

Child Welfare System

Office of Performance Evaluations
Idaho Legislature





Office of Performance Evaluations

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From the director

February 2017

Members
Joint Legislative Oversight Committee
Idaho Legislature

Foster parents and social workers are the heart and hands of Idaho's child welfare system. For them to be at their best for our children, various components of the system must work together efficiently and effectively.

Inherent to the system are exceptionally difficult problems, which require a systems approach to manage. However, for more than a decade, Idaho has tried to manage its child welfare problems without a well-established systems approach. In spite of collaborations among its partners, the child welfare system continues to struggle with performance gaps between policy expectations and realities.

Our evaluation findings have convinced us that a formal, system-wide oversight entity is needed to address child welfare performance gaps. A legislative standing committee with ongoing accountability, visibility, and accessibility is one option that states have used to establish this oversight.

We are grateful to the Department of Health and Welfare and all other partners for their help in conducting this study.



Sincerely,

A handwritten signature in blue ink that reads "Rakesh Mohan".

Rakesh Mohan, Director
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**Formal
responses from
the Governor, the
Department of
Health and
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Idaho Courts are
in the back of the
report.**



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Executive summary



Evaluation context

In public testimonies during the 2016 legislative session, policymakers heard dissatisfaction with Idaho's child welfare system. Problems faced by the system are not unique to Idaho and are seen by experts as exceptionally difficult to solve and manage.

In this evaluation we were able to identify gaps in the four key areas of the system:

- Out-of-home placements
- Workload challenges
- Organizational culture
- Systems approach

Together, these gaps prevent the state's child welfare system from performing at the high level of expectation set through policy making and program design processes.

Further, the findings of our own evaluation, supported by the findings of the research and evaluation of other groups, indicate that addressing the complex and entrenched problems of child welfare requires a systems approach with ongoing system-level accountability, collaboration, and oversight.



Out-of-home placements

When circumstances threaten the safety of a child, three large-scale efforts are necessary to achieve desirable results in out-of-home placements: (1) find an out-of-home placement, (2) support the out-of-home placement, and (3) facilitate a collaborative effort toward returning children and youth to their home as soon as possible or arranging for an alternative permanency option.

A worsening shortage of foster parents threatens the fidelity of the state's child welfare system. Finding an out-of-home placement can be a difficult and stressful process for social workers, foster parents, and children. Often several calls must be made before a foster parent will agree to bring children or youth into their home.

Because of the shortage, foster parents are asked to do more, stretch their capacity, or create more space in their home. To make a placement, social workers said they have apologetically asked foster parents to accept children or youth with characteristics or behaviors outside the foster parent's stated preferences, knowing the request would place additional strain on the family.

When social workers are not able to find an out-of-home placement near a child's home, they must turn to placement options outside of the area. Out-of-area placements solve the short-term problem of finding a bed for the child but lead to long-term problems over the span of the case.

If social workers are not able to find a placement for the child within hours, they will have to personally spend the night in the office or a hotel with the child. This need has not been common in Idaho; however, the shortage of available foster homes in other states shows the potential for a problem to turn into a crisis.

Child and Family Services is aware of the need to increase the number of available placements for children and youth in care by improving recruitment and retention of foster parents and has made multiple efforts to improve recruitment and retention. The efforts are laudable but have been primarily focused on training and recruitment and have not been able to sufficiently address the shortage of foster parents.

Although recruitment is important for improvement, retention is a better solution to the problem. Currently, foster parents are quitting at nearly the same rate as Child and Family Services is able to recruit them. Overall, the number of licensed foster parents decreased by 88 (8 percent) from March 2014 to March 2016.

We found that inconsistent supports and services for foster parents, a lack of understanding of the wants and needs of foster parents, and underdeveloped relationships with foster parents affect foster parents' satisfaction with their experience, their effectiveness, and their willingness to continue being foster parents.

Social workers need to have well-developed relationships with foster parents to bridge a gap that has formed by the difference in experience, training, and expectations of foster parents and social workers. The gap can lead to disagreements and leave social workers feeling frustrated or attacked and foster parents feeling disappointed, marginalized, and uninformed. Child and Family Services is attempting to improve relationships with foster parents, but it struggles with communication and investing the necessary time.

Recommendation

To improve the recruitment and especially the retention of foster parents, we recommend that Child and Family Services continue its recruitment efforts but also explore opportunities to strengthen its recruitment plan. The plan can be strengthened by determining the number of licensed foster parents needed by region and further specifying what additional resources are necessary to recruit those foster parents.

Given the costs and limited effectiveness of recruitment, we recommend Child and Family Services develop a robust foster parent retention plan. The plan should include strategies for improving the consistency of supports provided to foster parents, communication with foster parents, and the quality of relationships developed between social workers and foster parents.



CASAs are court-appointed special advocates for children who have been allegedly maltreated.

Workload challenges

Without question the most common theme we found in our evaluation was the perception that social workers do not have enough time to serve their cases effectively. About 87 percent of Child and Family Services staff agree that problems often arise because they do not have the time necessary to do the job. We also heard this concern from foster parents, court-appointed special advocates (CASA) volunteers, judges, prosecutors, and defense attorneys.

In 2007 Child and Family Services conducted a workload analysis that found the need for 36 percent more staff. Since then, Child and Family Services has been able to increase case carrying staff by about 10 percent.

Our survey of staff found that, on average, program managers, supervisors, and social workers believe that social workers are carrying approximately 38 percent more cases than they can effectively serve. Similarly, Child and Family Services' most recent analysis of average monthly caseloads showed 13.5 cases per month per worker, approximately 28 percent more cases than program managers, supervisors, and social workers believe social workers are able to carry while serving every case effectively.

We found that the most significant consequences of excessive workload, or even the perception of excessive workload, are compromised performance and a persistent expectation gap within Child and Family Services.

Research consistently shows that manageable caseloads and workloads are essential for child welfare to achieve its intended outcomes. Unmanageable workloads negatively affect workers' ability to meet practice requirements, engage families, deliver quality services, and achieve positive outcomes for children and families.

One chief of social work we interviewed expressed the consequence well:

“

Because of resource constraints, social workers have to settle for C-grade work. The problem is that there is an expectation for A-grade results.

A judge echoed this perspective:

“ I believe that most health and welfare workers want to do a good job and are good people. I also believe that their case loads are too big and their resources are too small. Because they are overwhelmed, they are only capable of doing an average job. I’d give them a grade of a “C” if I were a teacher. But there is ample room for them to be improved.

Social workers’ performance is challenged by significant competing demands on their time. Social workers are faced with situations where they must choose between activities they believe to be of the highest importance knowing that they will fall short of measured expectations. When social workers make decisions about priority, what they choose may not align with managerial priorities or expectations, which compromises the program’s managerial control.

Workload is a critical factor in Child and Family Services’ performance and should be approached as a high priority. Additional staff are likely necessary to improve caseloads, but alone, adding staff will not be sufficient to address Child and Family Services’ workload challenges. Workload should be addressed by examining processes, expectations, documentation, technology, and other requirements for opportunities to improve efficiency.

Recommendation

Child and Family Services is aware of the need to retain staff and has been making efforts to address turnover. For example, Child and Family Services created a career ladder for social workers. The career ladder was intended to differentiate entry-level, professional, and expert social workers and help retain social workers by rewarding veteran staff with opportunities for advancement.

Retention is a challenging task with no simple solution. Given the importance of retention for managing workloads, we recommend that Child and Family Services continue with its retention efforts but take advantage of the systems approach we propose in chapter 5 to seek out and implement solutions to stabilize the workforce and improve retention.





Recommendation

Child and Family Services should identify staffing shortages and develop a plan for addressing those shortages. To avoid a deterioration of effort over time, Child and Family Services should work with the Legislature to develop a multiyear plan for ensuring staffing levels are sufficient to manage workloads.

Any plan for workload management should consider the qualifications and competencies of the worker, case status, and case complexity. Having enough staff to carry workloads is necessary but not sufficient for program performance. Therefore, the staffing-level plan should also account for other efforts to manage workloads, such as enhanced work processes and supports and improved work effectiveness.



Recommendation

In addition to streamlining internal processes, we recommend that Child and Family Services continue working with partners and stakeholders to explore opportunities for enhancing external processes.

For example, in response to inefficiencies because of uncertainty around court hearing times, Child and Family Services, in cooperation with the courts, developed a pilot project to allow video conferencing in hearings for social workers. Video conferencing allows social workers to continue working while waiting for hearings to begin.

By identifying and taking advantage of additional opportunities to improve and facilitate interactions and processes with partners and stakeholders, Child and Family Services can reduce workloads, expedite processes, and improve timeliness.

Organizational culture

Research has shown organizational culture of child welfare agencies to be an important factor in staff turnover, adoption of new practices, service quality, and youth outcomes.

Child and Family Services' culture is characterized by its commitment to and focus on children and families. In our survey of Child and Family Services staff, 94 percent said they believe all staff are committed to improving the situation for children and

families in their caseloads. This commitment was also apparent to us through our interviews and open comments in our survey. We also found that the Child and Family Services' team approach is in line with industry practice. We believe the team approach will serve as a greater strength to the program as the culture of accountability is improved.

The organizational culture of Child and Family Services can also be described as a culture of compromise with a conflicted sense of efficacy in the face of difficult demands and limited resources and strained relationships with stakeholders and partners.

Conflicted sense of efficacy

There is a permeating belief among staff that more is demanded of them than they can do. Because of this belief, each aspect of the organizational culture is undercut by a need to address the constant feeling of crisis. The ongoing feeling of crisis influences staff behavior and has contributed to the condition of several areas of organizational culture that need to be improved. When explaining what had most affected confidence in Child and Family Services, one chief of social work summarized the perception among staff well:

“ [My] confidence is improved by proactive efforts to enhance best practice in Idaho; [but] tempered by a lack of realistic expectations for workers in the field. All the best practices won't matter if the workforce can't implement them due to workload issues.

The belief that workers cannot consistently meet requirements and quality expectations has led to a culture of compromise in which poor performance is explainable, excusable, and expected; a condition that critically undermines meaningful accountability. We are not under the impression that anyone within Child and Family Services is happy about the condition. However, the condition has become an intrinsic reality that is an ongoing struggle to address.

Strained relationships

Another of the difficulties that Child and Family Services faces in its relationship with stakeholders and partners is differing perspectives on the purpose of and expectation for the program. For example, we found in our survey substantial and meaningful

differences in how various partners emphasize aspects of the role of the child welfare system.

The differences in perspective are expected and are not necessarily harmful. However, the expectations of each group and the lens through which they judge decisions, actions, and outcomes is heavily influenced by which aspects of the system they emphasize. The variations in expectations can lead to difficult situations and, at times, strained relationships between Child and Family Services and its partners.

Strained relationships with stakeholders and partners also stem from a culture of defensiveness or guardedness. Staff often expressed to us a belief that the program and their actions are under constant scrutiny and criticism.

A chief of social work expressed the situation well:

“ It is hard to feel like you are always being scrutinized or criticized from every angle. The workers here feel like they are constantly having to defend themselves to everyone.

Recommendation

We recommend that Child and Family Services begin an ongoing assessment of its organizational culture and take steps to remedy problematic aspects. Although organizational culture can be difficult to change, resolving deep-seated beliefs and values that are unproductive or even counterproductive is essential for Child and Family Services' long-term success.

In particular, Child and Family Services should focus on improving consistency in its beliefs, values, and practices for management, accountability, and its approach for conducting business. Child and Family Services should also ensure consistent commitment among staff to understanding and responding to the wants and needs of partners and stakeholders.

Before significant progress can be made in any of these areas, Child and Family Services must address staff's conflicted sense of efficacy and constant sense of crisis driven by the gap between expectations and practice.

If necessary, Child and Family Services should seek independent, external assistance in identifying and addressing organizational culture challenges.



Systems approach

Child welfare is a complex arrangement of systems, agencies, community partners, and stakeholders that span jurisdictions and disciplines. Any change in an individual part of a system affects the context of the systems, and any change to the context of the systems affects the parts and function of each system.

Cooperation, coordination, and collaboration are critical for an interrelated and interdependent system such as child welfare to function well. Systems also rely on individual and shared accountability. The individual parts of the system, such as organizations or stakeholders, can be held individually accountable for their responsibilities. However, individual accountability alone results in diffused accountability for outcomes that depend on the performance of multiple parts of the system. A flexible and robust governance or oversight structure is essential for effectively supporting shared accountability for system-level outcomes.

Child and Family Services has multiple layers of external feedback and accountability that monitor performance, including federal accountability, judicial accountability, guardians ad litem, and the citizen review panel (Keeping Children Safe).

The child welfare system also has developed a number of collaborative efforts, including the workforce recruitment and retention panel, statewide stakeholder meetings, the Idaho Supreme Court Child Protection Committee, the Idaho Foster Youth Advisory Board, the Governor's Children at Risk Task Force, and the newly established Child Welfare Executive Steering Committee.

Despite collaboration and multiple forms of accountability, Idaho's child welfare system lacks system-wide accountability and oversight for child welfare outcomes. Most of the existing forms of accountability generally focus on the performance of Child and Family Services.

Idaho has no system-level accountability or oversight for child welfare outcomes. Its systems framework lacks an integrated and cross-program monitoring and evaluation approach to assess the effectiveness of all systems involved in addressing risk factors and supporting families. The lack of system-level accountability results in unclear, isolated, fragmented, or diffused responsibility for outcomes and improvements.

Lack of system-level accountability is not unique to Idaho. In 2012 the federal Commission to Eliminate Child Abuse and Neglect Fatalities was established by the Protect Our Kids Act of 2012, which passed with bipartisan support. The commission's final report was released in March 2016. The report included a chapter on accountability of child welfare systems with the following finding:

Congress has historically found that leadership and accountability for reducing child abuse and neglect must extend beyond child protective services (CPS) agencies at the federal, state, and local levels, and the Commission believes this applies similarly to reducing fatalities. There must be an integrated and cross-program monitoring and evaluation approach that assesses the effectiveness of all systems involved in addressing risk factors and supporting families. Such an approach would recognize that outcomes for children and families are the product of multiple programs, supports, and community circumstances, not of discrete programs or services delivered to families in isolation.

Collaboration and feedback loops have resulted in (1) Child and Family Services making efforts to improve procedures and practices and (2) other partners improving various aspects of the system. However, a lack of visibility and accessibility to all stakeholders and the public is a major shortcoming of existing collaboration efforts. Stakeholders and the public may not be able to identify the multitude of collaborative groups. Even more challenging, they may not be able to find a way to provide input to the collaborative groups.

The inaccessibility and lack of visibility of the various groups can contribute to a feeling that stakeholders are being excluded from the system or the belief that the child welfare system is not transparent or that it deliberately excludes input.

The bottom line to this discussion is that Idaho's child welfare system has started to take a systems approach to child welfare but lacks visibility, accessibility, and system-wide oversight.

Recommendation

To provide system oversight, address system-level gaps, and address ongoing child welfare challenges, we recommend the formation of a formal, system-wide oversight entity with authority to ensure ongoing accountability, visibility, and accessibility for all child welfare partners and stakeholders.

One way that states have established system-wide oversight is through special legislative committees. Many states have established legislative standing committees dedicated to child welfare, children, or families. Any one of those states could function as a model for Idaho.

The structure, authority, and function of such committees varies from state to state. Most are given responsibility for providing system-wide oversight, guidance, support, and accountability while providing a forum for multidisciplinary and multijurisdictional discussion and decision making.

If the Legislature decides to establish such a committee, the committee would be able to build upon the hard work already being done in the child welfare system and complement and enhance existing collaborative efforts. The Child Welfare Executive Steering Committee recently established by Child and Family Services could potentially function as designated council to the oversight committee.

The collaboration between a legislative standing committee and the executive steering committee could also be a means of tackling large interjurisdictional initiatives at a system level.

In addition to the findings and recommendations we have presented within this report, throughout our evaluation we identified at least three areas that were beyond our evaluation scope but may merit attention at a system level.

Community resources and services

Families involved in child welfare cases are required to complete case plans before being reunified with their children. Case plans generally specify services for parents and children to complete. These types of services could include education and training for parents, health and medical, respite, or substance abuse assessment and treatment. In our interviews with Child and Family Services staff and our surveys of judges, CASAs, and Child and Family Services staff, we heard considerable concern about



the availability and accessibility of appropriate services for families and children.

CASA program

Through our surveys we found significantly differing perspectives as to whether CASAs are seen as effective sources of accountability for Child and Family Services activities.

Approximately 77 percent of CASAs believe they are effective sources of accountability, whereas 41 percent of foster parents and 26 percent of Child and Family Services staff agree. Our survey results do not necessarily indicate problems within the CASA program; however, the widely differing perspectives indicate that the program is an area that could benefit from additional study.

Preventive measures

Most preventive programs in Idaho are not administered or overseen by Child and Family Services and require various state and community partners to work together. We were asked to identify preventive child protection options. Appendix E has the results of our efforts and explains evidence-based options that Idaho could consider implementing.

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Evaluation context

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Legislative interest

During the 2016 legislative session, the Joint Legislative Oversight Committee received a request for the Office of Performance Evaluations to conduct an evaluation of the state's child welfare system.

The study request came in response to legislators' hearing dissatisfaction with Idaho's child welfare and foster care system expressed in testimonies given in multiple legislative committee meetings. After hearing testimony given in response to legislation presented during the 2016 legislative session, some legislators expressed concern about what seemed to be systemic issues in Child and Family Services, a program within the Department of Health and Welfare.

The request asked that an evaluation address potential systemic issues and identify areas which could be improved to better promote the safety, permanency, and well-being of children and youth in foster care or state custody. See appendix A for the evaluation request.



The Adoption Assistance and Child Welfare Act of 1980 serves as the basic foundation for federal child welfare policy.

Ubiquitous challenges: appropriateness and timeliness

The story of child welfare in Idaho in many ways reflects the national trends and progressions of child welfare policy. The federal government began subsidizing foster care in the 1930s. Major reforms occurred in 1974 with the passing of the Child Abuse Prevention and Treatment Act. The act required federal data collection and provided money to states for programs to protect at-risk children and youth.

Soon after passing the 1974 act, critics began to raise concerns that state child welfare programs were out of control, chaotic, arbitrary, and lacking proper administrative oversight. These criticisms led to another reform. The Adoption Assistance and Child Welfare Act of 1980 set permanency as the goal for children and youth in state care, prioritized family preservation, and provided guidelines for timely adoptions, when necessary. The act, though amended through the years, continues to serve as the basic foundation for federal child welfare policy.

Amid legislative changes, two strategies for how to keep children and youth safe emerged. One strategy focused on preventing children and youth from being removed from their home. Advocates of this strategy placed emphasis on providing services to improve parents' abilities to protect and care for children and youth and ensure their safety. The second strategy was to remove children and youth from unsafe homes, reunite them with their parents when safe and possible, and provide other permanency alternatives, such as adoption, when necessary.

Within each strategy, appropriateness and timeliness are two key goals that have driven and been strengthened by legislative changes. The two goals are interrelated and both are important for successful child welfare outcomes. In essence, our evaluation is designed to identify aspects of the child welfare system that affect its capacity for achieving appropriate, permanent homes in a timely manner.

Appropriateness

Appropriateness has to do with the degree to which the needs of children and youth align with the benefits of removing them from their home, the benefits of leaving them in their home, or the

characteristics of a temporary or permanent home selected by staff in Child and Family Services.

