

**Evaluating Large Scale Child Welfare
Casework Practice Models:
Ideal and Realistic Methodologies
and Evaluation Implementation
Given Systems Characteristics**

National Child Welfare Evaluation
Summit

Washington, D. C.

August 30, 2011

Learning Objectives

- **Learning Objective 1:** Participants will become familiar with different methodologies that can be used to evaluate large scale casework practice models.
- **Learning Objective 2:** Participants will understand challenges associated with isolating large scale casework practice models from three examples of states that have and are currently grappling with these challenges.
- **Learning Objective 3:** Participants will become knowledgeable about different approaches for evaluating common implementation drivers that underlie comprehensive systems change efforts, as well as approaches for measuring common system change outcomes.

Practice Models

Wandersman (2009) notes that any effective model, program or intervention must have four keys to success:

- 1) A theoretical base including a theory of change (Anderson, 2005) as well as values
- 2) A fully articulated set of actions and skills that can be observed for presence and strength
 - Address all aspects of the agency practice
 - Guides daily interactions for all levels of staff

Practice Models continued

3) System supports, and

4) Evaluation results including data benchmarks to monitor the efficacy of the model (Wandersman, et al, 2005).

- Define outcomes and how they will be measured
- Describe specific behaviors, activities, and strategies used to meet outcomes

Child Welfare Casework Practice Model Definition

(Barbee, Christensen, Antle, Wandersman & Cahn, 2011)

A practice model for casework management in child welfare should be theoretically and values based, as well as capable of being fully integrated into and supported by a child welfare system. The model should clearly articulate and operationalize specific casework skills and practices that child welfare workers must perform through all stages and aspects of child welfare casework in order to optimize the safety, permanency and well being of children who enter, move through and exit the child welfare system.

Benefits of Using a Practice Model

- Providing a basis for consistency in practice (NCWRCOI, 2008; Casey Family Programs, 2008; CWPPG, 2008a);
- Clarifying employee roles and expectations (NCWRCOI, 2008; Casey Family Programs, 2008; CWPPG, 2008a);
- Informing training, policy, and quality assurance (NCWRCOI, 2008; Casey Family Programs, 2008; CWPPG, 2008a);
- Shaping organizational design (NCWRCOI, 2008; Casey Family Programs, 2008; CWPPG, 2008a);
- Providing a moral authority for practice (Casey Family Programs, 2008; CWPPG, 2008a);
- Forcing attention to how children and families should experience the system (Casey Family Programs, 2008; CWPPG, 2008a).

Challenges of Implementing a Practice Model

- Balancing prescription and flexibility (NCWRCOI, 2008)
- Sustaining the practice model through changes in leadership
- Measuring fidelity to the model
- Effectively linking the model to outcomes

Kentucky Evaluation of Solution Based Casework

Anita P. Barbee, MSSW, Ph.D.

Dana N Christensen, Ph.D.

Kent School of Social Work

University of Louisville

Overview of Solution Based Casework

(Christensen, Todahl and Barrett, 1999)

1. Prioritizes Consensus Building
2. Measures Skill Acquisition vs. Service Delivery
3. Assessment is Organized around the Pragmatics of Everyday Family Life
4. Case Planning Targets the Development of Family Owned Plans of Action
 1. Family Level Plans of Action (Objectives)
 2. Individual Level Plans of Action “
5. Casework Management Targets Documenting and Celebrating Success of those Action Plans

Evaluation Research

- 6 major studies over 10 years
 - Study 1: Chart File Review (Martin, Barbee, Antle & Sar, 2002 *Child Welfare*)
 - ✦ To explore issues with implementation and short-term outcomes
 - Study 2: Qualitative Interviews with Workers and Clients
 - ✦ To explore client and worker experiences with the model (Antle, Christensen, Barbee & Martin, 2008 *Journal of Public Child Welfare*)
 - Studies 3 & 4: Training Evaluation (Antle, Barbee, & van Zyl, 2008 *CYSR*; Antle, Sullivan, Barbee & Christensen, 2010 *Child Welfare*)
 - ✦ To identify most effective strategies to promote transfer of the model

Evaluation Research Continued

- Study 5: Management Data (van Zyl, Antle, & Barbee, 2010 *chapter*; Antle, Barbee, Sullivan & Christensen, 2010 *Children and Youth Services Review*)
 - ✦ To examine the impact of general model use on safety, permanency, and well-being
- Study 6: Continuous Quality Improvement Data (Antle, Christensen, van Zyl & Barbee, in press *Child Abuse and Neglect*)
 - ✦ To examine the impact of specific model skills at various stages of the casework process on CFSR items and ASFA outcomes

