided services to parents. Inadequate funding was most often named as a substantial barrier to reunification, closely followed by the lack of adequate transportation. Lack of substance abuse treatment and mental health treatment services were the next most frequently cited barriers to reunification.

Case Studies

In this section, themes emerging from the qualitative interviews with stakeholder groups of social workers, service providers, attorneys, and managers in the four counties are presented. In general, themes were noted when comments reflecting common ideas were identified across counties and/or stakeholder groups.

Financial challenges: Multiple counties reported difficulties related to a lack of resources and budget cuts. Reductions in staff complicated the work of the social worker, and reduced the quality of service provision. Resource restrictions also have reduced service availability.

We don't have a "reunification program": Interview data suggested that stakeholders did not think of reunification as a particular programmatic effort. None of the counties articulated a defined "model" of reunification practice. Frequently, respondents would say, "we don't have a reunification services program." What they had were *continuing services units*, and workers in those units served families of different sorts – families at risk, families in family maintenance, and reunifying families. Workers referred these families to various providers in the community that often served an even broader array of families, including families not involved with child welfare.

Problems with case plans: Most stakeholders were concerned about case plans, feeling either that they were not sufficiently tailored to meet the needs of families, or that they included too many service requirements. There was a broad consensus across all stakeholder groups and all counties that the required efforts are overwhelming and logistically daunting. In fact, a recurring concern was that putting too much on case plans was "setting parents up to fail;" that given reunifying parents' social and economic circumstances, the number of things on the case plan was *undermining* their reunification efforts. Finally, a clear indication that stakeholders feel case plans are overloaded was the recurrent

refrain, "I couldn't do it." Although interviewees were often highly educated and trained professionals, they often reflected that what was asked of reunifying parents was a task they weren't confident they themselves could accomplish.

Strategies for addressing case plan problems: A number of different strategies for dealing with the problem of the number of services on case plans were discussed. A number of counties reported staggering case plan service requirements to avoid giving a parent too much to do at any one time. However, in one county, workers were concerned that attempts to stagger services would be interpreted by attorneys and the court as the agency's failure to meet reasonable efforts responsibilities. A second strategy for dealing with the number of services on case plans was co-locating or combining services. Residential drug treatment services were popular with social workers because many of these incorporated other services into the treatment or on the location, such as parent treatment, anger management, or counseling.

Other promising interventions: Other interventions that were often mentioned as helpful included Team Decision Making or Family Team meetings, WrapAround services, and Parent Partners. In particular Parent Partners were considered to be a tremendous asset to the array of services available to reunifying parents.

Quantitative Analysis

Variables representing different approaches to reunification service delivery – Assessing, Burdeneasing, Linking, and Supportive – were tested in multivariate models regarding their association with child welfare outcomes of *reunification at 18 months* and *reentry within 12 months*. None of the approaches were found to be associated with reunification, though the Assessing approach was positively associated with reunification for low reunification rate county periods. Burden-easing and Supportive variable were found to be associated with reduced reentry rates.

Discussion

Looking across findings from the three stages of the study, a set of primary issues emerges. First, funding problems are causing tremendous stress on the system. Staffing cuts limited the amount of time workers could spend with families, reducing the quality of the case work and intensifying the stress on workers. Fewer services were available in the community, and waiting lists and reduced time for clients in services were problematic. Funding limitations and lack of service availability were reported to be primary barriers to reunification.

Second, current practice in case plan development combined with legal time constraints create significant hurdles for reunifying parents. Stakeholders repeatedly stressed concerns about the number of services reunifying parents had to comply with on their case plans, and the logistical hurdles they had to overcome to access those services. Survey data also supported the notion that logistical challenges were problematic, as transportation was identified by survey respondents as a primary barrier to reunification. Additionally, reunifying parents were described by interviewees as suffering from long-term, serious social and emotional problems that were in themselves overwhelming. In fact stakeholders considered the numerous and complex problems of reunifying parents one of the main hindrances to their ability to reunify.

A sort of "perfect storm" is created when these extraordinary difficulties bump up against the intensive demands of reunification case plans, and the timelines tightened by ASFA and California legislation. When funding troubles are factored in to the understanding of what reunifying parents are confronting, the storm grows even more serious, as these troubled parents are attempting their challenging task in an environment in which case workers have a reduced ability to help them, services are less available, and funding to pay for services is limited or non-existent. Given this, it is somewhat surprising that the various reunification approaches, particularly the burden-easing approach, did not appear to have an effect on the likelihood of reunification. On the other hand, findings suggest that using a high number of Burden-easing interventions in reunification services programs reduces the likelihood of *re-entry*. It may be that when parents' energies are less burdened with the logistical challenge of accessing multiple

services, they may have more energy and time left to absorb information from the services they do use, as several stakeholders suggested; thus, when they reunify, those placements are more "sturdy" and less likely to result in re-entry.

Lastly, no fully conceptualized models of reunification service delivery were identified, but the need for such models is great. The high level of needs exhibited by parents, the degree to which their social and economic problems are likely to hamper their ability to access services, the tendency for child welfare case plans to consist of long lists of service "tasks" to complete, the logistical challenge involved in accessing such a set of services for impoverished parents in counties with limited public transportation, together suggest a new approach is needed. If our goal is to increase reunifications, and to increase the percentage of those reunifications that last, an approach that provides intensive, integrated, comprehensive supports and reduces logistical hindrances to accessing services, is critically needed.

Policy and Practice Implications

Study findings suggest a number of implications for policy, practice and education. Suggestions for reducing the stress and workload for workers include changing caseload accounting to focus on number of families or parents, rather than number of children; and providing trainings for attorneys, the court, and social workers to clarify the need for simplified or staggered case plans, and assist workers' to effectively justify this strategy to parties at court. Suggestions for enhancing partnership with parents include ensuring the development by workers of tailored case plans (perhaps using TDMs or checklists as tools to facilitate this), and expanding the universally admired Parent Partner programs. Suggestions for re-conceptualizing "reunification services" included developing funding avenues for implementing specialized reunification service programs, focusing service units on the specific work of reunification, co-locating services based on logistical and clinical considerations, and holding service coordination meetings for relevant providers and other stakeholders.