Appropriate decisions require quality information about the needs of children and youth, the characteristics of home, potential out-of-home placements, and potential permanent placements. Quality information can only be collected through quality, time-intensive efforts by social workers. Appropriate decisions also require available options for out-of-home placements and permanent placements. Available options for out-of-home placements depend on the recruitment and retention of foster parents by Child and Family Services. Available options for permanent placements require diligent efforts to identify those fit and willing to adopt, including relatives, foster parents, or when necessary, other families.

Timeliness

Timeliness is the length of time to place children or youth into a permanent home. A number of timeliness milestones occur along the path to a permanent home, most of which are driven by the court process. The following list comprises the court timeliness milestones:¹

Shelter care hearing (within 48 hours of removal)

Adjudicatory hearing (within 30 days of the petition requesting removal)

Plan review (within 60 days of removal)

Review hearings (every 60 to 90 days after the plan review or as needed, but at least every six months)

Permanency hearing (12 months after removal)

Guardianship hearing (13 months after removal unless an extension is granted by the court)

Termination hearing (initiated when a child has been in out-of-home care for more than 15 of the past 22 months with some exceptions)

Adoption finalization (within 24 months of removal)

1. Timelines are based on cases without aggravated circumstances.

Many of the impediments to timeliness and appropriateness have existed for well over a decade.

Impediments to timeliness can surface at any point along the path to permanency, but a few factors are more likely to affect timeliness than others. In a survey of judges, we asked what factors most affect case progress. The most frequent response by far was parent noncompliance with case plans. Judges also identified the following sources of case progress delays:

- Not enough resources in the community for parents to work the case plan

- Delays in paternity or biological family searches

- Lack of adoptive homes or time to find an appropriate adoptive home

- Not working on the concurrent plan soon enough

In addition to the factors identified by judges, Child and Family Services in its most recent legislative report has identified the following factors:

- Systemic issues with some courts and community partners, such as scheduling within a court

- Staff turnover

- Disagreement among the parents of origin, CASAs, and Child and Family Services staff on the most appropriate permanency goal for the child

- Delays from other states regarding Interstate Compact for the Placement of Children Requests

- Lack of legal representation for Child and Family Services in making recommendations to the court

Assessments of timeliness and appropriateness are regular parts of internal and external reviews of Child and Family Services. Such reviews have identified impediments to appropriate and timely placements and have indeed provided information to Child and Family Services about what gaps exist, and even to some extent, where in the state the gaps are smallest or largest. However, despite efforts of Child and Family Services, many of the identified impediments have existed for well over a decade.

Improvements have been made to the design of the program, but deep-rooted limitations have kept Child and Family Services, the state, and most importantly, the children and youth of the state from realizing the full benefit of those improvements.

Exceptionally difficult problems

Many of the problems within the child welfare system are exceptionally difficult to manage. The following are characteristics of exceptionally difficult problems:

The problem can be explained multiple ways and the explanation chosen will determine the nature of the potential resolutions to the problem.

Stakeholders have widely differing views and understandings of the problem.

Opportunity to test potential solutions is not available because every case has significant consequences for failure.

Constraints of the problem and the resources needed to solve it change over time.

Generally, the problem is not understood until after formulating a solution.

The problem is unique with no definite set of possible solutions.

The problem can be considered a symptom of another problem.

The problem is never solved definitively.

These exceptionally difficult problems are not unique to Idaho. Child welfare programs across the nation have many of the same types of problems. As a result, 35 states have had class action lawsuits filed against child welfare agencies. The following list is some of the most common court-ordered actions that have come as a result of these lawsuits:

Address placement issues, such as the recruitment, retention, and training of licensed foster parents

Address protective service issues, such as reporting, investigating, and intake procedures

Require that certain services are provided to children and their families of origin, including medical, dental, and mental health services, visitation with parents of origin and siblings, and independent living training

Exceptionally difficult problems in child welfare are not unique to Idaho.

Family of origin refers to the family legally responsible for a child before coming into care, which could include biological or adoptive families or legal guardians.

We sought to find root causes and underlying challenges.

Address workload issues, including adequate staffing, supervision, and training

Address planning issues, such as permanency planning and the development of case-specific goals

Require new resource development, such as the creation of universal information systems

Evaluation approach

Given the ongoing and especially difficult nature of challenges faced by child welfare systems, we sought to find root causes and underlying challenges and identify strategies for a robust, long-term approach to address the exceptionally difficult problems inherent to child welfare systems.

Through our evaluation, we were able to identify gaps in placement services, program capacity, program culture, and system-level oversight that prevent the state's child welfare system from performing at the high level of expectation set through policy making and program design processes. In addition, we provided information about evidence-based and promising practices for preventing children, youth, and families of origin from needing out-of-home placement services. See appendix B for our project scope and appendix C for our methodology.

We organized our findings into four chapters. The chapters are not necessarily intended to be read sequentially. Each chapter focuses on a grouping of gaps or areas for improvement that affects the system's ability to consistently achieve appropriate homes in a timely manner. All of the chapters are closely interrelated, which means the gaps identified in one chapter influence and are influenced by gaps in the other chapters.

Child welfare system overview

See appendix D for an overview of the child welfare system.



Out-of-home placements

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Idaho strongly supports family relationships and ensuring children and youth are able to safely live with and be loved and cared for by those they consider family. However, when circumstances threaten the safety of a child, the state is expected to intervene. A key component of that intervention is providing a safe, out-of-home placement for the child when necessary.

A successful out-of-home placement will keep children and youth safe. Additionally, out-of-home placements are expected to achieve each of the following goals:

- Preserve, protect, enhance, and reunite the family relationship

- Be a temporary and short-term intervention

- Provide stability

- Create a bridge to reunification, adoption, or another planned permanent living arrangement

Three large-scale efforts are necessary to achieve desirable results in out-of-home placements: (1) find an out-of-home placement, (2) support the out-of-home placement, and (3) facilitate a collaborative effort toward returning children and youth to their home as soon as possible or arranging for an alternative permanency option.



Out-of-home placements should be family-centered, temporary, stable, and a bridge to permanency.

Fictive kin are nonrelatives who have a significant, family-like relationship with a child.

Finding an out-of-home placement can be a difficult and stressful process for social workers, foster parents, and children.

Once the decision has been made to remove children or youth from their home, whether by law enforcement or court order, the most immediate and urgent task is to find them a temporary home.

Social workers first look to the following individuals for a suitable home:

- Immediate family members

- Extended family members

- Nonfamily members with a significant established relationship with the child

- Other licensed foster parents

Social workers first seek to place children and youth with a family member including fictive kin. If the family member is not licensed, social workers may initiate an expedited placement and complete the licensing process afterward.

If no family or fictive kin is willing, able, or appropriate to care for the child, social workers retrieve a list of available general foster homes in the area and begin calling through the list. This calling process can take several hours.

Ideally, considerations would be made for matching the needs of children and youth with the strengths, capacity, and preferences of the foster parent. Social workers should attempt to satisfy each of the following criteria:

- Keep children and youth with their siblings

- Keep children and youth in their community

- Keep children and youth enrolled in their same school

- Place children and youth with foster parents who are prepared to provide the necessary level of care

Further complicating the process of finding an out-of-home placement, foster parents have preferences that social workers are expected to understand and respect. Foster parents have

agreed to make a tremendous commitment to the children or youth, but they have certain stipulations based on family dynamics or resources that should be respected. For example, foster parents may only feel comfortable bringing small children into their home, or they may prefer to have only one or two children or youth placed in their home at one time.

Although social workers try to achieve all of the criteria that define a good placement and respect the preferences of foster parents, finding a home that meets each of those criteria can be challenging. Social workers begin the search with a pool of foster homes in the area that have available beds. However, a number of factors immediately shrink this list, such as a child's age, cultural background, level of trauma, and known behaviors. It is possible that no homes in the area are a good match.

If social workers are not able to find a placement for the child within hours, they will have to personally spend the night in the office or a hotel with the child. This need has not been common in Idaho. Although Child and Family Services does not routinely collect data for instances where social workers have to stay in hotels with children and youth, it conducted a poll of managers in summer 2016. According to the poll, there were fewer than 10 instances between 2013 and 2016. Despite the infrequent need for social workers to stay in hotels with children and youth, it was a concern often raised in our interviews with social workers.

In our interviews, social workers described the process of finding a foster parent as very stressful. One social worker said:

“ There is a sense of anxiety that comes over you because you have to find someone to take [the children].

Another worker said a lack of control can create fear in the process. She explained that social workers are worried that they will not be able to find a placement. Often several calls must be made before a foster parent will agree to bring children or youth into their home. All the while, children or youth are waiting in uncertainty to find out where they will stay.

Social workers explained that a good fit is especially hard to find when children or youth have experienced significant trauma and are responding to their trauma by exhibiting behaviors that can be difficult for foster parents to manage. Social workers also pointed out the additional difficulty of finding appropriate placements for youth over the age of 12.

Social workers described the process of finding a foster parent as very stressful.

For complex cases, social workers will more likely need to place children and youth according to availability rather than a needs-based assessment.

Because of the shortage, foster parents are asked to do more, stretch their capacity, or create more space in their home. To make a placement, social workers said they have apologetically asked foster parents to accept children or youth with characteristics or behaviors outside the foster parent's stated preferences, knowing the request would place additional strain on the family.

A social worker described an account of bringing a teenage boy to the office while she made phone calls to find a place for him to stay. She was trying to be delicate, but the boy overheard as she made three phone calls to different foster parents asking if they would be willing to care for him. Each time, the boy heard the party on the other end say no. He got up and ran out of the office. He did not want to hear one more person say they did not want him.



A worsening shortage of foster parents threatens the fidelity of the state's child welfare system.

Child and Family Services has struggled to improve the worsening shortage of foster parents for at least 13 years. In Idaho's first child and family services review in 2003, the Children's Bureau, an agency within the US Department of Health and Human Services, found that "Idaho does not have a statewide recruitment plan that is providing the resources needed for waiting children and youth, and there is also a need for a comprehensive effort to retain foster parents."

Child and Family Services has made efforts to improve recruitment and retention through training for social workers and foster parents, revising licensing forms, and working on the One Church One Child program to improve community awareness for foster parenting. Updated in 2016, Child and Family Services has established a plan called the Diligent Recruitment Plan. The plan is intended to address recruitment needs using comprehensive assessment and targeted objectives. Its goal is to recruit foster parents who are able to meet the diverse needs and characteristics of children and youth in foster care.

In its 2016, self-assessment, Child and Family Services reported that the number of licensed foster parents had decreased. Exhibit 1 illustrates point-in-time comparisons from March 2014 to March 2016. Overall, the number of homes decreased by 8 percent (88 homes). The Sandpoint, Coeur d'Alene, and Kellogg areas had a 14 percent decrease, the largest across the state.

Officials in Child and Family Services have stated they believe the decline can be attributed to foster parents closing their licenses because of frustration over interactions with Child and Family Services or the overall system, changes in life circumstances, or after they complete an adoption.

Some of the decrease could be also attributed to the increased emphasis on expedited placements with relatives. Expedited placements go through a similar licensing process; however, they are not recruited until the child comes into care. These foster parents typically have a higher turnover rate, as they often do not remain in the program after the child in their care is reunified or finds a permanent home. In a July 2016 snapshot of licensed

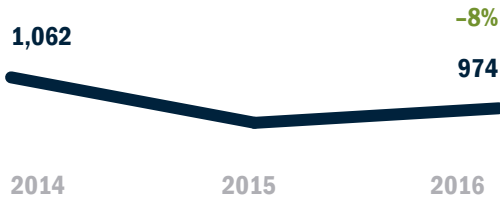
The Diligent Recruitment Plan is intended to address recruitment needs using comprehensive assessment and targeted objectives.

Retention is a larger problem than recruitment.

Exhibit 1

The number of licensed foster homes is decreasing across the state.

Statewide



Hub & region		2014–2016 change
North	1	-14%
	2	-10%
West	3	-10%
	4	-12%
East	5	0%
	6	5%
	7	-9%

Source: Child and Family Services, Foster Care Report, July 2017. Point-in-time comparisons taken from March of each year.

foster parents, relative and fictive kin foster care accounted for 35 percent of the total number of foster parents.

Regardless of the reason, foster parents are quitting at nearly the same rate as Child and Family Services is able to recruit them. Although recruitment is important for improvement, retention is a better solution to the problem.

In 2015 Child and Family Services licensed 352 foster parents but only saw a net increase of 33 licensed foster parents by 2016. Essentially, for every 11 foster parents recruited, trained, and licensed, the total number of available licensed foster parents only increased by one. This means that Child and Family Services would need to recruit, train, and license an estimated 936 foster parents in a single year to retain the 88 foster parents needed to return to 2014 levels.

In contrast, if Child and Family Services continued to recruit the same number of foster parents each year, but increased retention by 5 percent, Child and Family Services would see the same increase to the number of available foster parents with the added benefit of having more experienced and trained parents available for placements.

Social workers in every region identified a shortage of foster parents as a major gap in their program and a source of

significant problems. Because of the shortage of available beds, placement decisions often become a decision driven by availability and willingness instead of a needs-based assessment.

When social workers are not able to find an out-of-home placement near a child's home, social workers must turn to placement options outside of the area. Out-of-area placements solve the short-term problem of finding a bed for the child but lead to long-term problems over the span of the case.

Moving children or youth long distances from their homes exacerbates the disruption in their lives, separates them from their community and the people and places with which they are most familiar, and disrupts their education if they have to move to a new school. In addition, reunification becomes more challenging because children and youth, foster parents, families of origin, and social workers may travel hours for visitation appointments.

When few foster parents are available, the likelihood that a child in care will be moved multiple times increases. In our interviews, social workers said they had placed some children or youth knowing that they would have to be moved within a day or two because the fit was not good.

One social worker commented:

“ Sometimes it feels like we take a kid from one bad situation and put them in another.

Social workers identified other problems created by not having enough foster parents:

More children and youth are being placed in a group home or in higher levels of care

More instances of children and youth staying in the office overnight or in a hotel with a social worker until a placement is found

Fewer children and youth are placed within their cultural community

Fewer children and youth are placed with their siblings

Variances are granted more often to place more children and youth in a foster home than what the license originally authorized

The shortage of foster parents is a major gap in child welfare.

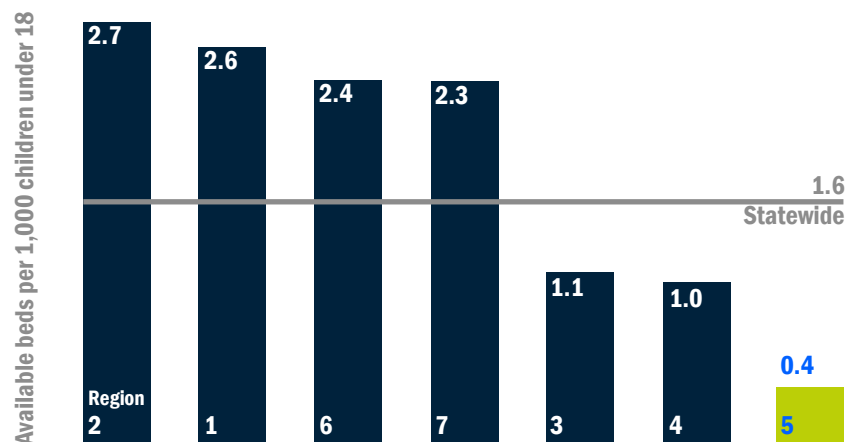
Foster parents are becoming burned out more quickly, which creates higher turnover

In our survey results, the lowest levels of reported confidence in placement decisions from social workers, foster parents, and CASAs were from Region 5. As shown in exhibit 2, the region also had the lowest number of available beds in general foster family homes for every 1,000 children and youth under 18 in the general population. In other words, Region 5 has the fewest available general foster family placement options. This low ratio means that social workers in Region 5 are more likely to make a placement decision based on availability.

Exhibit 2

Region 5 has the fewest available general foster family placement options in the state.

Health and Welfare Region 5, which includes the Twin Falls and Burley offices, has the lowest number of available beds in general foster family homes for every 1,000 children and youth under 18 in the general population.



Source: Department of Health and Welfare, Child Welfare Division, *Resource Breakdown Trend*, July 2016, and US Census Bureau population estimates from 2015.

The shortage of available foster homes in other states shows the potential for a problem to turn into a crisis.

Idaho is not the only state with a shortage of foster homes. In our review of child welfare systems in other states, we came across news articles published in 2016 that reported on the need for more foster parents in 21 other states.

Some of the negative consequences described in these articles mirror the concerns conveyed by Idaho social workers, such as an increase in out-of-area placements, more children and youth placed in group homes or higher-level care, waivers being granted to place more children or youth in a single foster home, more children and youth being separated from their siblings, and an increase in the number of placement changes.

More concerning are the descriptions of the problems that are occurring in states that have not increased the number of foster parents. In Texas, hundreds of children and youth have slept in state office buildings. The need for placements in Oregon has grown so large that a recent article in the *Oregonian* found that child death review reports had been “sanitized” because the reports could have jeopardized the license of an eastern Oregon provider. In Kansas, a legislative audit found that child safety was jeopardized because background checks were not performed for foster care providers, waivers were misused, and foster homes were less available.

News articles published in 2016 reported on the need for more foster parents in 21 states.



Foster parents are expected to be an active participant in the treatment of the entire family of origin.

Child and Family Services has a variety of supports to offer foster parents, but these supports are inconsistent.

After a placement is made, social workers and foster parents need to ensure that the child has a safe, stable place to stay. At the time of placement, foster parents enter into an agreement that lays out the mutual responsibility for the care of the child. Over the years, foster parents' responsibilities have expanded. In the past, becoming a foster parent meant taking on a primarily custodial role for children and youth coming into care. Now foster parents are expected to be active participants in the treatment of the entire family of origin. The following are examples of the responsibilities and expectations of foster parents:

- Assist in preparing children and youth for reunification or their permanent placement

- Provide a safe and nurturing environment

- Support children's and youth's school and academic achievement, extracurricular activities, and church and community involvement

- Model good parenting skills, present a positive image, and include the children's or youth's parents, as appropriate, in parenting responsibilities

- Comply with the rules of Child and Family Services

- Communicate and document issues and inform Child and Family Services of problems

In return, social workers are to treat foster parents with respect, recognize the foster parents' important role as a team member, provide necessary information and training, and provide services such as respite care, vouchers, and other needed supports.

Child and Family Services offers the following supports to foster parents:

- Preservice training (PRIDE)
- Financial support
 - Monthly maintenance payments
 - Vouchers
 - Day care payments
 - Travel reimbursements
- Resource Peer Mentor
- Continuous education training
- Respite
- In-home or other customized services
- Emotional support

Even though Child and Family Services has these supports and services, it does not consistently provide them to foster parents. Indications of this can be seen in the variation of responses to our survey. We asked foster parents to rate how well Child and Family Services provides sufficient services and emotional support, training, financial supports, and information. Exhibit 3 shows the variety in foster parents' responses to survey questions about support provided by Child and Family Services.

Foster parents disagree that Child and Family Services deeply understands their wants and needs. Less than half of foster parents agree that they receive sufficient emotional support or that Child and Family Services invests in foster parents. Most foster parents agree that they receive sufficient services to be an effective foster parent.

Foster parents were more positive about the training they receive from Child and Family Services. More than half agree that they receive sufficient initial and ongoing training to be an effective foster parent.