Overview of CQI Study

- Research Questions
 - What is the relationship between SBC Implementation and performance on federal review items and outcomes?
- Sample
 - 4559 cases over four year time period (2004-2008)
- Variables and Measurement
 - Solution-Based Casework Implementation Factors
 - Safety 1 and 2, Permanency 1 and 2, Well Being 1,2, and 3

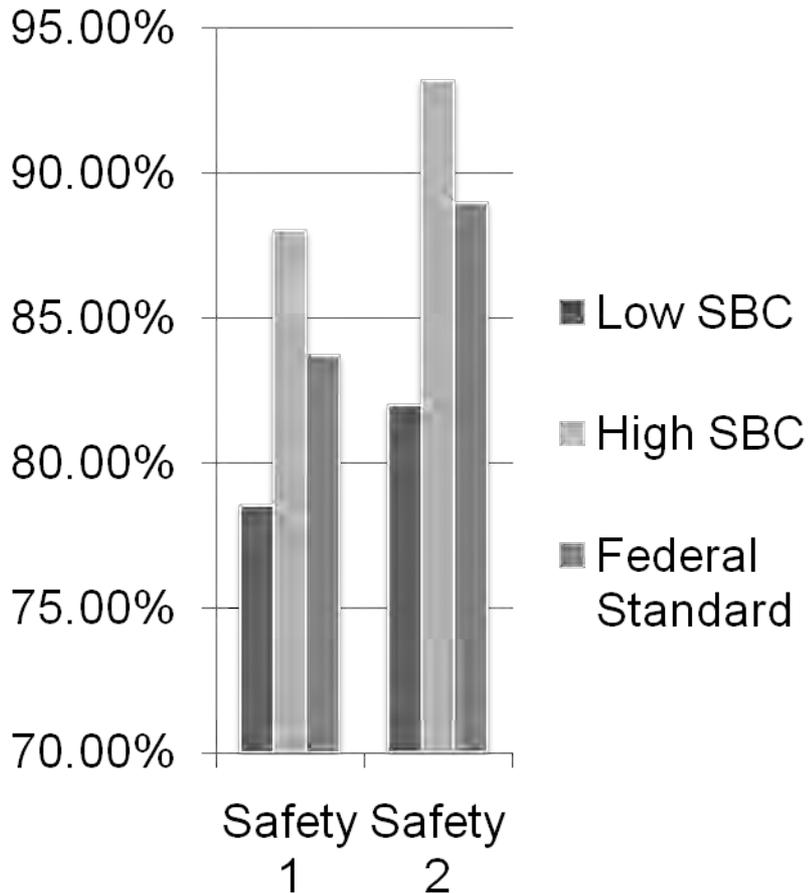
CQI Study Procedure

- Procedure
 - CQI Review Process, Merged data across four years
 - Extracted SBC items from review tool
 - Federal review items and outcomes had been mapped onto CQI tool by CFSR/PIP team in KY
 - Compared Low SBC Implementers with High SBC Implementers

Summary of CQI Study

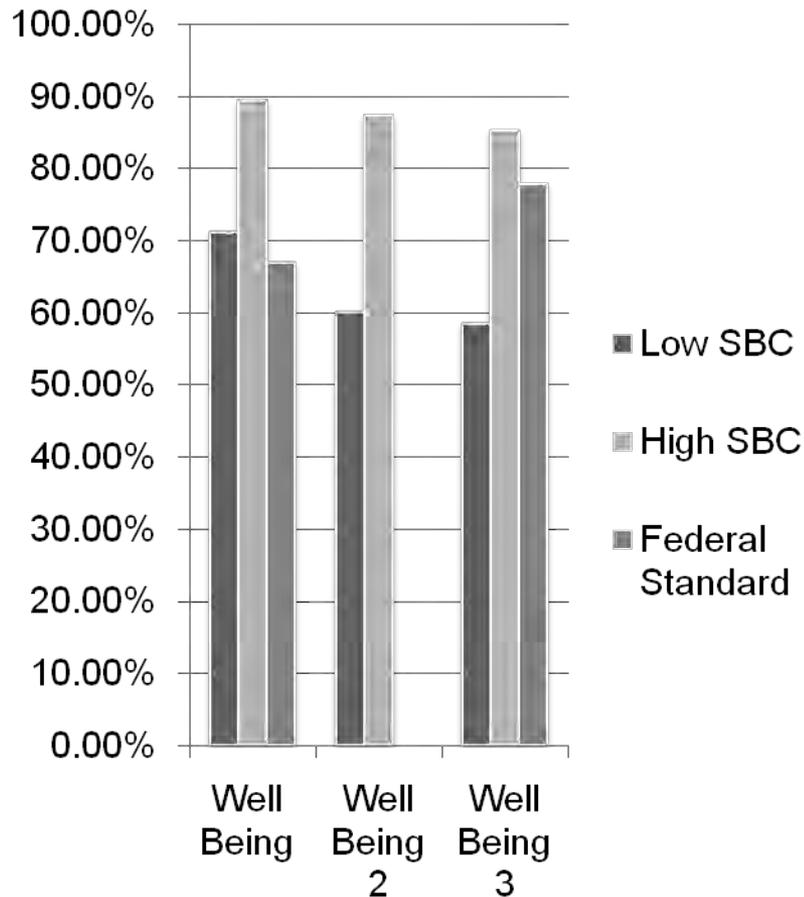
- Use of the *Solution Based Casework (SBC)* model is associated with significantly better scores on all 23 CFSR review items and the 7 outcomes of safety, permanency, and well being
- Higher degree of use of the *SBC* model (across all stages of the case) results in exceeding federal standards for each of the key outcomes of safety, permanency, and well being. When the model is not used, or used to a lesser degree, cases failed to meet these federal standards for outcomes.

Impact of SBC on Compliance with Federal Standards for Safety



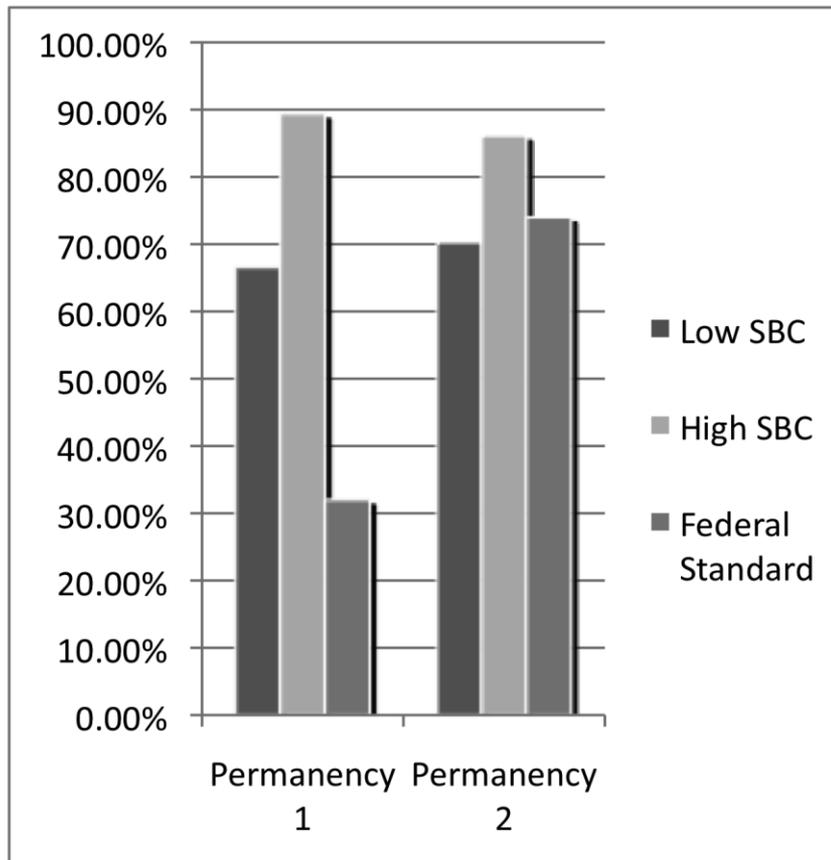
- There is a significant difference between high and low SBC groups for all federal outcomes.
- There is a significant difference between high and low SBC groups for SAFETY 1, $t(4417) = -15.24, p < .0001$. For SAFETY 1, the federal goal was 83.7%. The mean % for low SBC group was 78.54% and the mean % for the high SBC group was 88.01% (exceeding the federal standard).
- There is a significant difference between high and low SBC groups for SAFETY 2, $t(4405) = -19.42, p < .0001$. For SAFETY 2, the federal goal was 89%. The mean % for the low SBC group was 81.98%, and the mean % for the high SBC group was 93.22%.