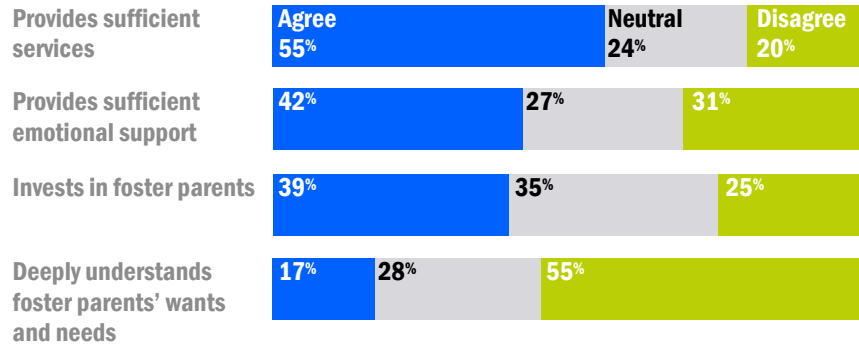
Financial supports received mixed ratings. Foster parents agree that they receive sufficient day care reimbursements. However, the majority of foster parents are neutral or disagree that the vouchers, monthly maintenance payments, and transportation support or reimbursements are sufficient.

Similarly, foster parents had a mix of responses concerning the information they receive from Child and Family Services. Foster parents agree that the information they receive about placements

Exhibit 3

Foster parents' responses were varied when asked about the sufficiency of support provided by Child and Family Services.

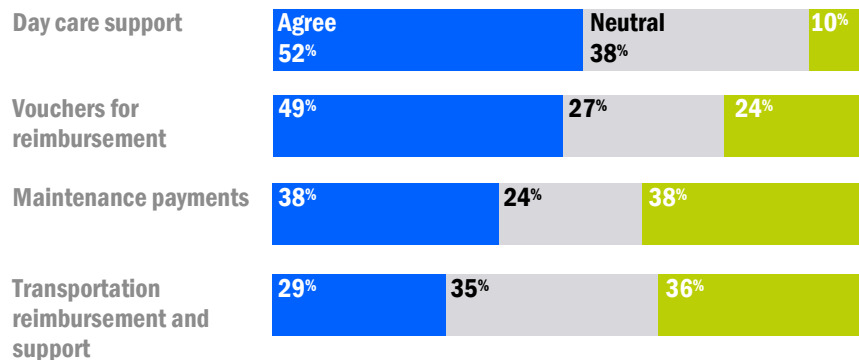
Services and emotional support: Child and Family Services ...



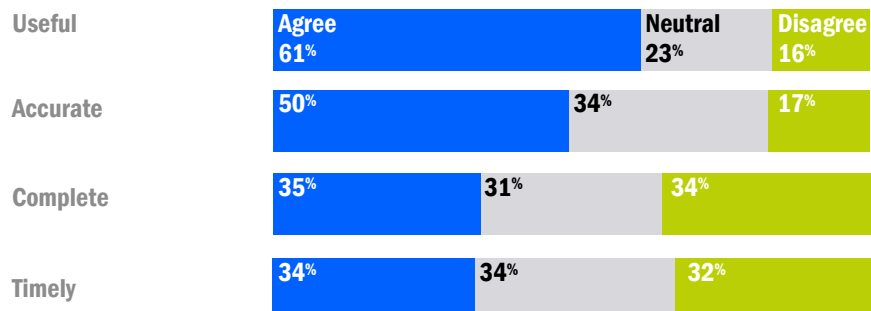
The training provided is sufficient to be an effective foster parent.



The financial support received is sufficient including ...



The ongoing information received regarding children or youth placed in care is ...



is useful. Foster parents are less positive that information is accurate, complete, or timely.

Of the foster parents who responded to our survey, 41 percent disagree that Child and Family Services' approach to conducting business is consistent and predictable. One foster parent explained:

“ There is no set standard for cases. The biggest thing said to foster parents, when we ask about how things go, is “It’s a case-by-case basis.” This removes all liability and accountability of the department.

In trying to establish which supports and services are useful to foster parents, we offered a write-in field in our survey for other suggestions. Foster parents offer the following ideas:

Support for gifts or fun extras around holidays and birthdays

Respite care

Day care, help with child care for appointments, or to help with handling emergencies during the workday

With the general feeling that Child and Family Services does not understand the needs of foster parents and the mixed responses to the variety of provided supports, foster parents are feeling depleted. Some foster parents described feeling frustrated and burned out.

Within our survey sample, six foster parents said that they are not sure whether they will continue in the program either because their trust in the program has been eroded by inconsistencies and insufficient information or because of a lack of support. One foster parent commented:

“ There is simply not enough support for me to continue.

Child and Family Services developed the Resource Peer Mentor program in 2007 as part of its strategy to address the retention of foster parents. In August 2015 Child and Family Services expanded this program by offering foster parents access to mentors who are experienced foster parents through the licensing process and through the family’s first placement. These experienced individuals provide guidance, answers to questions, and support, and they facilitate access to services.

Child and Family Services developed the Resource Peer Mentor program in 2007.

PRIDE offers an introduction to the world of foster parenting.

However, when we spoke to the contract officials responsible for parent mentors, they indicated the program was not a structured service with a number of guaranteed contacts. After the initial first placement, the contractor relies on foster parents to ask for help, and the budget support has not always been available to provide ongoing mentoring.

Parent Resources for Information, Development, and Education training

Child and Family Services requires foster parents to participate in 27 hours of Parent Resources for Information, Development, and Education (PRIDE) training that builds competencies in five areas:

Protecting and nurturing children and youth

Meeting children's and youth's developmental needs and addressing their delays

Supporting relationships with families of origin

Connecting children and youth to safe, nurturing relationships intended to last a lifetime

Working as a member of a professional team

PRIDE offers a solid introduction to the world of foster parenting; however, 27 hours is not enough time to provide all the information and skill needed to address the wide array of behaviors, circumstances, and family dynamics that a foster parent may face. Through our survey, several foster parents suggested additional training for topics such as caring for infants, children, and youth who may be detoxing from a controlled or illicit substance, caring for children and youth with difficult or trauma-based behaviors, kinship adoption, and legislative update.

After PRIDE training is completed, Child and Family Services requires 10 hours of annual training. Classes and online courses are made available to satisfy this requirement. One foster parent described training:

“ A lot of training and opportunities are available, but many foster parents do not take advantage of the programs or classes offered.

Financial supports

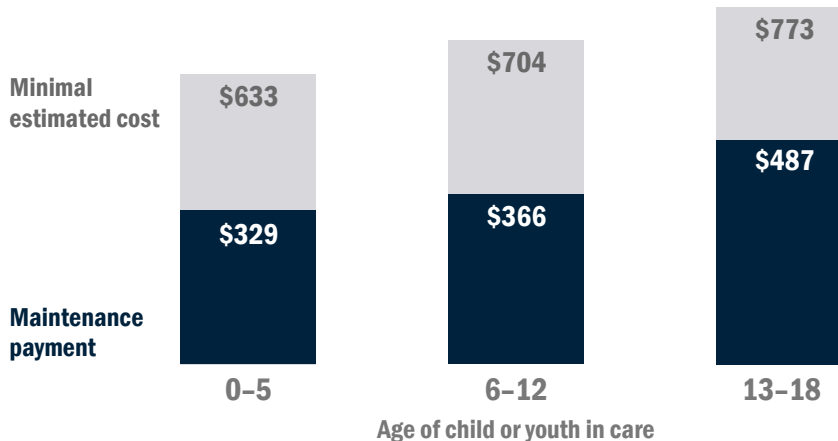
The state provides a variety of financial supports to foster parents to help cover the costs for children and youth placed in care. The primary financial support comes through monthly maintenance payments. In addition, foster parents may obtain limited vouchers for clothing, diapers and wipes, transportation, and miscellaneous expenses.

A 2012 survey of national foster care provider rates placed Idaho in the bottom five states for base maintenance rates. In its 2016 Diligent Recruitment Plan, Child and Family Services reported that the base rate for Idaho's maintenance payments covered an estimated 52–63 percent of room and board expenses per child (see exhibit 4). The difference between the cost of care and the maintenance payments increases the burden on foster parents as they try to make ends meet and manage all the logistical demands of caring for children and youth.

Idaho's maintenance payments covers an estimated 52–63% of room and board expenses per child.

Exhibit 4

Monthly maintenance payments do not cover the cost of room and board.



Source: Department of Health and Welfare, Family and Community Services Division, *Diligent Recruitment Plan*, 2016.

Adequate financial support can broaden the recruitment pool of foster parents and may increase the retention of those who are now licensed.

Our survey asked foster parents whether they agree that the financial support they receive from Child and Family Services for monthly maintenance, transportation, vouchers, and day care is sufficient to meet the needs of the children and youth placed in care. Maintenance payments received the strongest negative response. Foster parents were equally split between those who agree that maintenance payments are sufficient (38 percent) and those who disagree (38 percent). Foster parents had mixed agreement over whether transportation supports are sufficient, and they generally agree that day care and vouchers are sufficient. Child and Family Services has requested an increase in monthly maintenance payments for foster parents.

According to the Journal of Sociology and Social Welfare, foster parents are not primarily motivated by increasing their monthly income. However, adequate financial support can broaden the recruitment pool of foster parents and increase the retention of those who are now licensed.

An increasingly large portion of communities across the state comprise households with a single parent or two working parents.

One foster parent wrote:

“ As it stands, foster parenting is nearly impossible for working parents. There are too many interruptions during the day and no support for handling those interruptions. . . . I have fostered three placements, a total of five children. I tried. There is simply not enough support for me to continue.

Another foster parent described her situation:

“ Most of the kids we take are teenage girls. They are such a handful, to the point of me not being able to work out of the home. But financially that is becoming impossible. How are foster parents like us suppose to continue care?

Foster parents need relationships in addition to formal support structures.

Given the substantial and difficult nature of what foster parents are asked to do, they often find themselves in challenging situations and depend on Child and Family Services for support beyond formal support structures. Even with foster parents who have demonstrated a willingness to help, the needs of children and youth may be difficult to manage. Furthering their need for support, some foster parents may underestimate how much time, effort, or specialized knowledge is necessary to successfully manage children and youth placed in care, especially those with difficult-to-manage behaviors.

Some foster parents tend to struggle with Child and Family Services' expectation that foster parents build relationships with families of origin. Building a connection is important for supporting all parties and encouraging feelings of security for the child. Further, relationships between parents of origin, relatives, foster parents, and community members help to establish a support network for the family which can be in place after Child and Family Services is no longer involved. This connection is important regardless of which permanency outcome is achieved.

The expectation that foster parents build relationships with families of origin places foster parents in the difficult position of caring for and becoming attached to the child in their care while still being supportive of reunification efforts. In some circumstances, when foster parents disagree with the decisions of social workers, foster parents might take actions intended to protect a child but instead become an impediment to case plan progress and reunification. Resolving such disagreements and supporting foster parents through these types of situations requires that social workers have a deep understanding of the wants and needs of foster parents.

Our survey results indicated that many foster parents do not believe Child and Family Services understands their wants and needs. Further, fewer than half of the responding foster parents agree that Child and Family Services values their input while 27 percent do not agree and the remaining 27 percent have mixed feelings or do not know.

Social workers might be underestimating how often they ask more of foster parents than the parents were prepared to manage.

Social workers know they are asking a tremendous amount from foster parents.

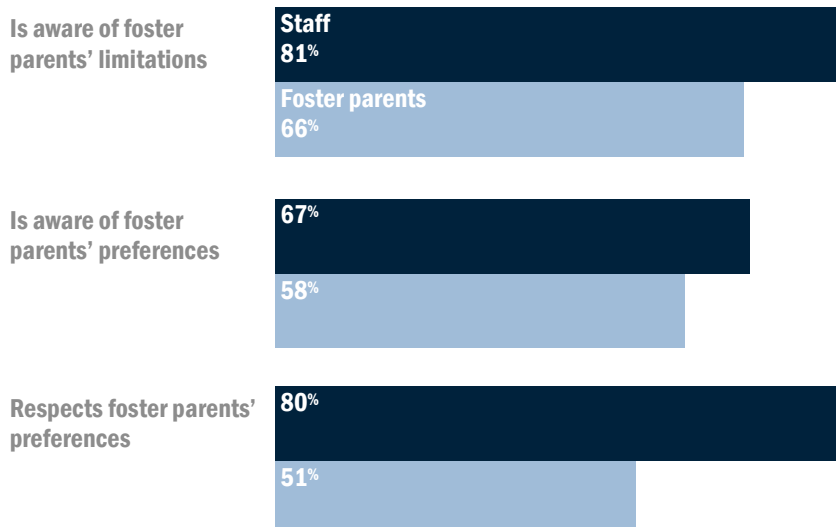
The difficulties experienced by foster parents can be exacerbated when children and youth have been placed in their care who may not be a good fit. Social workers know they are asking a tremendous amount from foster parents. There are a limited number of placement options and social workers are in a situation where they make a decision for one child and then move on to the next because they have 15–30 other children or youth who need their attention. As a result, social workers knowingly ask foster parents to stretch beyond where they might be comfortable to accommodate a placement. They may be asking foster parents to stretch more often than they realize.

In our survey of foster parents and social workers, we asked whether Child and Family Services is aware of foster parents' limitations and preferences in accepting placements. Both groups generally agree that Child and Family Services is aware, though social workers more strongly agree than foster parents. We also asked whether Child and Family Services respects the preferences of foster parents; 80 percent of social workers agree and only 51 percent of foster parents agree. Responses are shown in exhibit 5.

Exhibit 5

Foster parents and staff have different perceptions about the level of awareness and respect that Child and Family Services has for foster parents' limitations and preferences.

Percentage of respondents who agree that the department:



Survey results highlight a significant gap in perception; Child and Family Services perceives its performance is higher than its performance is perceived by foster parents. At the same time, Child and Family Services is operating in an environment that places significant demands on the program, often with inadequate resources.

Despite the poor perception of Child and Family Services' understanding of the wants and needs of foster parents, foster parents do not have a universally negative experience. We heard from several parents who described their good relationship with Child and Family Services and praised the efforts of social workers. One foster parent wrote:

“ I had a fantastic experience from the day I met the case worker until the adoption was complete.

Another person commented:

“ We were only a foster parent for about a year before our daughter turned 18. My experience with the system was amazing. I never knew the level of need there was in our community and was highly impressed with everyone I came in contact with. . . . They care very deeply for all and have so many great processes in place to help the children in our community.

We found that when the relationship with Child and Family Services works well, problems are positively resolved.

Child and Family Services perceives its performance is higher than its performance is perceived by foster parents.

41%

of foster parents disagree that Child and Family Services' approach to conducting business is consistent and predictable.

To increase stability and prevent placement changes, foster parents need a customized and consistent structure of support.

Underdeveloped relationships with and inconsistent support for foster parents negatively impact placement stability.

Placement instability can aggravate several facets of children's and youth's lives: the intensity of trauma experienced when separated from their parents, behavioral difficulties, and the likelihood of school disruptions and lags in educational achievement. Insufficient support for foster parents can negatively impact placement stability.

In our survey of foster parents, 42 percent indicated that they have requested a child be moved from their home one or more times. Foster parents most often cited two reasons for these requests: difficult behaviors of the child and not a good fit for their home. Foster parents explained that they were not prepared to manage the behavioral or mental health challenges when the child was out of control, aggressive or abusive to younger children in the home, using drugs, creating conflict and chaos, violent, displaying predator-like behaviors, or sexually acting out.

Foster parents who had requested a placement change were less likely to agree that the supports provided by Child and Family Services are sufficient. Specifically, fewer foster parents agree that (1) the information provided by Child and Family Services is useful, (2) adequate financial support for day care is provided, (3) maintenance payments are sufficient, (4) transportation support is sufficient, or (5) Child and Family Services invests in the skills of foster parents.

To increase stability and prevent placement changes, foster parents need a customized and consistent structure of support. In light of the array of support services offered to foster parents, we identified three problems:

1. Other than PRIDE and monthly maintenance payments, Child and Family Services relies on foster parents to ask for what they need. Relying on new foster parents to advocate for themselves is problematic because it presupposes that (a) foster parents are aware of all available supports and (b) foster parents will understand the benefit of the service before they experience a need for the service.

2. By the time a social worker is aware that a foster parent is ready to request a placement change, it may be too late to deliver services to stabilize the placement. Social workers described trying to address foster parents' needs by providing respite, training, services, and vouchers. They described finding creative ways to meet foster parents' needs to stabilize the placement. However, this level of active support is often not offered until foster parents are at the end of their rope. One of the social workers we interviewed explained:

“ They have to be on fire before we stomp it out.

A foster parent described the impact this had on her situation:

“ Very little support was offered by any social workers until we were at our breaking point, which was too late. It felt like the social workers were just keeping up and putting out fires. Respite care was difficult to obtain and seemed like a hassle/inconvenience, but desperately needed.

3. Even when foster parents ask for help, budget constraints prevent Child and Family Services from responding in a timely manner or with the degree of service that would be useful in the situation. A foster parent wrote in response to an open-ended survey question:

“ I requested grief and loss resources, prior to our foster child being placed back with her parent, to help my own children. Help was never given. When I realized we had a child struggling with grief, I was told that there were no funds to help us.

We identified three problems with support services:

1. Foster parents must advocate for themselves.

2. Social workers do not have enough time to stabilize placement.

3. The program has budget constraints.

44%
of foster parents believe that Child and Family Services' requirements of parents' progress before recommending reunification are too low.

A gap formed by the difference in experience, training, and expectations of foster parents and social workers can lead to disagreements and leave foster parents feeling disappointed, marginalized, and uninformed.

What foster parents expect when they become licensed may be substantially different from what they experience in three identifiable ways:

They expect to be part of successfully reuniting children and youth with their family or finding them a permanent, loving home.

They expect, as part of a professional team, to participate in decision making.

They expect to predict and control a situation through standard operating procedures and routine.

Foster parents agree that reunification is the most desirable outcome of a child welfare case when it is safe. However, out of all stakeholder groups surveyed, foster parents have the lowest level of confidence in Child and Family Services' decision to recommend reunification. Although the ultimate decision for reunifying families of origin lies with the courts, of the foster parents who responded to our survey, 44 percent believe that Child and Family Services' requirements of parents' progress before recommending reunification are too low.

Foster parents also expressed trepidation in their belief that Child and Family Services will reject an unfit relative from adopting a child or youth in care. Although half of respondents believe that Child and Family Services will usually or almost always reject an unfit relative from adopting, the other half do not know or have little to no belief that Child and Family Services will reject an unfit relative.

When foster parents disagree with the decision to recommend reunification, or any other permanency decision, they may feel angry or disillusioned. One social worker described:

“ It is hard to accept the reality of where certain kids have come from and where they may be going.

Child and Family Services' credibility with foster parents is undermined by inconsistency between Child and Family Services messaging that foster parents and children and youth are important and some foster parents' experience with the program.

Foster parents are told in PRIDE that they will be part of a professional team. With that training comes expectations that they will be part of the decision-making process for children and youth placed in care, including case planning and permanency decisions. Many foster parents do not feel like they are a valued part of a team but rather feel dismissed. Some of the foster parents who responded to our survey believe they are dismissed for being uninformed or wanting to adopt.

To have meaningful input into decision making, foster parents must generally be given the following opportunities:

- Be informed of upcoming decisions, when possible

- Be heard and provide information for a decision

- Be told what the final decision is and the rationale for that decision

- Voice their disagreement and have their disagreement documented

These opportunities may not be realistic given the constraints of the child welfare system. If Child and Family Services cannot in good faith involve foster parents in decision making, then it needs to communicate its intent to the foster parents, whether during PRIDE training or within the context of a specific case. Otherwise, Child and Family Services will continue to lose credibility with foster parents.

Most foster parents who responded to our survey agree that Child and Family Services lets a lot of things fall through the cracks. Some foster parents reported that social workers are more focused on completing tasks than they are on the quality of work being done. Many foster parents do not think that social workers have sufficient time to serve their cases effectively.

Many foster parents do not feel like they are a valued part of a team but rather feel dismissed.

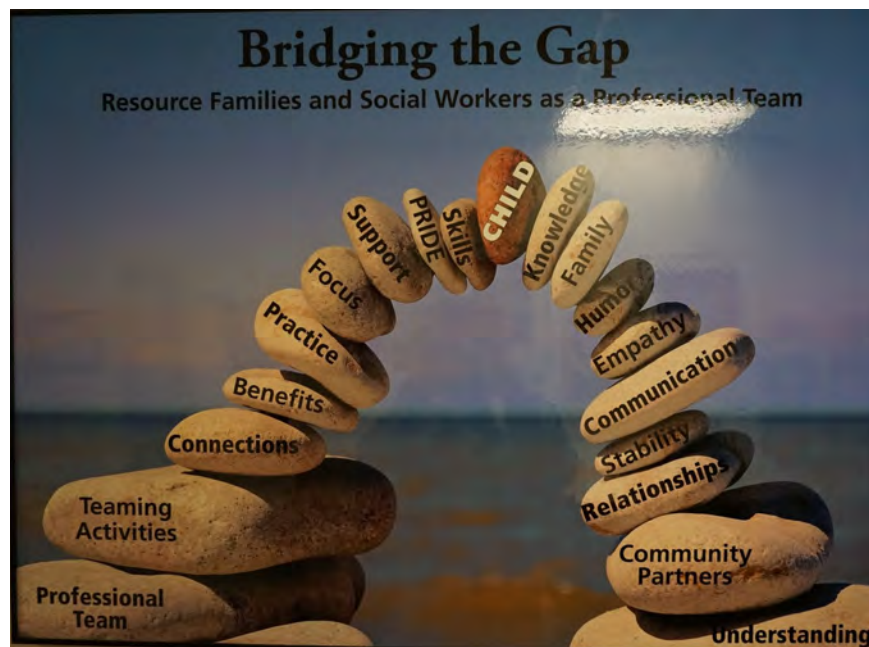
Many foster parents do not think that social workers have sufficient time to serve their cases effectively.

► Photo taken by OPE staff during site visits to Child and Family Services field offices.

Many foster parents make themselves vulnerable and available to Child and Family Services because they want to help meet a need in the community. Foster parents have indicated frustration over being asked to meet ever increasing demands that impact every aspect of their life while perceiving that in return they receive inconsistent information from social workers who are not reliably available.

A foster parent explained:

“ Taking a challenging child into your home is an enormous undertaking. I know department social workers are very busy, but they sometimes act like foster parents need to step it up when, really, our entire lives have been turned upside down. It is an incredibly difficult job raising someone’s child.



Child and Family Services is attempting to improve relationships with foster parents but struggles with communication and investing the necessary time.

Child and Family Services has recently reinstated a program called Bridging the Gap, an initiative to promote relationships between parents of origin and foster parents through a series of facilitated meetings throughout placement. The initiative is described as “a practice, not a program,” meaning that time has to be invested to achieve successful, cultivated relationships.

When working well together, social workers and foster parents can strengthen one another. When the relationship is damaged, the groups can begin to see the other as an obstacle instead of a partner. The shortage of social workers’ time poses a significant threat to Child and Family Services’ ability to cultivate and support relationships with foster parents.

A foster parent summarized the situation:



There is no way a social worker can give children and families the time and energy required for a successful outcome when caseloads are too high. Foster parents end up being used and abused when workers cannot support them. Kids move too many times when foster parents get fed up and quit, when workers get burned out and quit, and when resources are not there to support a placement.

Families are angry and frustrated by overwhelmed social workers who are not always kind or compassionate. It is all related. Smaller caseloads mean higher quality work and better support of parents and foster parents. Better support means more long-term, experienced foster parents. Qualified foster parents make for happier kids and better mentoring relationships with birth families. The department needs to start at the beginning, get caseloads under control.

Communication between foster parents and social workers has been a documented concern for a number of years. In a 2013 statewide assessment of foster parent recruitment and retention, conducted by Child and Family Services, communication was

Time has to be invested to achieve successful, cultivated relationships.

The shortage of social workers’ time poses a significant threat to Child and Family Services’ ability to cultivate and support relationships with foster parents.

Communication between foster parents and social workers has been a documented concern for a number of years.

Foster parents generally agree that Child and Family Services provides useful and accurate information but disagree that information is complete or timely.

identified as an area that could be improved. Through surveys, Child and Family Services has tracked satisfaction levels for communication between social workers and foster parents over multiple years. These survey results indicate that communication is a frequently cited concern.

Our survey results and interviews with social workers reaffirmed that communication needed improvement and was a source of frustration for foster parents. Two main concepts emerged in social workers' and foster parents' comments and descriptions:

Needs to be an exchange of useful, complete, accurate, and timely information

Can close or widen the gap caused by a difference in experience and expectation

Foster parents generally agree that Child and Family Services provides useful and accurate information but disagree that information is complete or timely. Of the foster parents who responded to our survey, most agree that information provided by Child and Family Services is useful. About half agree that information is accurate. However, foster parents do not agree that information is complete or timely.

Our survey asked if foster parents agree that information is widely shared so that everyone inside and outside of Child and Family Services has the information they need at the time it is needed. More than half of foster parents disagree. Additionally, in our survey foster parents explained that they would like more accurate and complete background information on children and youth including medical history, previous trauma, behavior concerns, and placement history.

Social workers have several reasons why they may not share information in a timely manner: (1) at the time of placement, the social worker may not have the information, (2) conflict avoidance, (3) social workers cannot provide some information because of confidentiality restrictions, and (4) the guidance around which information can or cannot be shared is not consistently clear to social workers.

Confidentiality rules are a lengthy combination of federal law, state statute, and department policy. Practice standards limit disclosure to the information minimally necessary for the sufficient care of children or youth. Confidentiality rules require professional judgment from supervisors and social workers, which accounts for the variability experienced by foster parents.

Even within the constraints of managing confidential information, the way in which foster parents are provided information matters a great deal in building or dissolving confidence. As one foster parent said:

“Honesty, not ambiguity, prevents the foster family from being surprised or disappointed with the department’s decisions. “A decision has not been made, but here is where we are leaning...” is better than, “We don’t know yet.”

Recommendation

Child and Family Services is aware of the need to increase the number of available placements for children and youth in care by improving recruitment and retention of foster parents. Child and Family Services has made multiple efforts to improve recruitment and retention. The efforts are laudable but have not been able to sufficiently address the shortage of foster parents, which continues to weaken the program. We recommend that Child and Family Services continue its recruitment efforts but also explore opportunities to improve. For example, Child and Family Services should strengthen its recruitment plan by determining the number of licensed foster parents needed by region and further specify what additional resources are necessary to recruit those foster parents.

Although recruitment helps alleviate the declining foster parent population, recruitment strategies are costly, particularly when Child and Family Services is not able to retain foster parents. Given the costs and limited effectiveness of recruitment, we recommend that Child and Family Services develop a robust foster parent retention plan. The plan should include strategies for improving the consistency of supports provided to foster parents, communication with foster parents, and the quality of relationships developed between social workers and foster parents. Many of the issues we identified about workload in chapter 3 and about organizational culture in chapter 4 affect social workers’ interactions with foster parents, and in some cases, retention of foster parents. Therefore, any plan for retention should include strategies for linking efforts to improve workload and organizational culture with efforts to improve foster parent retention.



3

Workload challenges

We did not initially intend to examine workloads. However, without question the most common theme we found through our evaluation is the perception that social workers do not have enough time to serve their cases effectively. We heard this concern from Child and Family Services staff and management, foster parents, court-appointed special advocates, judges, prosecutors, and defense attorneys. Because of the significant attention given to workloads by all stakeholders, we believed it was important to address. This chapter is not intended to be an exhaustive analysis of workloads. Instead, it explains how perceptions of workloads affect program performance.

Concern over the workloads of social workers is not new or unique to Idaho. Both nationally and in Idaho, efforts are ongoing to identify and address workload issues.

Terms defined

Caseloads

The number of cases that workers are assigned in a given time period. Caseloads may be measured for individual workers, all workers assigned a specific type of case, or all workers in a particular office or region.



Workload

The amount of work required to address assigned cases. Measuring workload requires an assessment of (1) the factors that impact the time it takes to work cases and (2) the time workers spend on activities not directly related to their case responsibilities.

Workload is an old but ongoing concern.

In our 2005 evaluation, we found that 85 percent of staff believed caseloads were not reasonable. More than a decade later concern about overall workload is still as prevalent as in 2005. In this (the 2016) evaluation, we found that 87 percent of staff believe social workers do not have enough time to serve every case effectively. Further, we found that 87 percent of staff agree that problems often arise because staff in Child and Family Services do not have the time necessary to do the job.

Even outside of Child and Family Services, we found a similar pervasive belief. Approximately 69 percent of CASAs and 54 percent of foster parents do not think that social workers have enough time to serve their cases effectively.

In judges' open-ended comments about how effectively they believe case workers serve their cases, approximately 47 percent brought up social workers being over worked or having caseloads that are too high. One judge expressed the general concern over social workers' workloads quite well:

“ They are overworked, understaffed, and function in a system where marginal gains are seen as victories. They lack the time and frequently the skills to adequately engage families in productive exercises in behavioral change. Once a month check ins are inadequate to address the serious problems these families face, let alone to help them build their capacity to address those issues.

Concern about overall workload is still as prevalent as it was in 2005.



Compromised performance and a persistent expectation gap are the effects of excessive workloads.

Research consistently shows that manageable caseloads and workloads are essential for child welfare to achieve its intended outcomes. Manageable caseloads and workloads make a difference in a worker's ability to succeed in several areas:

- Meet practice requirements
- Engage families
- Deliver quality services
- Sustain long-term employment
- Ultimately achieve positive outcomes for children and families

In a study of Child and Family Services workloads, a contractor found that lower workloads are significantly related to better outcomes for children and families of origin. As a result, Child and Family Services has said that there is sufficient evidence to support the premise that management of workloads can affect improvement in client outcomes.

As much as manageable workloads can improve outcomes for children and families of origin, unmanageable workloads negatively affect workers' ability to meet practice requirements, engage families, deliver quality services, and achieve positive outcomes for children and families of origin.



Through our interviews and surveys, we heard a mix of positive and negative perspectives about program or social worker performance. Regardless of stance, perspectives were usually accompanied by a caveat that workloads are too high or resources are too low. The caveat was represented well by one chief of social work we interviewed:

“ Because of resource constraints, social workers have to settle for C-grade work. The problem is that there is an expectation for A-grade results.

A judge echoed this perspective:

“ I believe that most health and welfare workers want to do a good job and are good people. I also believe that their case loads are too big and their resources are too small. Because they are overwhelmed, they are only capable of doing an average job. I'd give them a grade of “C” if I were a teacher. But there is ample room for them to be improved.

Through our interviews, we found a concerning number of social workers who feel that procedural requirements and reporting measures direct attention to completing tasks rather than performing quality work. This feeling was also reflected in our survey. We asked whether social workers are more focused on completing tasks than on the quality of the work being done. Child and Family Services staff, foster parents, and CASAs are evenly divided in their agreement or disagreement. Overall, 35 percent agree, 28 percent are neutral, and 37 disagree.

Social workers' performance is challenged by significant competing demands on their time. Social workers are faced with situations where they must choose between activities they believe to be of the highest importance knowing that they will fall short of measured expectations. When social workers are making decisions about priority, the program's managerial control is compromised. What workers choose may not align with managerial priorities or expectations.

On the one hand, some social workers focus on quality and make the decision to fall behind in or compromise the completeness of required documentation. On the other hand, some workers focus on completing all tasks and documentation but quality suffers. We rarely heard from or about social workers who are able to maintain quality social work while thoroughly completing all required documentation.

Social worker performance is challenged by significant competing demands on their time.

Performance is most effected by compromised managerial control and an expectation gap.

One judge articulated the problem clearly:

“ In my 15+ years working in the Child Protection legal system, my observation is that Idaho’s families in crisis are best served when they get a professional, empathetic social worker who has the time to meet frequently with the family, listen to the family’s concerns, and work with the family to get the resources they need. When we load up social workers with excessive caseloads and additional reporting requirements, the result is that they come out of the field and go behind a desk. What suffers is the ability to give each family the frequent face-to-face contact that is critical for success, and as a result we see poor outcomes for children either in long-delayed permanency or needless terminations of parental rights.

Workloads have a direct impact on social worker performance; however, performance is most affected by compromised managerial control and an expectation gap. Managerial control and the expectation gap are covered in more detail in chapter 4.

Legislative direction and judicial involvement

Unmanageable workloads have become such a problem in some states that legislatures have felt compelled to intervene and establish explicit expectations for caseloads and workloads. For example, according to the Children’s Bureau, Delaware, Florida, Indiana, and Texas have mandated that state and local jurisdictions assess workload issues, identify and adhere to standards, implement specific strategies such as hiring additional staff, and report on progress.

In addition, workload concerns, often a result of high-profile fatalities, have spurred class-action litigation across the country. Provisions in settlement agreements and consent decrees often require jurisdictions to meet specific caseload standards.

For example, the state of Texas is currently subject to a consent decree after a federal judge found that the Texas Department of Family and Protective Services had violated the constitutional rights of children and youth in care because of “a number of interconnected problems, such as excessive workloads and frequent . . . caseworker turnover.” Further, the courts found that the Texas Department of Family and Protective Services was

“deliberately indifferent toward caseload levels” as the department had “known for almost two decades that overburdened caseworkers cause a substantial risk of serious harm to foster children” and “had long been aware that caseloads are too high.”

As a result, in 2015 the judge ordered that an independent special master be appointed to develop and oversee the implementation of needed reforms. The special master published a report in 2016 with 31 recommendations including the implementation of a caseload standard in the range of 14–17 cases.



◀ Photo taken by OPE staff during site visits to Child and Family Services field offices.

Determining the total staff needed to effectively balance workload and efficiency is an ongoing challenge.

Program managers, supervisors, and social workers say average caseloads are too high for social workers to serve every case effectively.

Knowing exactly how many social workers are needed to manage a given caseload and workload is a difficult task and an ongoing struggle. In our 2005 report, we found that Child and Family Services did not have a way to track and monitor caseloads effectively. The report offered two recommendations:

Employ an ongoing, cost-effective method of measuring the amount of time staff spend on different types of cases and activities in relation to program outcomes.

Analyze key factors that impact the time it takes staff to work cases and perform specific tasks.

Responding to our 2005 report recommendations, Child and Family Services completed a workload study in 2007 and found it needed 36 percent more staff to achieve the outcomes expected by federal outcome standards. The study also provided Child and Family Services with the foundation of a staffing allocation model that it continues to use. The staffing model has improved staff allocation throughout the state.

The Child and Family Services study provided a point-in-time understanding of overall staffing needs and a good starting point for understanding and measuring workloads. However, determining the total staff needed to effectively balance workloads and efficiency is an ongoing challenge.

To better understand staff perceptions of workloads, we asked social workers, supervisors, and program managers how many cases social workers carry on average. We also asked them how many cases social workers could carry while still being able to serve every case effectively.

Our survey found that, on average, program managers, supervisors, and social workers believe that social workers are carrying approximately 38 percent more cases than they can effectively serve. Our finding is similar to the 36 percent found in the Child and Family Services' 2007 workload analysis.

Child and Family Services' most recent analysis of average monthly caseloads showed 13.5 cases per month per worker, approximately 28 percent more cases than program managers, supervisors, and social workers believe social workers are able to carry while serving every case effectively.

Research varies in recommended maximum caseload per worker. Generally, the highest caseload level recommended is 15 cases per worker. However, some research recommends caseloads below 10 cases per worker per month. Based on estimates given in our survey and Child and Family Services' most recent analysis, average caseloads are within but toward the high end of the range of the recommended maximum identified in research. However, the difference between recommended caseloads and the average caseload estimates from our survey does not reflect the whole story.

The difference between the recommended caseloads and the estimated manageable caseloads is also important to look at. The difference points to a workload concern in addition to a caseload concern. Exhibit 6 shows that the number of cases Idaho social workers, program managers, and supervisors estimate social workers' carry, on average, is significantly higher than the amount they believe is manageable while still serving every case effectively. The difference between maximum recommended caseloads and the number of cases that Idaho's social workers, supervisors, and program managers believe social workers can effectively handle indicates that Idaho's workload for a given case is more demanding than average.

Exhibit 6

In our survey, safety assessors and case managers estimate that their caseloads exceed a manageable level.



Workload is a critical factor in the department's performance and should be approached as a high priority.

Many factors affect workloads. For example, two social workers might have the same size caseload but serve a substantially different number of children. Child and Family Services' most recent analysis of average caseloads per month showed an average of 13.5 cases per worker but about 20 children per worker. In addition to the number of children involved in a case, national research, Child and Family Services' 2007 review, and our interviews identified the following factors that affect workloads:

Travel

Where the child resides (e.g., in his or her home, relative's home, foster home, or congregate care)

Severity or type of presenting issue

Documentation and administrative requirements

Workers' experience

Attendance at staff meetings, staff development, professional conferences, and administrative functions

Court involvement

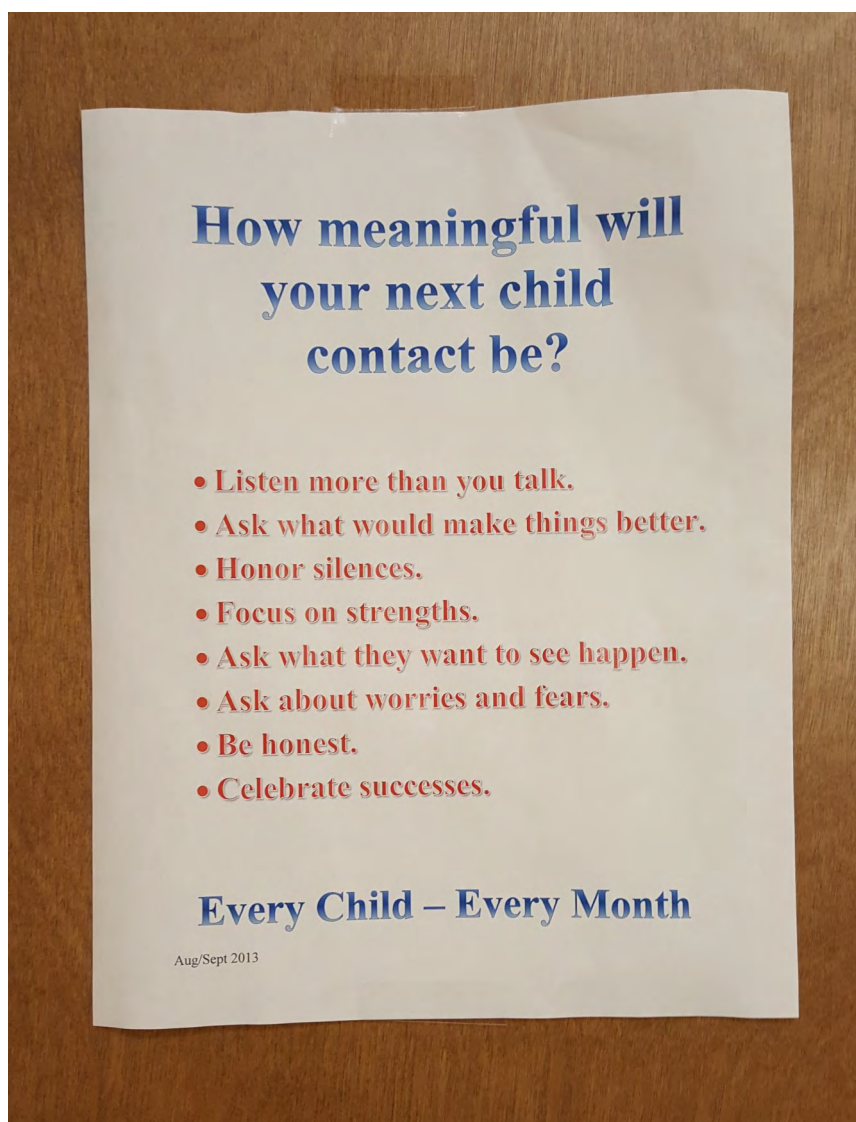
Permanency goals

Changes to laws and policies

Because workload factors vary from state to state, the maximum recommended caseloads may be appropriate in one state but excessive in another. Further, given current workload demands, even the recommended caseloads may be too high.