Impact of SBC on Compliance with Federal Standards for Well Being



- There is a significant difference between high and low SBC groups for WELL BEING 1, $t(4336) = -24.07, p < .0001$. For WELL BEING 1, the federal goal was 67%. The mean for the low SBC group was 71.30% and the mean for the high SBC group was 89.52%.
- There is a significant difference between high and low SBC groups for WELL BEING 2, $t(2988) = -2.60, p < .0001$. For WELL BEING 2, the federal goal was not established in the reports. The mean for the low SBC group was 60.19% and the mean for the high SBC group was 87.44%.
- There is a significant difference between high and low SBC groups for WELL BEING 3, $t(3467) = -25.69, p < .0001$. For WELL BEING 3, the federal goal was 78%. The mean for the low SBC group was 58.56% and the mean for the high SBC group was 85.38%.

Impact of SBC on Compliance with Federal Standards for Permanency



- There is a significant difference between high and low SBC groups for PERMANENCY 1, $t(3513)=-29.24$, $p<.0001$. For PERMANENCY 1, the federal goal was 32%. The mean % for the low SBC group was 66.55% and the mean % for the high SBC group was 89.37%.
- There is a significant difference between high and low SBC groups for PERMANENCY 2, $t(1533)=-12.68$, $p<.0001$. For PERMANENCY 2, the federal goal was 74%. The mean for the low SBC group was 70.29% and the mean for the high SBC group was 86.14%.

Evaluating the Solution-Based Casework Practice Model in Washington

Mark E. Courtney
School of Social Service Administration
University of Chicago

Opinions expressed, including the description of Washington's practice model,
are solely those of the author.

Implementation of SBC by the Children's Administration

- ▶ **System wide** (state administered system divided into six regions, multiple offices)
 - Workers
 - Supervisors
 - Managers
 - Administrators

- ▶ Promote an **organizational culture** that is strengths based and solution focused

- ▶ Note: Case management provided by state workers with some contracting of services to private sector

Washington's SBC Implementation Evaluation

▶ Observation

- supervisor training at sites across the state
- worker training in three pilot sites; following up after
- revision of training based on pilot feedback