Workload is a critical factor in Child and Family Services' performance and should be approached as a high priority. Additional staff are likely necessary to improve workloads in Idaho, but alone, adding staff will not be sufficient to address the Child and Family Services' workload challenges. Workload should be addressed by examining processes, expectations, documentation, technology, and other requirements for opportunities to improve efficiency.

Some states have added substantial staff only to see no measurable improvement in outcomes. For example, Utah was subject to a class action settlement in 1994. Four years later, Utah had increased state funding and the number of caseworkers by more than 50 percent. However, the state was frustrated that the increases had not translated into significant progress on its stipulated measures. This lack of progress occurs for at least two reasons. First, not all meaningful improvements are measured, and second, it takes more than having enough staff for a child welfare program to achieve its outcomes.



◀ Photo taken by OPE staff during site visits to Child and Family Services field offices.

In response to our 2005 recommendation, Child and Family Services developed a staffing allocation model.

Performance can be improved through improvements to caseloads and processes.

Managing caseloads and workloads is difficult for child welfare agencies for a number of reasons. In a publication on caseload and workload management, the Children's Bureau noted the difficulty in establishing what workloads and caseloads actually are and determining what workloads and caseloads are manageable. Additionally, the Children's Bureau noted factors such as managing budget crises, addressing worker turnover, finding qualified applicants for open positions, implementing time-intensive best practices, and managing multiple reforms all simultaneously increase the difficulty of caseload and workload management.

Despite the difficulty of managing and reducing workloads, there are strategies for improvement. Child and Family Services has implemented or is now exploring some of those strategies.

Staffing

Staffing is a critical part of workload management. The quantity and quality of staff have a direct effect on workloads. We found that Child and Family Services has worked to optimize its allocation of staff but could improve workloads through addressing retention of existing staff and ensuring the total number of caseworkers is sufficient to meet existing workload demands.

Optimizing staff allocation

Because program resources are divided among regions, there is potential for resources, such as staff, to become out of balance among the regions.

In our 2005 report, we recommended that Child and Family Services ensure program staff are fairly distributed among regions by using caseload and workload information when making staff allocation decisions and when measuring, analyzing, and monitoring performance. In response, Child and Family Services took steps to improve allocation of staff among regions.

Child and Family Services' staff allocation is generally effective in distributing existing staff among regions; however, it is not able to address any net deficiencies in program-wide staffing levels.

Retention of and investment in existing staff

Staff retention in child welfare has been an ongoing struggle. We identified turnover of child welfare staff as an issue in our 2005 workload evaluation and in our 2006 report *Management in the Department of Health and Welfare*. Additionally, in its most recent report, the Keeping Children Safe panel has reemphasized the importance of staff retention in two of its recommendations.

Staff turnover can pose significant challenges for workload management. For example, if a social worker who carries assigned cases terminates employment, the cases still have to be worked. In those instances, other social workers, supervisors, and in rare instances, program managers have to take on the extra cases until someone new can be trained. Child and Family Services officials cited in a federal review that staff turnover combined with new supervisors in the field contributed to an underperformance of ongoing assessments. Ongoing assessments identify the needs of children, parents, and foster parents and provide individualized services to meet identified needs.

In contrast, staff retention can aid in workload management. First, retention avoids the need to redistribute cases when a social worker leaves. Second, more seasoned workers can, on average, manage larger caseloads effectively.

Staff retention in child welfare has been an ongoing struggle.

A hypothetical example of the effect of turnover on workloads

An office with 10 social workers, each carrying 16 cases, loses one social worker. Those 16 cases are distributed among the remaining 9 caseworkers, bringing their caseloads up to about 18 cases per social worker, an increase of about 12.5 percent for each worker.



The new social worker must complete a probationary period and training, which lasts six to nine months. Within the probationary period, the worker can gradually carry more cases but must be closely supervised on all cases.

If a new worker were hired immediately, this single position turnover would cause an increased caseload for the remaining social workers for a minimum of six to nine months.

In 2007 Child and Family Services determined a need for 75 more social workers.

Since 2007 Child and Family Services has been able to add about 18 full-time equivalent social worker positions.

The number of children in care has increased 10% since the beginning of fiscal year 2017.

Additional positions

Based on data from the 2007 workload study, Child and Family Services recognized that additional program staff were justified. It also acknowledged that the need for additional staff was borne out by Idaho's enduring struggle to meet various federal outcome standards. Idaho is not alone in its struggle with federal outcome measures. According to the Children's Bureau, no state has been found to be in substantial conformity in all of the seven outcome areas and seven systemic factors. In 2007 Child and Family Services had seen growth in recurring maltreatment, cases having insufficient monthly contact with child and family, and the number of children who did not exit foster care to adoption within 24 months.

Child and Family Services determined that 75 more social workers would increase the number of worker visits—the most important variable to preventing maltreatment and attaining permanency. Program officials indicated that they had intended to add staff in a multiyear sequence of budget requests.

Since 2007 Child and Family Services has been able to add about 18 full-time equivalent social worker positions. Exhibit 7 shows that the number of full-time equivalent social worker positions in Child and Family Services has increased little since fiscal year 2009. Through the Department of Health and Welfare's budget, Child and Family Services has submitted a request for six visitation support staff for the upcoming 2018 fiscal year.

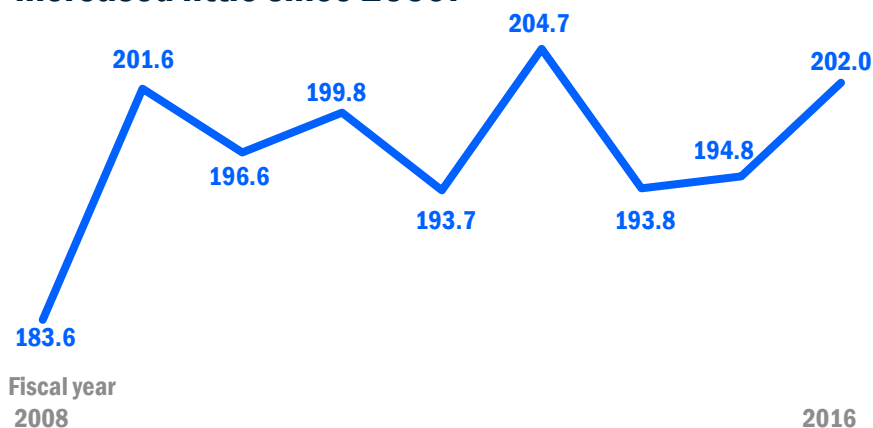
Although Child and Family Services has not increased staff to the levels identified as necessary in 2007, it has improved on the federal outcome measures it struggled with in past reviews.

Based on current average caseloads and the perception of manageable caseload levels expressed by program managers, supervisors, and social workers, Child and Family Services would need an additional 57–77 case carrying, full-time equivalent positions.

In the short term, the total need for additional social workers has been offset to a small degree by an overall decrease in the number of cases. However, any reduction in workloads due to a decrease in children and youth in care is temporary. The number of children in care has increased 10 percent since the beginning of fiscal year 2017. In addition, practice requirements have increased over the same time period.

Exhibit 7

Child and Family Services staffing levels have increased little since 2009.



Source: Child and Family Services' annual performance and service review data.

Recommendation

Child and Family Services is aware of the need to retain staff and has been making efforts to address turnover. For example, Child and Family Services created a career ladder for social workers. The career ladder was intended to differentiate entry-level, professional, and expert social workers and help retain social workers by rewarding veteran staff with opportunities for advancement. Child and Family Services also hoped to reinforce training and mentoring and gain flexibility in workloads and leadership responsibilities.

Retention is a challenging task with no simple solution. However, given the importance of retention for managing workloads, we recommend that Child and Family Services continue with its retention efforts but take advantage of the systems approach we propose in chapter 5 to seek out and implement solutions to stabilize the workforce and improve retention.

Recommendation

Child and Family Services should identify staffing shortages and develop a plan for addressing those shortages. When Child and Family Services last attempted to increase the number of social workers, it had planned to do so over a number of years because recruitment of social workers had proven difficult, particularly in regions outside the Treasure Valley. Further, the initial training classes for newly hired staff had limited capacity.



Child and Family Services intends to align its child welfare data system and workflow process to improve process efficiency.

Child and Family Services will have similar difficulties in the future. To avoid a deterioration of effort over time, Child and Family Services should work with the Legislature to develop a multiyear plan for ensuring staffing levels are sufficient to manage workloads.

Any plan for workload management should take into consideration the qualifications and competencies of the worker, case status, and case complexity. Having enough staff to carry workloads is necessary but not sufficient for program performance. Therefore, the staffing level plan should also account for other efforts to manage workloads, such as enhanced work processes and supports and improved work effectiveness.

Enhanced work processes and supports

Child and Family Services has been aware of the need to improve its processes and improve its tools and technology. In 2014 it started an effort to streamline work processes by hiring a contractor to complete process mapping for risk assessment and case management and to identify improvements in automation.

The process mapping was nearly completed when some processes were changed, invalidating the map for those processes. The mapping for the processes that were not changed has been used to complete further analysis and identify opportunities for refinement. As a result, data quality improvement tools were developed and implemented. The process mapping is still used in the program's effort to evaluate and modernize the child welfare information system.

The citizen review panel Keeping Children Safe recommended that Child and Family Services engage the services of a outside consulting firm that can perform an efficiency assessment to uncover areas where efficiency and security can be improved through technology.

For fiscal year 2017, Child and Family Services requested \$260,000 to begin addressing process improvement again. Child and Family Services anticipates that improvements to the program's technology platform and related software applications will better support the delivery of child welfare services. It intends to align its child welfare data system and workflow process to improve process efficiency.

Recommendation

In addition to streamlining processes within the program, we recommend Child and Family Services work with partners and stakeholders to explore opportunities for enhancing processes outside of Child and Family Services.

For example, in response to inefficiencies because of uncertainty around court hearing times, Child and Family Services in cooperation with the courts developed a pilot project to allow video conferencing in hearings for social workers. Video conferencing allows social workers to continue working while waiting for hearings to begin.

By identifying and taking advantage of additional opportunities to improve and facilitate interactions and processes with partners and stakeholders, Child and Family Services can reduce workloads, expedite processes, and improve timeliness.

Align expectations, inputs, and activities

Because social workers, supervisors, and program managers believe the workers cannot carry their current caseloads while serving every case effectively, Child and Family Services must identify and improve aspects of the processes that drive workloads—a critical step toward sustainable workload management.

Many of the factors that drive workloads are tied to expectations for Idaho's child welfare system. Child and Family Services' response to policy changes and the expectations of stakeholders and partners is to modify practice expectations, administrative requirements, and documentation demands.

Clear alignment of expectations, inputs, and activities is absolutely essential for Child and Family Services to effectively manage demands on social workers' time. This clear alignment can only be achieved through a systems approach that involves direct and ongoing collaboration among all stakeholders and partners, especially policymakers, the Department of Health and Welfare, the courts, the foster community, community organizations, and nonprofits. We discuss the need for a systems approach in chapter 5.



Clear alignment of expectations, inputs, and activities is absolutely essential for Child and Family Services to effectively manage demands on social workers' time.

4

Organizational culture

Research has shown organizational culture of child welfare agencies to be an important factor in staff turnover, adoption of new practices, service quality, and youth outcomes.

Child and Family Services' organizational culture is characterized by its commitment to and focus on children and families of origin. In our survey of Child and Family Services staff, 94 percent said they believe all staff are committed to improving the situation for children and families of origin in their caseloads. This commitment was also apparent to us through our interviews and open comments in our survey.

However, the culture is also characterized by a conflicted sense of efficacy in the face of difficult demands and limited resources. Because culture shapes how policies become practice, where some aspects of program culture are weak, performance will also suffer.

We looked at five aspects of organizational culture that are important for program performance:

- Mission, goals, and vision
- Consistency
- Capability development and team focus
- Adaptability
- External relationships

Within each of these cultural areas is a permeating belief by staff that there is more demanded of them than they can do. As a result, each aspect of the culture is undercut by a need to address the constant feeling of crisis.

In practice, short-term demands conflict with the program's long-term mission and vision.

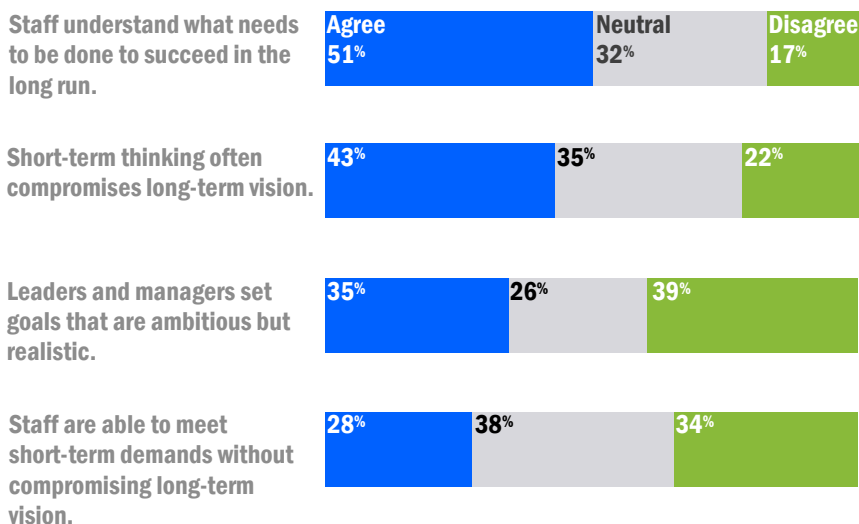
Child and Family Services has a clear mission that gives meaning and direction to its work. We found that staff take the mission seriously and the mission guides their practice. However, we also found a strong belief that goals are not realistic given the inputs and timeframes available to achieve the goals. Only 35 percent of staff agree that leaders and managers set goals that are ambitious but realistic (26 are neutral, 39 percent disagree).

A clear program vision is not consistent throughout Child and Family Services. Through interviews and our survey, we found that staff do not have a consistent understanding about what they need to do to succeed long term. When asked in our survey whether staff understand what needs to be done to succeed in the long term, only about half agree. We also found a belief among program staff that short-term demands and short-term thinking compromises long-term vision. Similarly, staff do not agree that they are able to meet short-term demands without compromising long-term vision. Exhibit 8 shows staff responses to our survey questions about vision.

A clear program vision is not consistent throughout Child and Family Services.

Exhibit 8

Staff reported that they understand what is needed for success, but they believe short-term thinking and demands compromise long-term vision.



Many of the complaints heard in recent testimony and criticisms of the program are likely the product of inconsistency.

Child and Family Services lacks consistency in its management, accountability, and approach to conducting business.

In organizational culture, consistency is the alignment of an organization's current culture with its desired culture. Research shows that consistency plays a meaningful role in coordination of efforts, internal governance, management control, consistent outputs, and relationships with external partners and stakeholders.

We looked at consistency of culture in two broad areas: (1) practice, management, and accountability, and (2) decisions about foster placements, reunification, and adoption. In our judgment, many of the complaints heard in recent testimony and criticisms of the program are likely the product of inconsistency.

In our survey, we asked if Child and Family Services is consistent in its approach to conducting business and only 34 percent of staff agree.

We found three major factors underlying staff perception of program inconsistency: (1) a lack of clear agreement about the right and the wrong way to do things, (2) inconsistency among leaders and managers, and (3) inconsistent accountability. Overall, only 25 percent of staff agree that the program has clear agreement about the right and wrong way to do things.

This lack of agreement is explained, at least in part, by inconsistency among leaders and managers. Some inconsistency is to be expected. However, we regularly heard through interviews and our survey about inconsistency in following rules and best practices and in management's supervision of social workers. Further, only 47 percent of staff agree, (26 percent are neutral, and 28 percent disagree) that leaders and managers practice what they preach.

Even though Child and Family Services has implemented systems of accountability, staff perceive accountability to be inconsistent.

Child and Family Services has modeled its accountability for program performance after a continuous quality improvement framework and the federal child and family services reviews. During biannual case record reviews, Child and Family Services assesses performance and subsequently develops improvement plans for its regional hubs. Hub improvement plans are similar to performance improvement plans developed after child and family services reviews but are intended to address specific local needs of each regional hub.

Child and Family Services collects and reviews the following components, which constitute its formal quality improvement model:

- Surveys of staff and foster parents

- Reviews (state and federal) of case records and stakeholder interviews

- Reviews of centralized intake unit records

- Reviews of Indian Child Welfare Act cases

- Reviews of independent living cases and stakeholder interviews

- Monthly, quarterly, semiannually, and on-demand performance reports

- Adoption and Foster Care Analysis and Reporting System data indicators, the National Child Abuse and Neglect Data system, and the National Youth in Transition Database reports

Child and Family Services' quality improvement model has multiple components.

Continuous quality improvement framework



According to the National Child Welfare Resource Center for Organizational Improvement and the Casey Family Programs, continuous quality improvement is the complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. It relies on an organizational or system culture that is proactive and supports continuous learning. Continuous quality improvement is firmly grounded in the overall mission, vision, and values of the agency. Perhaps most importantly, it is dependent upon the active inclusion and participation of staff, children, youth, families, and stakeholders throughout the process.

Child and family services reviews

In 2000 the Children's Bureau established a process for monitoring state child welfare programs. Through the process, states are assessed for substantial conformity with federal requirements for child welfare services.

The bureau conducts the reviews in partnership with state child welfare agency staff. Each child and family services review is a two-stage process consisting of a statewide assessment and an on-site review of child and family service outcomes and program systems. For the statewide assessment, states compare their performance on certain safety and permanency data indicators with national standards determined by the Children's Bureau. States evaluate their performance on the outcomes and systemic factors in the statewide assessment.

After the statewide assessment, a joint federal-state team conducts an on-site review of the state child welfare program. The on-site portion of the child and family services review includes (1) case reviews, (2) interviews with children and families engaged in services, and (3) interviews with community stakeholders, such as courts, community agencies, foster families, caseworkers, and service providers.

The quality improvement model for overall program accountability effectively defines the metrics for individual accountability. Child and Family Services specifically identifies quality improvement responsibilities in the job requirements of all hub program managers and regional chiefs of social work. By including these responsibilities, Child and Family Services hopes to provide accountability and performance evaluation for those individuals primarily responsible for managing the quality assurance system.