▶ Focus Groups

- with supervisors and workers attending the training

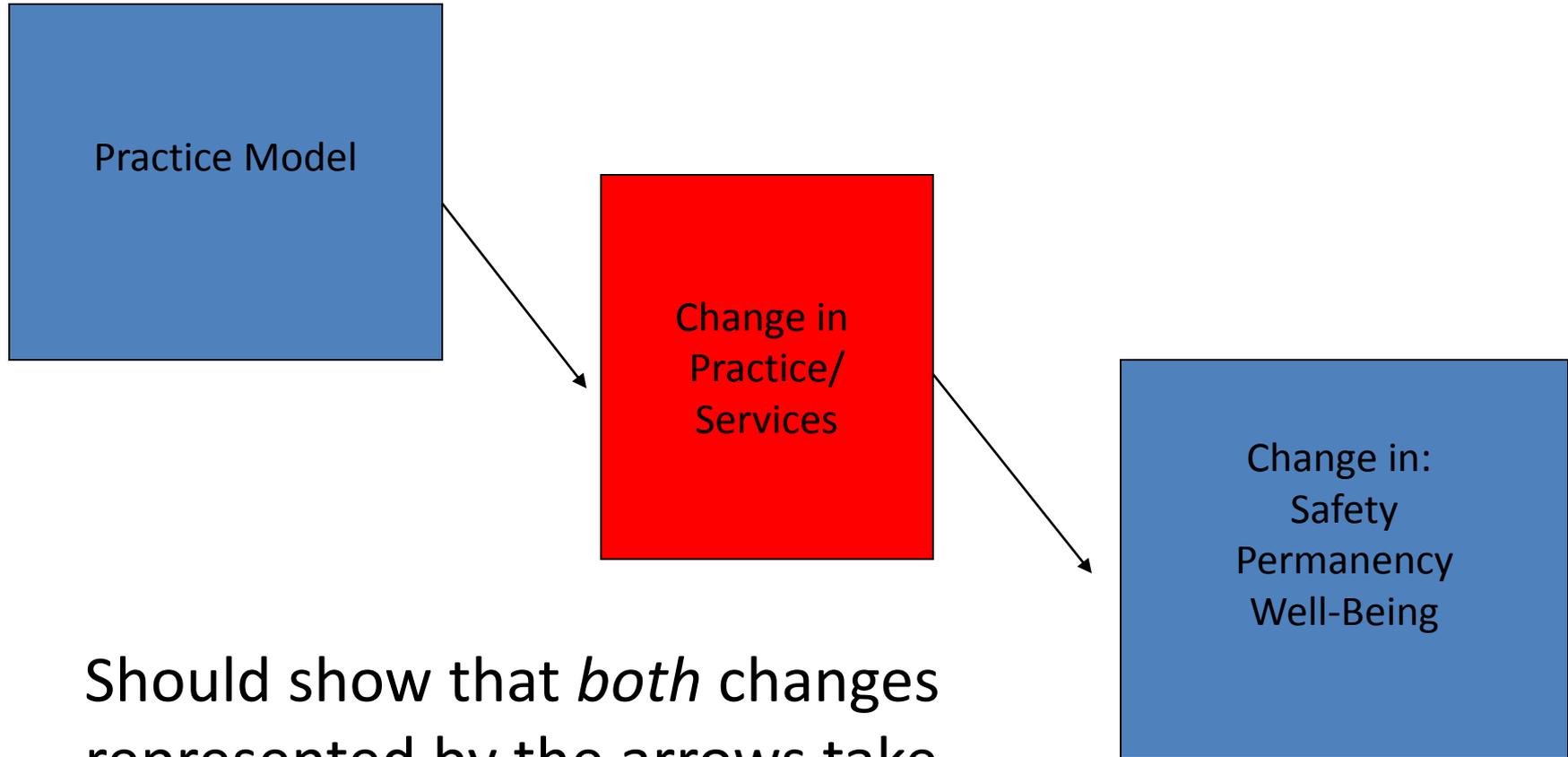
▶ Interviews

- Regional Administrators
- SBC Implementation Team

▶ Attendance Data on Training Participation

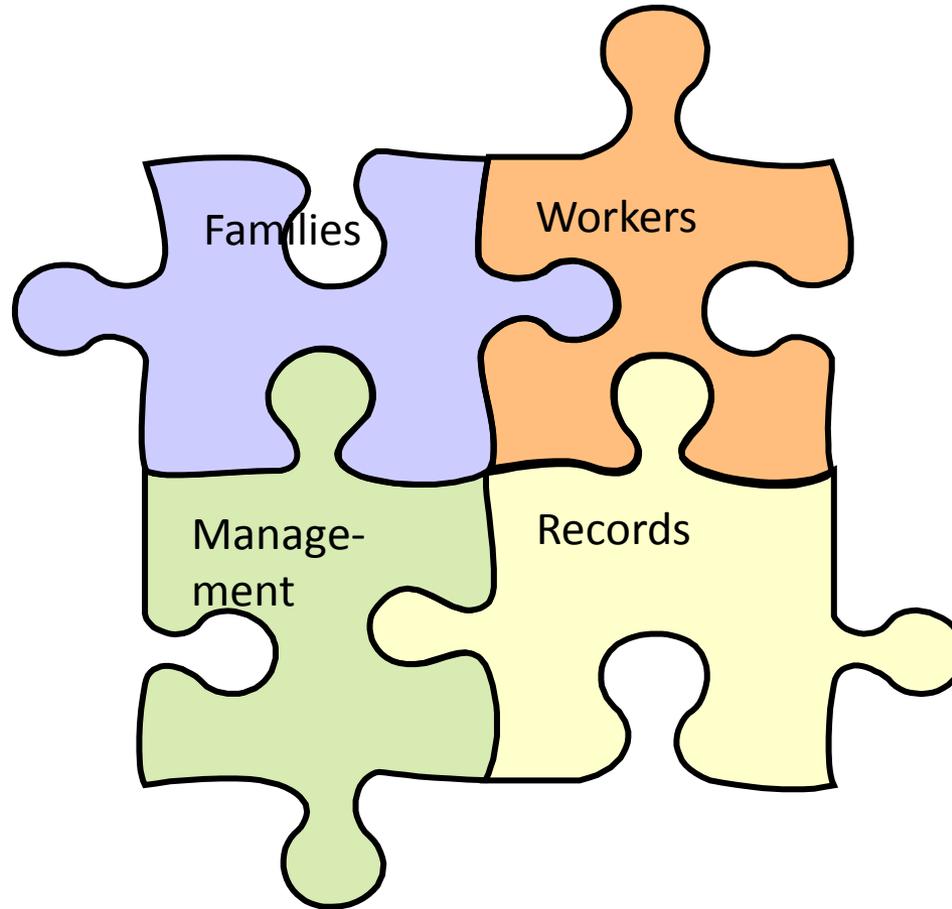
▶ Survey on Organizational Readiness

The Basic Impact Evaluation Question...