Despite Child and Family Services' efforts to embed accountability into its expectations for management, we were repeatedly told in interviews with staff that employees are not consistently held accountable. From one program manager's perspective:

“ Accountability at every level has been minimal and there has been a reluctance to implement certain pieces.

Through its accountability system, Child and Family Services may recognize that staff are not meeting standards and timelines, but staff believe that instead of holding them accountable, employees are graded on a curve. The consequences for failing to meet expectations are neither clear nor consistent. Some social workers are frustrated by this lack of consistency. They believe they are diligent in accomplishing their work within set timelines. They believe that not only does their hard work go unrecognized, but Child and Family Services makes accommodations for those who do not meet standards.

A number of factors, such as training and documentation, affect the implementation and culture of accountability. However, we believe all of the factors can be traced back to a fundamental gap between policy and expectations and a gap between expectations and practice. Our survey and interviews indicated that at the heart of the gap is an implicit belief throughout the program that social workers cannot accomplish all tasks required of them within the timeframes set in practice standards and still achieve a desired degree of quality.

The belief that workers cannot consistently meet requirements and quality expectations has led to a culture of compromise in which poor performance is explainable, excusable, and expected; a condition that critically undermines meaningful accountability. We are not under the impression that anyone within Child and Family Services is happy about the condition. However, the

The belief that workers cannot consistently meet requirements and quality expectations has led to a culture of compromise.

Social workers described to us a detrimental cycle of priority and compromise.

condition has become an intrinsic reality that is an ongoing struggle to address.

Some workers have openly acknowledged the conflict that they regularly face choosing whether to complete all their required tasks by compromising the quality of their work or falling behind in their tasks to focus on the quality of their work. For example, social workers and supervisors said that not all tasks can get done in a single day so workers compromise on spending the time needed to develop quality relationships with families of origin and foster parents to manage their caseloads.



Supervisors are a critical link between case activity and accountability.

When functioning properly, supervisors can promote good practice. However, supervisors can also function as roadblocks to good practice. In our survey, workers praised some supervisors, describing the supervisors as being highly knowledgeable, supportive, committed to seeing good outcomes for families of origin, creative, dedicated, and trustworthy. Other supervisors have lost the confidence of their staff. They were described as being inconsistent, secretive, permissive of poor performance, unsupportive, and authoritarian.

As with social workers, supervisors find themselves feeling like they do not have enough time to do everything asked of them. When supervisors' attention is spread too thin, they struggle to monitor and guide consistent, quality practices.

The activities that often fall by the wayside for social workers and supervisors are those not directly monitored. For example, one supervisor described the requirement to contact a foster family for each worker once a month. She said that she appreciated the requirement and felt it was important to do. At the same time, she acknowledged that if management were not monitoring whether she met with foster parents, that requirement would likely fall through the cracks. A program manager noted that if she did not remind her supervisors about this responsibility, it would not always get done.

Historically, Child and Family Services has promoted strong, competent social workers into supervisory positions. However, the skills that make a good caseworker are not always consistent with the skills that make a good supervisor. The transition from safety assessor or case manager to supervisor puts that person in a potentially awkward position of holding a peer to account. This awkward position may be especially difficult to avoid in smaller offices where the option to assign supervisors to a different team from the one they had previously been working on is not available.

Inconsistent accountability should not be construed as a lack of concern for and attention to employee performance. Within Child and Family Services, employee performance is an ongoing discussion. However, the focus of that discussion is not necessarily about performance expectations; rather, it is about professional development and capacity building.

Supervisors' input is critical to the outcomes of cases.

Supervisors act as the primary level of accountability for case activity.

When supervisors' attention is spread too thin, they struggle to monitor and guide consistent, quality practices.

Staff and partners have a generally positive perception of consistency in placement decisions despite inconsistency in other areas.

We found that inconsistency was primarily isolated to agreement about business practices and management. Staff and partners were far more positive about the consistency of Child and Family Services when selecting foster home placements, recommending reunification, and selecting families to adopt children or youth in care.

Survey results

Child and Family Services is consistent when

	CASA volunteers (%)	Foster parents (%)	Program staff (%)
Selecting foster homes	60	50	68
Recommending reunification	68	50	91
Selecting families to adopt children or youth in care	62	41	82



Staff have mixed perceptions about Child and Family Services' commitment to capability development.

We looked at staff perception of the priorities of Child and Family Services for developing the skills and capabilities of its staff. We found that all levels of staff believe in the importance of training. Staff feel relatively strong that all staff capabilities are constantly improving and that problems do not often arise from a lack of skills necessary to do the job.

In addition to initial trainings for social workers, Child and Family Services offers a variety of ongoing trainings. However, we found conflicting perspectives about capability development. Although staff indicated their appreciation for the trainings provided, only a little more than half believe that Child and Family Services continuously invests in the skills of its employees.

One concern staff raised is that they had difficulty finding time to complete the trainings. Staff also commonly expressed in interviews and our survey that initial training can be rushed and insufficient. Many cited the need to rush new hires along so they can carry a full caseload as soon as possible. Child and Family Services' standard states:

The goal for new child welfare workers is to manage a full caseload with regular supervision by the end of their probationary period. The probationary period for social worker 1 is nine months and for social worker 2 is six months.

In addition to rushed training for new hires, supervisors expressed feeling ill trained for the demands of their position. They receive training through a department-wide supervisor training, but they believe the training is not specific to supervising in a child welfare environment and leaves a gap that they struggle to fill.

Supervisor training is not specific to a child welfare environment.

A culture of teamwork is an organizational strength.

The effectiveness of teams is strongly dependent on shared accountability for decisions and outcomes.

Child and Family Services cultivates a culture of teamwork but shared accountability within teams needs improving.

One way Child and Family Services addresses staff capabilities and capacity is through the use of teams. The program uses teams extensively as a tool for pooling capabilities and experience of workers. Teams consist of a group of social workers and a supervisor. Periodically, teams meet together to discuss case progress, collaborate on ideas for moving the case forward, and consider important case decisions.

Staff were very positive about the value of teams. Teams were among the most commonly cited reasons given by staff for increasing or high confidence in the program over the past two years. For example, seeing improvements in the staff collaboration process, one supervisor commented:

“ [Child and Family Services] is getting smarter about the way [it] practices child welfare...the more people making decisions the better.

A culture of teamwork is an organizational strength because it gives depth to the work by pooling capabilities and experience. However, the effectiveness of teams is strongly dependent on shared accountability for decisions and outcomes. As discussed, the program has a system of accountability, but that system suffers from a weak culture of accountability. The Child and Family Services team approach is in line with industry practice and we believe it will serve as a greater strength to the program as the culture of accountability is improved.

Child and Family Services has a strong culture of adaptability at the policy level but struggles with resistance to change at the implementation level.

At a policy level, Child and Family Services has been highly adaptable. Since the first child and family services review in 2003, Child and Family Services has been in a state of near constant change. In our 2005 report, we noted the following:

In the past five years, the department has made significant changes, which have impacted the work done by staff in the child welfare program. These changes include adopting written practice standards to more clearly spell out work requirements and implementing a large computer system that staff use daily to document case work.

Since 2005 program changes and expectations for social workers have continued to evolve. Child and Family Services develops and revises policy and standards on a regular basis. Recent substantial changes include new team formats, safety assessments, and court reports. Although Child and Family Services is highly adaptable at a policy level, staff have struggled to adapt to those changes. We asked staff about their agreement with the statement, “Attempts to create change often meet with resistance,” and only about 19 percent disagree.

Social workers must be able to adapt to the various situations of children and families, changing demands within the office or region (such as staff turnover), and changing policy expectations. The high adaptability of the program at a policy level can negatively affect the adaptability of social workers. Each change affects the work of social workers, especially safety assessors. The changes have also added to a sense of unpredictability and chaos that is more pronounced in safety assessors than in case managers or other areas of practice.

We observed that staff feel conflicted about program and practice changes. Open-ended responses to our survey showed that staff and some management have decreased confidence in Child and Family Services because of frequent changes and rapid implementation of policy. In contrast, others pointed to Child and Family Services’ continuous efforts to improve policy and

For more than a decade, Child and Family Services has been in a state of near constant change.

Each change affects the work of social workers, especially safety assessors.

The cost of not accepting the changes was turnover.

implement better practice as a key factor in their increasing confidence in the program.

On the one hand, staff have a general sense that changes create more consistency and better case continuity. The new comprehensive safety assessment is generally regarded as a good tool that helps workers take a holistic view of a family's situation, needs, and capacities to make well-informed decisions about whether a child is safe. The new safety assessment guides workers to more clearly articulate safety concerns.

On the other hand, when we discussed policy change in our interviews, staff and management indicated that many significant practice changes have occurred all at once, and they often expressed a sense of fatigue and frustration with the frequent changes. Some used the analogy of a pendulum and said that policy is constantly swinging one direction and then back to the other extreme. This perception has led some staff to try to wait out the changes instead of completely adapting.

When explaining what had most affected confidence in Child and Family Services, one chief of social work summarized the perception among staff well:

“ [My] confidence is improved by proactive efforts to enhance best practice in Idaho; [but] tempered by a lack of realistic expectations for workers in the field. All the best practices won't matter if the workforce can't implement them due to workload issues.

A concerning aspect of change resistance was stories about turnover as a result of changes. We were frequently told that some social workers and supervisors did not initially accept the changes. The cost of not accepting the changes was turnover. Workers we spoke to believe that employees left because they were not fully trained and did not feel they would have time to complete the additional requirements of each case.

We were not able to measure the degree to which turnover has occurred as a result of policy change. However, given the level of change resistance we observed, we believe Child and Family Services must make deliberate efforts to monitor how change affects the morale of staff alongside its efforts to monitor the implementation of change.

Child and Family Services can align adaptability of policy down to the practice level by improving underlying perspectives on the source and purpose of change. This improvement cannot be accomplished in words only and it cannot be a one-way street. Change should not be made only by increasing the load on social workers. Change needs to come with time resources needed to meet the new expectations. Social workers generally see the value in change but resent what they perceive as management's single sidedness.



◀ Photo taken by OPE staff during site visits to Child and Family Services field offices.

Relationships with stakeholders and partners have been difficult or strained at times.

Child and Family Services is in a difficult position for managing relationships with partners and stakeholders.

Child and Family Services is highly aware of the importance of its relationships with stakeholders and partners. However, those relationships have been difficult or strained at times. Child and Family Services operates in an awkward space at the center of a system full of individuals and organizations, each with their own responsibilities, expectations, and demands.

We found three key elements that contribute to Child and Family Services' difficulty in managing relationships with stakeholders and partners:

- Understanding the wants and needs of partners

- Balancing perspectives about the role of the child welfare system

- An environment that cultivates a tendency toward guardedness or defensiveness

Understanding the wants and needs of stakeholders and partners

Through our survey and interviews, staff acknowledged a lack of understanding of the wants and needs of some stakeholders and partners. About half of staff said they believe that all employees have a deep understanding of the wants and needs of children and youth in care and their parents, whereas only about 6 percent of staff believe the interests of parents with children or youth in care often get ignored in Child and Family Services decisions. The differences in responses to the two questions indicate that staff believe they are responsive to the interests of families of origin but are not consistently aware of their wants and needs.

Staff are less optimistic about their understanding of the wants and needs of foster parents. Only about 27 percent agree that all employees have a deep understanding of the wants and needs of foster parents. Foster parents echoed staff's assessment with only 16 percent saying they believe all employees have a deep understanding of foster parents' wants and needs.

We also asked whether all staff have a deep understanding of the wants and needs of courts. Staff were nearly equally divided among agreement, disagreement, and mixed feelings. Through interviews we found that staff's confidence in understanding the wants and needs of courts varied by regions and judicial districts.

Reasons for the lack of understanding of wants and needs of partners are not clear. However, staff's understanding of the wants and needs of partners should be an ongoing priority for Child and Family Services.

Balancing perspectives about the role of child welfare

Child and Family Services faces another difficulty in its relationship with stakeholders and partners in differing perspectives about the purpose of and expectations for the system. For example, we asked judges, CASAs, foster parents, and program staff to select a single option from the following list of options that they believe best represents the primary role of the child welfare system.

Ensure children and youth can safely live at home with their parents

Ensure children and youth have a home where they can flourish

Ensure that parents who are unfit are not allowed to keep their parental rights

Find a home that is best suited to meet the best interests of a child

Investigate reports of child abuse and neglect

Provide temporary homes for children and youth who were in unsafe conditions

Other (write in)

All of the options are to some degree a part of the role of the child welfare system. The question and the results were not intended to determine the role of the system, but only to identify some of the differences in perceptions about that role.

Staff's understanding of the wants and needs of partners should be an ongoing priority for Child and Family Services.

The results to this question show a general agreement about the role of the system but also substantial and meaningful differences in how various partners emphasize aspects of the role.

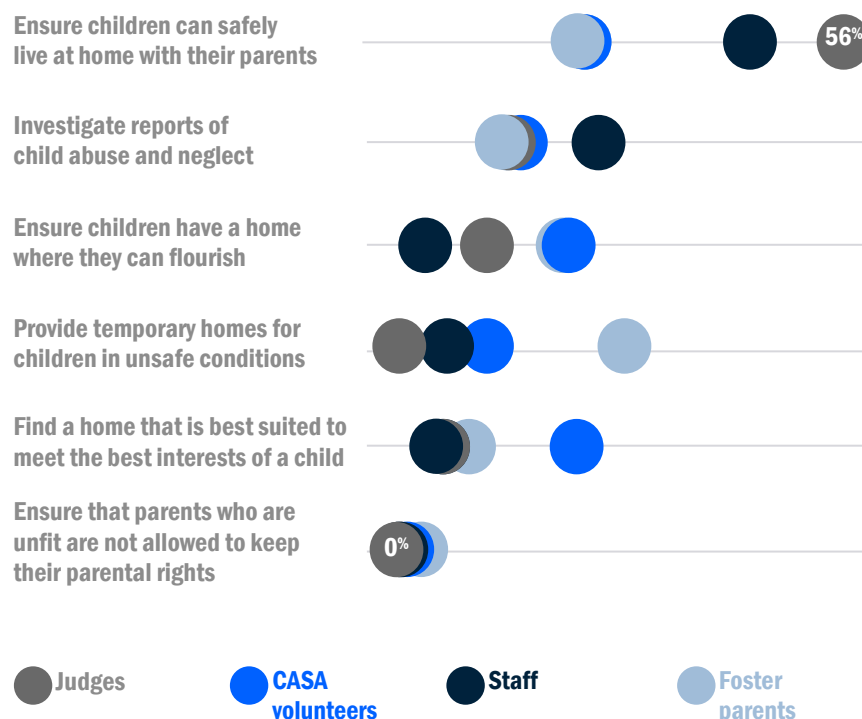
Child and Family Services staff and judges strongly emphasize two primary roles: ensure that children and youth can safely live at home with their parents and investigate reports of child abuse and neglect.

Like program staff and judges, CASAs emphasize the primary role is to ensure that children and youth can safely live at home with their parents. However, CASAs also emphasize almost equally two more roles: find a home that is best suited to meet the best interest of a child and ensure children and youth have a home where they can flourish.

Foster parents emphasize in similar proportions three primary roles: provide temporary homes for children and youth who are in unsafe conditions, ensure children and youth can safely live at home with their parents, and ensure children and youth have a home where they can flourish. See exhibit 9 for details on the roles selected by each group.

Exhibit 9

Stakeholders emphasized different aspects of the child welfare system's primary role.



The differences in perspective are expected and are not necessarily harmful. However, the expectations of each group and the lens through which they judge decisions, actions, and outcomes is heavily influenced by which aspects of the system they emphasize. The variations in expectations can lead to difficult situations and, at times, strained relationships between Child and Family Services and its partners.

Guardedness

Another difficulty Child and Family Services has with stakeholder relationships stems from a culture of defensiveness or guardedness. Staff often expressed to us a belief that the program and their actions are under constant scrutiny and criticism.

We were not able to extensively examine the degree to which the feeling of defensiveness within Child and Family Services affects staff interactions with partners and stakeholders. However, based on our interviews and survey of staff, foster parents, judges, and CASAs, we believe it is an aspect of the Child and Family Services culture that should be improved.

A chief of social work expressed the situation well:

“ It is hard to feel like you are always being scrutinized or criticized from every angle. The workers here feel like they are constantly having to defend themselves to everyone.

A judge illustrated the consequences of a defensive culture from a perspective outside of Child and Family Services:

“ Because of the hard work [Child and Family Services] is required to do and the feeling they can never make anyone happy, they tend to not be a team player. Local agencies have a hard time engaging with others such as education, juvenile justice, mental health, courts, law enforcement, and lawyers in the system. This is a tough job we ask of [Child and Family Services] and the workers, but we still need to be focused on improvement.

The variations in expectations can lead to difficult situations and, at times, strained relationships.



Recommendation

We recommend that Child and Family Services begin an ongoing assessment of its organizational culture and take steps to remedy problematic aspects. Although organizational culture can be difficult to change, resolving deep-seated beliefs and values that are unproductive or even counterproductive is essential for Child and Family Services' long-term success.

In particular, Child and Family Services should focus on improving consistency in its beliefs, values, practices for management, accountability, and its approach for conducting business. Child and Family Services should also ensure consistent commitment among staff to understanding and responding to the wants and needs of partners and stakeholders.

However, before significant progress can be made in any of these areas, Child and Family Services must address staff's conflicted sense of efficacy and constant sense of crisis driven by the gap between expectations and practice.

If necessary, Child and Family Services should seek independent, external assistance in identifying and addressing organizational culture challenges.

Systems

5

Child welfare is a complex arrangement of systems, agencies, community partners, and stakeholders that span jurisdictions and disciplines. All changes and activities within the systems have a bidirectional relationship with the context. The bidirectional relationship means that any change in an individual part of the system affects the context of the systems, and any change to the context of the systems affects the parts and function of each system.

Cooperation, coordination, and collaboration are critical for an interrelated and interdependent system such as child welfare to function well. Systems also rely on individual and shared accountability. The individual parts of the system, such as organizations or stakeholders, can be held individually accountable for their responsibilities. However, individual accountability alone results in diffused accountability for outcomes that depend on the performance of multiple parts of the system. A flexible and robust governance or oversight structure is essential for effectively supporting shared accountability for system-level outcomes.



Child and Family Services has multiple layers of external feedback and accountability that identify gaps and improve performance.

Multiple layers of accountability have become a typical part of child welfare systems. In addition to internal department reviews and managerial accountability measures, several layers of external accountability have been developed to monitor state agencies, including Idaho's Department of Health and Welfare.

Federal accountability

A substantial amount of external accountability for child welfare is based on federal requirements. A primary source of federal accountability comes from child and family services reviews that are conducted approximately every eight years. The goals of the reviews are to ensure conformity with child welfare requirements of Title IV-B and Title IV-E of the Social Security Act. Reviews use a framework focused on assessing seven safety, permanency, and well-being outcomes and seven systemic factors.

Safety outcomes

1. Children and youth are, first and foremost, protected from abuse and neglect.
2. Children and youth are safely maintained in their homes whenever possible and appropriate.

Permanency outcomes

1. Children and youth have permanency and stability in their living situations.
2. The continuity of family relationships and connections are preserved for children and youth.

Well-being outcomes

1. Families have enhanced capacity to provide for children's and youth's needs.
2. Children and youth receive appropriate services to meet their educational needs.

3. Children and youth receive adequate services to meet their physical and mental health needs.

Systemic factors (Title IV-B and Title IV-E plan requirements)

1. Statewide information system
2. Case review system
3. Quality assurance system
4. Staff and provider training
5. Service array and resource development
6. Agency responsiveness to the community
7. Foster and adoptive parent licensing, recruitment, and retention

In addition to monitoring aggregate data, the review process also includes a qualitative peer review of a random sample of cases called the quality service review. The child and family services reviews become outcome measures of the quality service review and indicate outcome levels of performance. Data from the quality service review provide some level of diagnostic information to help child welfare agencies determine how to strategize and address identified problems (Alabama used this review to undergo a significant child welfare reform). The quality service review mirrors best practice and is generally lauded as a good example of how to achieve system improvements.

Even with the strengths of a robust federal review process, federal accountability has design limits. The federal process holds states accountable, but the way data are reported does not lend itself to easy cross-state comparisons, making the data difficult to interpret in context. Additionally, the outcome measures determined by the federal government make diagnosis difficult for certain problems.

Although Child and Family Services conducts reviews, provides explanations for why certain problems exist, and uses strategies to address those problems, its explanations are not validated by an external review. In the end, Idaho is generally able to achieve its targeted goals identified in the performance improvement plans that Child and Family Services develops. However, progress toward the most entrenched problems requires more than improvements by Child and Family Services on performance improvement plans or even progress on the findings and

The federal process holds states accountable, but the way data are reported does not lend itself to easy cross-state comparisons.

The term
***reasonable
efforts***
is not defined in
federal law.

recommendations we have made in previous chapters in this report. Positive outcomes in child welfare cases depend on the performance of all systems within the child welfare system.

Judicial accountability

Courts provide external accountability at a case level. According to the *Child Protection Manual* published by the Idaho Supreme Court:

The court is the focal point for ensuring that all participants in the proceedings, including [the Idaho Department of Health and Welfare] and other agencies, are accountable for providing reasonable and necessary services to children and families.

Judges are required by federal law to decide whether Child and Family Services has complied with the reasonable efforts requirement at each critical stage of an abuse or neglect case. However, the term *reasonable efforts* is not defined in federal law.

In theory, judicial review can also be useful in identifying recurring and systemic issues within a government agency. However, judges and experts in the field have raised concerns that the courts are limited in their ability to address issues that arise in a complexly integrated system such as child welfare. The courts “despair of deriving and enforcing determinate norms for the conduct of an entire system,” explained child welfare legal experts from Pennsylvania State and Columbia University.

Even overreliance on judicial models of accountability on a case-specific level can be limited by the resources within a community and established norms of performance by the agency. An article from the journal *Law and Social Inquiry* describes the dilemma in which judges find themselves:

Judges who take their oversight responsibilities seriously feel constrained by the limits of case-by-case intervention. They can order additional analysis, reject proposed placements, and mandate services, but the efficacy of these alternatives depends on the larger system. Where workers are overwhelmed, available placements tend to be unsatisfactory, and service options are narrow, judges may accept as ‘reasonable’ efforts that would not be reasonable in a more adequate system.

Guardians ad litem

Children who allegedly have been maltreated are entitled to a guardian ad litem, an independent advocate for their best interest. States must comply with this requirement to satisfy grant funding requirements for the Child Abuse Prevention and Treatment Act. The role may be fulfilled by the appointment of an attorney, a volunteer who is not an attorney, or both. Volunteers may also be called court-appointed special advocates (CASA). Guardians ad litem are not explicitly charged with holding an agency accountable. However, the responsibilities serve as an additional source of information that courts can draw from. Guardians ad litem can have the following responsibilities:

- Meet the child
- Explore the facts of the case
- Obtain medical, educational, and other records
- Determine the child's perspective and needs
- Identify appropriate services and resources
- Monitor the progress of the case
- Promote the child's interests

Through our evaluation we learned that Idaho's CASA programs have some common implementation challenges: (1) program staff struggle to recruit enough volunteers to adequately represent all the children who are appointed an advocate, (2) volunteers have a variety of professional training and skills, and (3) program resources can only provide a limited amount of training. In the end, volunteers are not consistently familiar with the legal system and have differing levels of monitoring and report writing skills.

Citizen review panel

Recognizing the importance of public participation and community engagement, Child and Family Services organized citizen review panels in 1995 in each of its seven regions. The panels examine how Idaho's child welfare system works and make recommendations for improvement. The panels have focused on providing reports about how the child welfare system responds to abuse and neglect and the overall community supports for children and families of origin who are in crisis.

Idaho had already implemented its citizen review panels when Congress amended the Child Abuse Prevention and Treatment Act in 1996 and required states to establish citizen review panels

by July 1999 to receive funding for the Child Abuse and Neglect State Grants Program.

Idaho's citizen review panels call themselves Keeping Children Safe. Most panels meet monthly, review cases of child abuse and neglect, attend child fatality reviews, go to court, and observe the implementation of Child and Family Services policies and procedures as they interact with families and other agencies. The panels submit an annual report of their collective experiences, findings, and recommendations to the director of the Department of Health and Welfare.

Idaho has approximately 60 Keeping Children Safe panel members. Once a year, they meet together to review their activities, share ideas, and receive training.

Collaborative working groups and feedback loops

The courts and the executive branch are now heavily involved in shaping, directing, and executing the child welfare system. They collaborate and have some accountability through reciprocity. The following are examples of the collaborative efforts to coordinate and improve Idaho's child welfare system:

Workforce recruitment and retention panel

The department works with several universities and colleges in Idaho to promote higher education in social work, improve child welfare recruitment, and promote the availability of college-level courses relating to child welfare and trauma.

Statewide stakeholder meetings

Child and Family Services invites participants to work in groups to provide feedback about Child and Family Services. Results of feedback suggested a need for regional stakeholder meetings. The last statewide meeting occurred in November 2015.

Idaho Supreme Court Child Protection Committee

Members of the committee include judges, prosecutors, public defenders, representatives from the Department of Health and Welfare, tribal representatives, CASA program, and community partners.

Idaho Foster Youth Advisory Board

Regional foster youth advisory boards exist in six of the seven regions and provide an organized venue for youth to convene, connect, and advocate for topics of concern that impact youth placed in foster care. All seven regions have at least one youth representative on the board. The board focuses on public education of foster care issues from the youth perspective, and development of new state policies that would better serve youth placed in foster care. The board also hopes to be the youth's voice in new and existing child welfare policy.

Governor's Children at Risk Task Force

The Governor's Task Force on Children at Risk, a nonpartisan, broadly representative organization, is dedicated to providing informed recommendations to the Governor about the full scope of issues related to child abuse and neglect. A representative of Child and Family Services serves on this committee.

Child Welfare Executive Steering Committee

The committee was developed by the Department of Health and Welfare in 2016 to ensure the completion of its strategic plan initiative to transform the child welfare system to improve outcomes for children. Committee members include department and division leadership; representatives from the Governor's Office, the Attorney General's Office, and the judiciary; two legislators; a foster parent; a CASA director; a Keeping Children Safe panel member; and the executive director of the Idaho Children's Trust Fund.

The child welfare executive steering committee was recently formed by the Department of Health and Welfare.

The lack of system-level accountability results in unclear, isolated, or fragmented responsibility for outcomes and improvements.

The lack of system-level accountability is not unique to Idaho.

Despite collaboration and multiple forms of accountability, Idaho's child welfare system lacks system-wide accountability and oversight.

The findings of our own evaluation, supported by the findings of the research and evaluation of other groups, indicate that addressing the complex and entrenched problems of child welfare requires a systems approach with ongoing system-level accountability, collaboration, and oversight.

Clearly, multiple forms and levels of accountability exist for Idaho's child welfare system. However, as we have outlined in this report, most of the existing forms of accountability generally focus on the performance of Child and Family Services. Further, Idaho has no system-level accountability or oversight for child welfare outcomes. Its systems framework lacks an integrated and cross-program monitoring and evaluation approach to assess the effectiveness of all systems involved in addressing risk factors and supporting families of origin.

The lack of system-level accountability results in unclear, isolated, or fragmented responsibility for outcomes and improvements. This lack of system-level accountability is not unique to Idaho.

In 2012 the federal Commission to Eliminate Child Abuse and Neglect Fatalities was established by the Protect Our Kids Act of 2012, which passed with bipartisan support. The commission's final report was released in March 2016. The report included a chapter on accountability of child welfare systems with the following finding:

The Commission found that accountable leadership at both the federal and state levels for reducing fatalities is often diffuse and occasionally lacking. It is frequently unclear who is ultimately responsible for reducing child abuse and neglect fatalities, and those with authority over resources to reduce or eliminate child abuse and neglect fatalities are not accountable to the goal. Congress has historically found that leadership and accountability for reducing child abuse and neglect must extend beyond child protective services (CPS) agencies at the federal, state, and local levels, and the Commission believes this applies similarly to reducing

fatalities. There must be an integrated and cross-program monitoring and evaluation approach that assesses the effectiveness of all systems involved in addressing risk factors and supporting families. Such an approach would recognize that outcomes for children and families are the product of multiple programs, supports, and community circumstances, not of discrete programs or services delivered to families in isolation.

The various partners within Idaho's child welfare system recognize that outcomes for children and families of origin are the product of multiple programs. Partners have attempted to coordinate improvement efforts through collaborative working groups and feedback loops.

Collaboration and feedback loops have resulted in Child and Family Services making efforts to improve procedures and practices, and other partners improving various aspects of the system. Although collaborative efforts are improving and have driven program change, a lack of visibility and accessibility to all stakeholders and the public is a major shortcoming of existing collaboration efforts. Stakeholders and the public may not be able to identify the multitude of collaborative groups. Even more challenging, they may not be able to find a way to provide input to the collaborative groups.

The inaccessibility and lack of visibility of the various groups can contribute to a feeling that stakeholders are being excluded from the system or the belief that the child welfare system is not transparent or that it deliberately excludes input.

Idaho's child welfare system has started to take a systems approach to child welfare but lacks visibility, accessibility, and system-wide oversight.

Idaho's child welfare system has started to take a systems approach to child welfare but lacks visibility and accessibility for stakeholders.



◀ Photo taken by OPE staff during site visits to Child and Family Services field offices.



States have established system-wide oversight through legislative standing committees dedicated to child welfare, children, or families.

Recommendation

To address system-level gaps and ongoing child welfare challenges, we recommend the formation of a formal, system-wide oversight entity with authority to ensure ongoing accountability, visibility, and accessibility for all child welfare partners and stakeholders.

One way that states have established system-wide oversight is through special legislative committees. Many states have established legislative standing committees dedicated to child welfare, children, or families. Any one of those states could function as a model for Idaho.

The structure, authority, and function of such committees vary from state to state. However, most legislative committees are given responsibility for providing system-wide oversight, guidance, support, and accountability while providing a forum for multidisciplinary and multijurisdictional discussion and decision making. The following are examples of the roles and responsibilities with which states have charged such committees:

- Evaluate the effectiveness of the branches, departments, agencies, and persons responsible for protecting children and youth from abuse and neglect. Identify an accountability process for state agencies involved in children's services.

- Determine whether the system has deficiencies and the cause of those deficiencies.

- Evaluate which programs are the most cost-effective.

- Determine any variation in policies, procedures, practices, and outcomes between different areas of the state and the causes and results of such variation.

- Receive reports from the executive branch and the judicial branch on budgetary issues impacting the child welfare system. Review and make recommendations to the budget committee for budget proposals and appropriations that will help protect children and youth from abuse and neglect.

- Hear and consider working group recommendations for ways to improve efficiency, timeliness, and processes of the child welfare system.

Examine and observe the process and execution of laws governing the child welfare system by the executive branch and the judicial branch. Study and recommend proposed changes to laws governing the child welfare system.

Upon request, receive testimony from the public, the juvenile court, the attorney general's office, school districts, and all state agencies involved with the child welfare system.

Receive recommendations from the governor, the legislature, the attorney general, the department, the court, and the public.

Make recommendations to the legislature, the governor, the court, the department, and any other statutorily created entity about the policies and procedures of the child welfare system. The committee does not have authority to make recommendations to the court, the division, or any other public or private entity regarding the disposition of any individual case.

Gather input from service providers, state agencies, children, and youth receiving state services concerning their experiences, concerns, and recommendations, and to coordinate the activities of the designated working group or council.

Receive a report from the judicial branch identifying the following cases which are not in compliance with established time limits and the reasons for noncompliance:

- Shelter hearings
- Pretrial and adjudication hearings
- Dispositional hearings and reunification services
- Permanency hearings and petitions for termination

Study actions the state can take to preserve, unify, and strengthen the child's family ties whenever possible in the child's best interest, including recognizing the constitutional rights and claims of parents whenever those family ties are severed or infringed.

Annually report the committee's findings and recommendations to the president pro tem of the Senate, the speaker of the House of Representatives, Senate and House Health and Welfare committees, and any other relevant legislative committees.

The executive steering committee recently established by Child and Family Services could potentially function as designated council to the oversight committee.

Have access to all of the division's records, including individual cases.

Review and discuss individual cases. When an individual case is discussed, the committee's meeting may be closed. When reviewing individual cases, make reasonable efforts to identify and consider the concerns of all parties to the case.

Study and review the criteria for placing and keeping children in state care and selecting child care providers. Review the availability of special services to meet the individual needs of children and youth in state care.

Review the minimum base pay and distribution of funds for providers. Identify an accountability process for providers to review the quality of care provided to children and youth by state agencies.

Many of the committees established in other states work closely with a designated working group or council to supplement the committee's efforts. Working groups or councils generally comprise leadership or representatives from the legislative committee and representatives from state agencies and programs that administer services to children, youth, and families. Working groups or councils also include representatives from foster parent associations, juvenile courts, guardians ad litem or CASAs, and any other group that diversely represents children and youth in state care.

If the Legislature decides to establish such a committee, it would be able to build upon the hard work already being done in the child welfare system and complement and enhance existing collaborative efforts. The executive steering committee recently established by Child and Family Services could potentially function as designated council to the legislative committee.

The work of a legislative standing committee that focuses on child welfare, or any formally established, system-wide oversight entity, could be a means of tackling large interjurisdictional initiatives at a system level.

In addition to the findings and recommendations we have presented within this report, throughout our evaluation we identified at least the following three areas that were beyond our evaluation scope but may merit attention at a system level.

Community resources and services

Families involved in child welfare cases are required to complete case plans before being reunified with their children. Case plans generally specify services for parents and children to complete. These types of services could include education and training for parents, health and medical, respite, or substance abuse assessment and treatment. In our interviews with Child and Family Services staff and our surveys of judges, CASAs, and Child and Family Services staff, we heard considerable concern about the availability and accessibility of appropriate services for families and children.

CASA program

Through our surveys we found significantly differing perspectives as to whether CASAs are seen as effective sources of accountability for Child and Family Services activities. Approximately 77 percent of CASAs believe they are effective sources of accountability, whereas 41 percent of foster parents and 26 percent of Child and Family Services staff agree. Our survey results do not necessarily indicate problems within the CASA program; however, the widely differing perspectives indicate that the program is an area that could benefit from additional study.

Preventive measures

Most preventive programs in Idaho are not administered or overseen by Child and Family Services and require various state and community partners to work together. We were asked to identify preventive child protection options. Appendix E has the results of our efforts and explains evidence-based options that Idaho could consider implementing.



Three areas could benefit from additional system-level attention.

◀ **Photo taken by OPE staff during site visits to Child and Family Services field offices.**



Study request



Rep. John Rusche



Rep. Christie Perry



Rep. Mike Moyle



House of Representatives State of Idaho

MINORITY LEADER

March 1, 2016

To: Joint Legislative Oversight Committee
From: Representative Christy Perry, Representative Mike Moyle, Representative John Rusche
Subject: Child Protection Services

Previously, the Idaho Office of Performance Evaluations completed a study of the process of committing juveniles to the Idaho Juvenile Corrections Department. The study found some interesting and alarming trends especially as they relate to child protection services. The study noted that "most frequently, juveniles committed to state custody from January to May 2012 showed up in Health and Welfare's child protection and children's mental health systems."

Currently, in 2016 these trends and others were brought to light when the germane committees held a joint hearing. It was at this hearing that numerous people came to testify regarding their dissatisfaction with the current state of Idaho's foster care system. The complaints allege punitive foster child movement, being "blacklisted" by the department, the development of behavioral and attachment issues of the children due to multiple moves, and pleas to improve the system.

Although legislation has been proposed this session to address some of the above issues, it is believed to be only a starting point. After committee testimony on the foster care bill presented this year, there appear to be numerous systemic issues within the Idaho Department of Health and Welfare, which need to be investigated.

This proposal requests the Office of Performance Evaluations to conduct a performance evaluation of our current foster care program, which would involve reviewing at least the following components:

- 1) Workload management
- 2) Caseload management (including interactions with parents and foster parents, and case files)
- 3) Data management
- 4) Hearing processes

The report, "Confinement of Juvenile Offenders" by the Idaho Office of Performance Evaluations has noted that "national literature clearly supports prevention and early intervention for at-risk children and their families" (p. 53). This proposal seeks to expound on those ideas and determine what efforts may successfully be enacted here in Idaho. The evaluation should identify areas which could be improved to

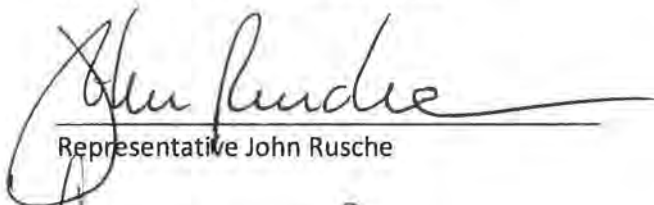
better promote the safety, permanency, and well-being of children in foster care or in State custody. Some specific areas the evaluation should look into are:

- 1) Early intervention strategies to prevent the escalation of family problems which in turn, create the need for foster care services.
- 2) Placement criteria for children in foster care. Specifically, the reasons a child should be moved from foster home to foster home. Are there best practices in other states to learn from?
- 3) How long is a child in the foster care system before a permanent placement is made? And what are the reasons permanent placement may be prolonged.
- 4) What are sufficient reasons for moving children from long term placements?
- 5) Are there better processes to coordinate the care of children in child protection services or fostercare across key stakeholders, including but not limited to, the department of health and welfare, families, health care providers, schools, and law enforcement. (Texas had a great online system to track services and documents through the maze)
- 6) Quality control measures to ensure family plans are being completed in a timely manner, contain accurate information, and follow federal guidelines.
- 7) Help determine reasonable options for placement of resources with an emphasis on maintaining the family unit and minimizing trauma to children.
- 8) Discuss policy options for early intervention and move Idaho away from operating in "crisis mode" in regards to child protection services.

The Idaho Department of Health and Welfare has committed to working with the legislature, utilizing the information the Office of Performance Evaluations can provide to help craft policies which will better serve our young children and minimize the devastating effects on their lives, which remain long after they are removed from foster care.

The ultimate goal is to develop policies which will minimize trauma to children, support the family unit, and lower the societal cost of placing children in child protection services and the juvenile correction system, all of which have long lasting detrimental effects.

Thank you for your consideration,



Representative John Rusche



Representative Christy Perry



Representative Mike Moyle

Study scope



The child welfare system is complex and involves many agencies and individuals. Its core function is to promote the safety, permanency, and well-being of children and youth by ensuring they are placed in appropriate homes, whether temporary or permanent, within appropriate timeframes. For our evaluation to produce complete, reliable, and useful information, we must consider the system as a whole. We have developed five questions that will function as the foundation of our evaluation approach.