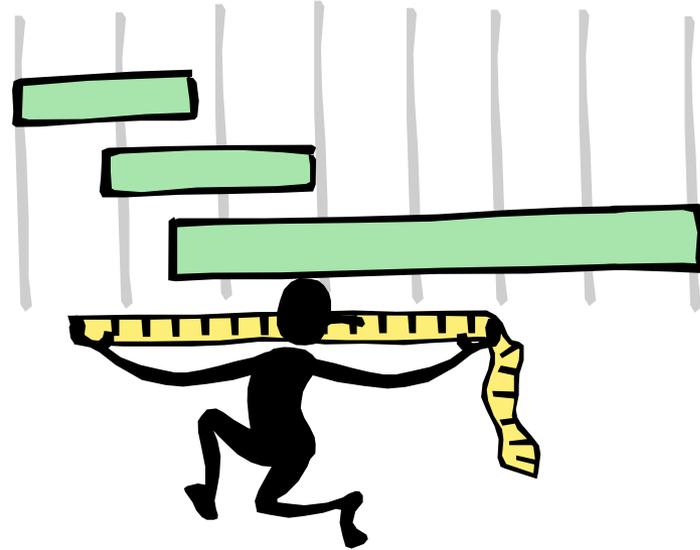
Should show that *both* changes represented by the arrows take place

Multidimensional Impact Evaluation of SBC



Impact Study

- Survey workers, supervisors and parents and use administrative data, **before and after implementation**, to measure change.



Impact Study Questions

- What impact has SBC training had on organizational culture and casework practice?
 - worker and supervisor surveys
- To what extent has SBC training had an impact on parent engagement?
 - parent and worker surveys
- What impact has SBC training had on child and family outcomes?
 - administrative data

Encouraging Lessons Learned

- ▶ It is possible to collect reliable and valid data relevant to practice model implementation and impact from key stakeholders
 - worker surveys: >85% in all offices and >90% statewide
 - parent surveys: 82% statewide
- ▶ Office level adherence to SBC principles is positively associated with parents' experience of engagement
- ▶ Parents' experience of engagement is positively associated with family reunification

Challenges Encountered

- ▶ Changes in original SBC implementation schedule weakened impact evaluation design
- ▶ Shift to new MIS caused delays in SBC implementation in parts of the state and created gap in availability of reliable administrative data on the study populations
- ▶ Significant budget cuts, statewide system reform effort including performance-based contracting, and system reorganization (from 6 regions to 3), raise serious questions about how to assess impact of SBC
- ▶ No current plan to collect follow-up data

California Development of a Practice Model and Evaluation Design

Barrett Johnson, MSW

CaISWEC

University of California at Berkeley

Jennifer Dewey, Ph.D.

James Bell Associates

California Context

- Largest system in the country
- County-administered system with state oversight (58 counties)
- Long history of privately and publicly funded practice improvement initiatives, often specific to a particular area of practice
- No statewide established practice model



California Partners for Permanency
Reducing Long-Term Foster Care

- **California Partners for Permanency (CAPP)** convenes a partnership of state, local and non-profit agencies to examine permanency barriers for **African American** and **Native American** children, youth and families. We are working to introduce an integrated, effective casework practice model for customized replication statewide.

Over five years and with \$14.5 billion in funding, CAPP will...

- Conduct and analysis of child welfare systems to understand barriers and develop solutions to reduce long term foster care
- Develop and integrated practice model that builds on existing practices
- Refine, test and evaluate the approach in 4 California counties and then;
- Replicate the approach in 10 additional counties and develop a statewide plan

CAPP is about...

- Reducing lengths of stay in care
- Applying a “laser focus” to achieve permanency for the population of youth who get stuck in long term foster care and emancipate
- Assisting the Children's Bureau to expand the scope of evidence based interventions that effectively reduce time in care and achieve permanency for this population

Clarifying the Focus

- While the CAPP project's focus is on all children in foster care, there is a targeted effort to reach children who are in care the longest and experience the worst outcomes. Statewide, in California, populations most affected are African American and Native American children and youth.

CAPP Theory of Change

Barriers to Permanency for African American and American Indian Children/Youth

- The child welfare system practice does not adequately understand, engage, or value the strengths and resources of African American and American Indian families, communities, and Tribes due to mutual mistrust (at both the individual and system levels) and a lack of understanding of the differences in the lived experience of each population; and
- The child welfare system practice has not consistently partnered with communities and Tribes to address the underlying grief, trauma, and loss African-American and American Indian children are more likely to experience in their lives and to identify, develop, fund and make available culturally-based and trauma-informed support services.

Intervention to Address the Barriers

The CAPP intervention is a **Child and Family Practice Model** with four core components:

- **Theoretical Framework**
- **Values and Principles**
- **Essential Practices**
- **Organizational and System Capacity**

The Essential Practices include:

- **Discovery and Engagement** of a broad family, community and Tribal network;
- **Empowering Families** and their supportive communities and tribes;
- **Healing Trauma** with recognition of and attention to the impact of current and historical trauma, loss, and grief on all family members through integrated trauma-informed culturally relevant assessment and healing practices for children, youth and their families; and
- **Pre- and Post-Permanency Circle of Support** to promote healing and linkage to cultural and system resources for the child and family to meet their special and developing needs while involved with the system and after the child or youth has exited care to permanency.

Expected Short-Term System- Level Outcomes

- The child welfare system will change at the policy, supervisory, caseworker and client level. Child welfare system practice will understand, engage, and value the strengths and resources of African-American and American Indian children, youth, families, communities, and Tribes and there will be mutual understanding of the differences in the lived experience of each population.
- Child welfare system practice will make available and support use of culturally-based and trauma-informed support services to address the specific needs of African-American and American Indian children, youth and families, including the underlying grief, trauma, and loss they are more likely to experience in their lives.

Expected Short-Term Child- Level Outcomes

- Increased Caregiver Engagement
- Improved family relationships
- Improved parent/child relationships
- Increased cultural connections
- Increased stabilizing behavior

Expected Long-Term Outcomes for African American and American Indian Children/Youth

- Decrease in #/% children in foster care
- Decrease in non-permanent exits
- Decrease in re-entry rates
- Increase in placement with relative or Tribe
- Increase in rate/timeliness of permanency exits (includes reunification, adoption [incl. Tribal Customary Adoption] and guardianship)
- Decrease in disparity in achieving all outcomes above

CAPP LOGIC MODEL

Implementation Formative Evaluation

Outputs Process Evaluation

Outcomes Summative Evaluation

Resources

African –American (AA) and American Indian (AI) children in or entering foster care or remaining in long-term foster care

Child & Family Practice Model (PM) vs. current state regulated models and county-specific practices



Service Delivery Activity

- CAPP PM training & coaching
- Monthly reflective supervision

Service/Activity/Product Deliverables

- Discovery & Engagement
- Empowering Families
- Healing Trauma
- Pre- and Post-Permanency Circle of Support

Organizational Mechanisms/Supports

- Practice profile
- Organizational & system capacity standards
- CAPP QA process
- Coaching
- County Implementation Team
- Stakeholder Teams



Service Delivery Activity

- # practice trainings
- # coaching sessions
- # supervision meetings

Service/Activity/Product Deliverables

- Practice deliverables (e.g., # services)
- Practice Model deliverables (e.g. # children & families served)
- # services

Organizational Mechanisms/Supports

- # practice profiles
- Document linking QI process to practice profiles
- # committee meetings
- # process manuals

Proximal

System Level

- **Policy Level** (e.g., policies and protocols adopted)
- **Supervisor Level** (e.g., changes in supervision)
- **Caseworker Level** (e.g., changes in attitude, practice via performance assessment)
- **Client Level** (e.g., via client feedback)

Caregiver Level

- Engagement, involvement, teaming, support (+)
- Family relationships (+)
- Cultural connections (+)
- Awareness of supports (+)

Child Level

- Engagement, teaming, decision-making (+)
- Family relationships (+)
- Cultural connections (+)
- Parent/child relationship (+)



Distal

Child-Level Intended

- #/% of children in foster care (-)
- Non-permanent exits (-)
- Re-entry rates (-)
- Placement with relative or Tribe (+)
- Rate/timeliness of permanency exits (includes reunification, adoption [incl Tribal Customary Adoption], guardianship) (+)
- Disparity in achieving outcomes above (-)

Child-Level Indirect

- Recurring maltreatment (-)

External Conditions

- Higher rates of poverty among AA and AI families.
- Impact of historical racism in our country and justifiable mistrust and trauma in AA and AI communities.
- Policies, court processes, and media drive systems to organize in ways that don't support understanding of AA and AI family experiences.
- Lack of culturally specific services and culturally adapted EBP's.

Assumptions

- Practice and system change is needed to improve outcomes.
- History of racism and discrimination must be acknowledged and healed.
- Move from medical/professionally-driven model to one that recognizes consumers, Tribes and community as true partners.
- Recognize issues of social justice and unequal power distribution as service delivery is planned.
- Consistently and repeatedly partner with child, youth, birth parents, and entire extended family, Tribes and support community in solution- and outcome-focused planning and decision-making.
- Engage Tribes and the broader community in problem posing and solving, rather than fixing all problems alone.

End-Values

- The Power of Family
- Healing
- Community & Collaboration
- Honesty, Transparency & Trust
- Safety
- Fairness & Equity
- Empowerment
- Accountability & Results

Essential Practices in the CAPP Practice Model
Exploration Version 3 (6-17-11)

TRIBE

- Early and on-going search and discovery of all parents, siblings, extended family, Tribal, cultural and community connections to promote engagement and build partnerships and trust with a broad, culturally relevant network of support for the child and family
- Using appreciative inquiry and listening to and understanding the family's story in an on-going way

- On-going teaming with families, and their supportive communities and Tribes ensuring shared power, planning and decision-making for their children's safety, permanency and well-being
- Youth, peer and cultural/community advocates to provide support and strengthen child, youth and family voice and choice

Empowering Families

Family, Community and Tribal Network

Family Team

Family

Discovery and Engagement

Family

Pre & Post Permanency Circle of Support

COMMUNITY

- Demonstrating cultural humility in all interactions
- Family, Tribe and Community are all essential in problem identification and solutions
- Sustained partnership with all children, youths, caregivers and parents, and their supportive communities and Tribes from initial contact until permanency is achieved
- Culturally-sensitive, family-centered, strength-based and solution-focused casework

Healing Trauma

- Recognition of and attention to the impact of current and historical trauma, loss and grief on all family members through a trauma informed system of care including assessments, culturally-based practices, culturally adapted evidence-based practices and teaming.

- Committed, empowered, sustained circle of family-community-Tribal support assists family to recognize and meet their special and developing needs
- Promotes family relationships, healing and linkage to cultural, community and system supports on an on-going basis

CAPP Evaluation

PICO Framework

- ***Population:*** African-American children in Fresno County, Santa Clara County, and 3 Los Angeles County offices (Pomona, Torrance, Wateridge). American Indian Children in Fresno and Humboldt counties.
- ***Intervention:*** CAPP Child and Family Practice Model

CAPP Evaluation

- **Comparison:** Children in non-CAPP California counties. Each child in a CAPP county who receives the practice model will be matched to a similar child in the State entering the foster care system.
- **Outcome:**
 - Distal – Increased permanency, reduced disparity
 - Proximal – System, Caregiver and Child-level

CAPP Evaluation

- ***PICO Question:*** Do the disparities that African-American and Native American children (**P**) experience with respect to the risk of long-term foster care (**O**) diminish after the implementation of the CAPP Child and Family Practice Model (**I**) compared to the pre-implementation period (proximal outcomes) and to concurrent matched samples of children from non-implementation sites and offices (**C**) in the post-implementation period (distal outcomes)?

Questions about Population

- **Population or Sample Choice:** Whether or not to target all clients in a county, state or tribe or whether to target specific populations such as African Americans, Hispanics, etc.?
- **Generalizability P1:** If begin broad, what are the issues in applying model to specific groups?
- **Generalizability P2:** If specific groups are targeted first, how to generalize to all clients in a state?
- **Geography:** How does geography interact with groups (i.e. are most African Americans in urban areas? What are inherent urban and rural differences aside from ethnicity?)
- **Power:** Are there enough clients in a group to make the sample size big enough for a study?

Questions about Intervention

- **Process of Development:** What is the best process for creating a practice model? Is it a linear process? What happens if a jurisdiction is trying to engage multiple stakeholders like clients, counties, etc?
- **Theory:** What is the role of the theory of change in setting the course for the discussion?
- **Existing PM:** How to adopt an existing practice model? Are adaptations necessary? How to adapt without damaging the integrity of the model?
- **Standardization:** What is the role of standardization in practice model adoption once it begins to roll out?
- **Fidelity:** How to measure fidelity to the model?

Questions about Comparisons

- **Randomization:** How to determine feasibility of doing an RCT?
- **Quasi-Experimental Designs:** How to choose an appropriate alternate design- factors to consider.
- **Comparison:** How to choose a comparison group? Compare children? Compare workers? Compare teams? Compare offices or counties? Compare Regions?
- **Matching:** What criterion to use for matching purposes?
- **Validity:** How to manage threats to validity such as contagion?

Questions about Outcomes

- **Proximal:** What are key proximal measures? How can those be measured? Does the PM actually lead to the variable being measured?
- **Distal:** What are key distal measures? How can those be measured? Are CFSR outcomes appropriate? Are there other distal outcomes that are also important to measure? Distal... federal and state
- **Links:** Can the variables being measured actually be linked theoretically, in practice and in analysis? What is the role of the Logic Model?

Outcomes Continued

- **Analysis:** What are the best analytical techniques to use to demonstrate the impact of the PM on outcomes?
- **Level of Analysis:** Can researchers tease out the aspects of a PM that are essential or more effective in creating desired outcomes? How to measure interaction effects of components of the model?