1. In what ways is the system designed to place children and youth in appropriate homes in a timely manner?
2. How does the system determine its success at placing children and youth in appropriate homes in a timely manner?
3. How does the system promote stakeholder confidence in its decisions about appropriate homes for children and youth?
4. How well is the system succeeding at placing children and youth in appropriate homes in a timely manner?
5. How do any gaps or weaknesses in policy or practice affect the functionality of the system?



Methodology

During the scoping process for this evaluation, we identified that problems of the child welfare system are exceptionally difficult problems—problems that are so complex they are difficult to untangle and address. Many of these problems were already known to Child and Family Services and have been documented in self-assessments and program improvement plans. What was not clear was why these problems persisted for so long and whether stakeholders outside of Child and Family Services understood these problems.

In our approach to the complex and interconnected problems of child welfare, we integrated a mix of tools to capture the perspectives of multiple stakeholder groups. Our approach included a review of literature, document analysis, a focus group, interviews, site visits, and surveys. The findings presented in this report are a triangulation of information and analysis resulting from each of these methods.

Literature review

We conducted a literature review to gain a baseline understanding of child welfare systems and issues. We did specific research in the following areas:

- Identify evidence-based programs that are designed to prevent child abuse and neglect

- Identify caseload and workload standards for social workers in child welfare agencies

- Understand the best interest of the child standard for making appropriate placement decisions

- Identify necessary conditions or structures for a successful child welfare accountability system

Document analysis

We conducted an extensive review of publications from multiple sources. The following list is a brief description of the types of publications:

- Idaho statute and administrative rules

- Child and Family Services documents

- Federal reviews, publications, and law

- Consent agreements and program evaluations from other states

- US Supreme Court and Idaho Supreme Court decisions affecting child welfare

Focus group

In June we held a six-hour focus group with nine Child and Family Services staff from across the state. Regional and central office staff were present from each of the major program areas:

- Central intake

- Safety assessment

- Case management

- Licensing

- Permanency

- Central office program specialists

The group included line-level staff, supervisors, a chief of social work, and a program manager.

With geographic, programmatic, and managerial representation of Child and Family Services present, we led a discussion to get an overview of how the program works and understand the identified strengths and issues of the program.

Discussion from the focus group was transcribed and major themes were summarized. The focus group informed the interview and survey questions we developed to further our evaluation.

We visited 16 cities and spoke with Child and Family Services staff from each of the seven Health and Welfare regions.

Interviews

We conducted 22 interviews with the following stakeholder groups from all parts of the child welfare system:

- Legislators
- Idaho Supreme Court administrative staff
- Magistrate judge
- Prosecuting attorneys
- Public defenders
- Private contractors
- Foster parents
- Court-appointed special advocates
- Child and Family Services

Interviews varied in length from approximately 30 minutes to 2 hours. Most of the interviews were conducted in person, although some were conducted over the phone. We asked open-ended questions designed to understand the challenges faced by the system and the stakeholders themselves. Interviewees were selected based on their position in the system and their willingness to participate. All results from interviews were triangulated with a review of literature, document analysis, site visit interviews and observations, findings from the focus group, and survey results.

Site visits

To gain a thorough understanding of the inner workings of Child and Family Services across the state, we conducted site visits where we interviewed staff and made direct observations of the program at work. We visited 16 cities and spoke with Child and Family Services staff from each of the seven Health and Welfare regions. We conducted 57 interviews with 63 individuals from all parts of the program and all levels of management. Program managers planned and scheduled our interviews in each hub because we did not have strong reason to select any one individual social worker over another and we wanted to work within their demanding schedules.

In addition to the interviews, we directly observed several types of Child and Family Services interactions:

- Safety assessor's interview with children

Safety assessor's interview with parents

Routine meeting between Child and Family Services social workers and contract staff who provided treatment services

Status meeting with a program manager, supervisor, and foster parent

Court proceedings during a permanency hearing

Routine meeting between a supervisor and parents of origin

The placement process during which a young child was declared to be in imminent danger by law enforcement and taken into care

Evaluators took independent notes of the interviews. The notes were then coded and analyzed. We used template analysis (a qualitative research method) to identify and organize themes into hierarchical groups and make connections between parallel themes in different groups.

Surveys

To complement and verify our interview findings, we conducted a survey of Child and Family Services staff, foster parents, CASAs, and judges.

We drafted survey questions to answer themes that emerged from preliminary findings of our literature review, document analysis, and interviews. We wanted to better understand perspectives of each stakeholder group on how well they thought Child and Family Services was performing and what criteria they were using for their determinations. Our questions were tailored to each audience and designed to be compared across groups.

The survey sent to judges had 17 questions. The survey sent to CASAs had 24 questions. The survey sent to foster parents had 53 questions, and the surveys sent to staff had 58 questions. Surveys were a mix of structured, fixed responses and open-ended questions. We asked a wide array of questions designed to identify the perceived fidelity of the program under the following categories:

Role of the child welfare system and stakeholders

We received
235
responses from
Child and Family
Services staff
for a response
rate of
85%.

The survey results we received from each group are generalizable to the population of each group.

Confidence that stakeholders had in the decisions made by Child and Family Services

Priorities of staff within Child and Family Services

Culture of Child and Family Services

Adequacy of support received from Child and Family Services

Adequacy of policies and procedures of Child and Family Services

Each group had a slightly different selection method. The results we received from each group are generalizable to the population of each group. We sent the survey invitation to 277 Child and Family Services staff comprising social workers, supervisors, chiefs of social work, program managers, and central office program staff. We excluded support and administrative staff. We received 235 responses for a response rate of 85 percent.

To survey foster parents, we started with a list of all foster parents who had a placement in fiscal year 2016. We randomly selected 300 from that list. We called each household to let them know about our study, to request their participation, and to verify their contact information. We obtained consent and verified information for 201 households.

The survey was open for three weeks. During that time, we conducted follow-up phone calls with foster parents who had not responded. Of those who received the survey, 112 responded for a response rate of 56 percent. Through our precalling and follow-up efforts, we engaged portions of the sample who generally would be nonresponsive to surveys, which increased our sample size and strengthened the representation of our results.

We obtained the contact information for CASAs by contacting the CASA directors for each judicial district. From the seven regions, we received 156 contacts. Of those, we received 103 responses, for a response rate of 66 percent.

To survey judges, we worked with the administrative staff at the Idaho Supreme Court. They provided an unidentified list of 55 judges who had presided over child welfare cases. We sent a survey link to Idaho Supreme Court staff, who then forwarded the survey invitation to the 55 judges. We received 36 responses, for a response rate of 65 percent.

Child welfare system overview



The child welfare system has many partners and stakeholders: the Department of Health and Welfare, courts, guardians ad litem and CASA, prosecutors, public defenders, law enforcement, and nonprofit and local organizations. The system is governed by federal and state statutes and regulations. The principle statute in Idaho's child welfare policy is the Child Protective Act, Idaho Code, Title 16, Chapter 16. The goal of the act is to protect "any child whose life, health or welfare is endangered" by creating a legal framework for preventing child abuse and neglect and intervening in the life of a child whose safety is threatened. Although safety of children is of primary concern, the act also directs that any state intervention "shall, to the fullest extent possible, seek to preserve, protect, enhance and reunite the family."

The Department of Health and Welfare is primarily responsible for implementing this system with an expectation that the department will work with the "court and other public and private agencies and persons." To carry out the responsibility, the department formed the Child and Family Services program within the Division of Family and Community Services. According to the department's summary of the program:

Child and Family Services is responsible for child protection, foster care, adoption, independent living for youth transitioning from foster care to adulthood, as well as compliance with the Indian Child Welfare Act. The program also licenses homes that care for foster children, monitors and assures compliance with the federal Title IV-E foster care and adoption funding requirements, and manages the Interstate Compact on the Placement of Children.

Child and Family Services

The central office of the Child and Family Services program is in Boise. Program managers in three hubs oversee the local implementation of the program. The hubs comprise seven regions and 18 field offices. Exhibit 10 illustrates the location of hubs, regions, and child welfare offices across the state.

The Division of Family and Community Services has been appropriated 388.75 full-time equivalent positions, with 87

Exhibit 10

Division of Family and Community Services is subdivided into 3 hubs, 7 regions, and 18 regional offices.



Source: Department of Health and Welfare

percent assigned to regional or field offices and Child and Family Services. The program has 215 social workers who serve in areas such as central intake, safety assessment, case management, permanency, licensing, or other specialized services for children and families. In addition, 39 supervisors provide clinical and administrative supervision for social workers.

Key child welfare positions

Central intake social workers

All reports of child abuse and neglect are directed to a centralized intake unit in Boise. During the intake process, social workers determine whether referrals fall within the mandate of the Child Protective Act. Intake workers then assign a priority level to the referral and forward the referral to the appropriate regional office.

Safety assessors

After a regional office receives a referral from the central intake unit, the referral is assigned to a safety assessor. Safety assessors are licensed social workers responsible for determining the

Child welfare priority response guidelines



Central intake social workers assess and assign a priority level to referrals.

Priority 1

A child is in immediate danger involving a life-threatening or emergency situation that requires an immediate response and notification of law enforcement.

Priority 2

Allegations of abuse or serious physical or medical neglect are clearly defined, but the child is not in immediate danger. Children of concern must be seen by a social worker within 48 hours.

Priority 3

Allegations of abuse or neglect as the result of caregivers failing to meet the age-appropriate needs of the child. Children of concern must be seen by a social worker within 120 hours (5 days) of the receipt of the referral.

Only law enforcement or the court can authorize the removal of children and youth.

severity and immediacy of the threats to the children of concern. Safety assessors decide whether a safety plan is necessary based on 14 safety factors. When children and youth are found to be unsafe, a safety plan is required.

Safety plans may be carried out in the children's or youth's home if (1) the home is calm enough, (2) there is a caregiver capable of providing care and cooperating with the safety-planning process, and (3) sufficient resources are available to provide the family with needed support. If these conditions are not met, then law enforcement may declare imminent danger and the safety assessor will facilitate removing the child from the home. Another possibility is that Child and Family Services may petition the court for the removal of children and youth. Only law enforcement or the court can authorize the removal of children and youth.

Although children and youth may be removed within hours or days of a safety assessor's first contact with a family, the safety assessor has 30 days to complete a comprehensive safety assessment and enter the documentation into agency software, known as iCARE. The information gathered in this assessment will be critical in establishing the groundwork for case managers and permanency workers.

Case managers

After the comprehensive safety assessment is complete, children, youth, and families are assigned to a case manager who creates, implements, and monitors the success of case plans and alternative care plans. Case managers are licensed social workers who ensure that reasonable efforts are made to provide assistance and services to families to reunite children and youth with their parents.

Within the first 30 days of being assigned a case, the case manager identifies the primary and secondary permanency goal. Although the primary goal will receive priority effort, both the primary and secondary goals will be pursued simultaneously to ensure that children and youth will not remain in the state's custody for an undue length of time. Case managers reassess permanency goals throughout the life of the case, making adjustments as needed.

Case managers identify the physical health, mental health, and education needs of children and youth in care, and create a plan to address those needs. Case managers make placement decisions; notify family members when children and youth come

into care; facilitate access to support services for children, youth, and families; coordinate and monitor visitation between children and youth and their families; and support foster parents. They are required to make monthly contact with children and youth, parents, and foster parents. The case manager is legally required to see the children and youth face-to-face once a month and to see children and youth placed in care in their foster home at least once every 60 days.

Case managers are required to document their engagement with clients, the results of services received, and the overall progress toward achieving permanency goals. They report case progress to the court and provide documentation, affidavits, testimony, and other reports as required for proceedings.

Permanency social workers

Once reunification is no longer a permanency goal and parental rights are terminated, cases are assigned to a permanency social worker. These workers continue case management activities with an emphasis on recruiting, identifying, and supporting families willing to adopt children and youth in care.

Licensing social workers

Licensing social workers make site evaluations of foster homes to determine the suitability of facilities, service providers, and families for licensure. Licensing workers may also assist in determining the appropriate placement for children and youth coming into care. They may work with foster parents to provide extra support and prevent placement changes.

Child and family services technicians

Child and family services technicians assist social workers and aid in the logistical components of the program. Technicians may coordinate and provide transportation to children, youth, and families; supervise visitations; or gather and prepare paperwork.

Supervisors

Supervisors ensure the safety, permanency, and well-being of children and youth in state custody. They oversee the daily activities of social workers performing central intake, risk assessment, case management, permanency, and licensing activities. To promote the continuity of care throughout the duration of a case, a supervisor will oversee a team of approximately five or six social workers from safety assessment and case management.

The case manager is legally required to see children and youth face-to-face once a month.

Reasonable efforts



Federal law requires state agencies to demonstrate that reasonable efforts have been made to prevent the removal of a child from their home and to make it possible for a child who has been placed in out-of-home treatment to be reunited with their family.

Reasonable efforts have been made when the child and family are provided services that will help families remedy the conditions that brought the child and family into the child welfare system. The statutes in most states use a broad definition of what constitutes reasonable efforts. Generally, these efforts consist of accessible, available, and culturally appropriate services that are designed to improve the capacity of families to provide safe and stable homes for their children. These services may include family therapy, parenting classes, drug and alcohol abuse treatment, respite care, parental support groups, and home visiting programs. Common terms for reasonable efforts include family reunification, family preservation, family support, and preventive services.

Although federal law requires reasonable efforts, there is significant flexibility in what reasonable efforts are and when they are required. Reasonable efforts are not required under certain conditions:

The parent subjected the child to aggravated circumstances as defined by state law. Aggravated circumstances may include but is not limited to abandonment, torture, chronic abuse, and sexual abuse.

The parent committed murder of another child of the parent.

The parent aided or abetted, attempted, conspired, or solicited to commit such a murder or voluntary manslaughter.

The parent committed a felony assault that resulted in serious bodily injury to the child or another child of the parent.

The parental rights of the parent to a sibling of the child were terminated involuntarily.

Supervisors provide clinical oversight, technical support, training, guidance, and accountability for social workers in the field. They hold weekly or monthly required meetings with social workers, individually or in groups.

Supervisors are required to be involved in the decision-making processes of all social workers and ensure that appropriate levels of teaming and consultation occur.

Chiefs of social work

Chiefs of social work are responsible for the clinical practices within a region. They aid in the development of practice standards and monitor the continuous quality improvement efforts of Child and Family Services to ensure that social workers adhere to practice standards. Chiefs supervise child welfare supervisors and conduct individual meetings with supervisors and one group meeting monthly. Chiefs are part of the decision-making processes for the reassessment of concurrent plans, licensing waivers and variances, investigations into abuse or neglect for children in care, and permanent placement decisions.

Program managers

Program managers oversee the operation of the Child and Family Services program in the region or regions they are assigned. Their responsibilities include the oversight of clinical services, budgeting and contracting, and administrative functions. They provide leadership and direction and are the highest level of regional management. The program manager must authorize permanency plans that include the recommendation for termination of parental rights. The program manager also makes each permanent placement decision.

Figures and trends

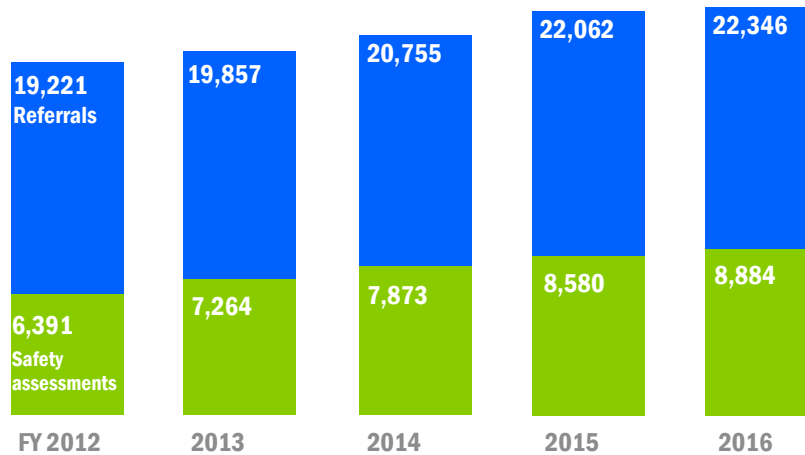
In fiscal year 2016 Child and Family Services received 22,346 referrals regarding concerns for child abuse, neglect, or abandonment. Of these, 8,884 were assigned for safety assessment. Exhibit 11 shows a steady increase of referrals and safety assessments over the past five fiscal years.

In fiscal year 2016, 1,321 children were placed in foster care. During the same time, 1,194 children exited foster care and of those, 862 (72 percent) were reunified with their parents or caregiver. Exhibit 12 shows that in fiscal years 2012–2014, the average number of children in care decreased. However, in fiscal years 2015–2016, the number started to climb.

Program managers make each permanent placement decision.

Exhibit 11

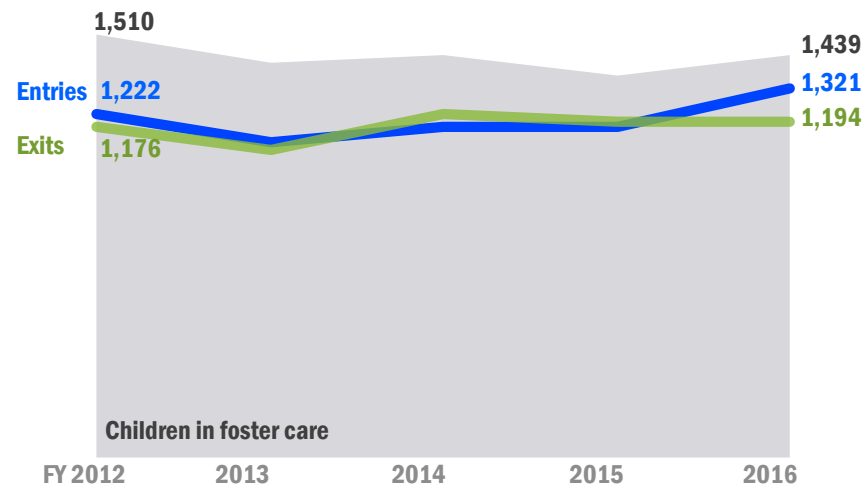
Referrals and safety assessments have increased over the past five fiscal years.



Source: Child and Family Services central intake call data, fiscal years 2012–2015; Child and Family Services annual performance and service review, 2017.

Exhibit 12

The number of entries and exits have slightly increased while the average number of children in foster care has decreased.



Source: Entry and exit data are from US Department of Health and Human Services, Administration for Children and Families, Administration on Children Youth and Families, Children's Bureau, <http://www.acf.hhs.gov/programs/cb>. Data are current as of July 2015. Children in foster care is a monthly average as reported by Child and Family Services in its annual performance and service review.

Budget

Funding for Child and Family Services is included in the department's child welfare appropriation and broken out into two program categories: (1) child welfare and (2) foster and assistance payments. For fiscal year 2016, \$31,714,700 was spent on child welfare and \$28,994,000 was spent on foster and assistance payments for a total program expense of \$60,708,700. Fiscal year 2017 appropriations totaled \$65,724,800 for both categories.

The largest expenditure object for child welfare is trustee and benefit payments (44 percent of fiscal year 2017 appropriation), followed by personnel costs (43 percent), and operating expenditures (12 percent). The largest revenue source for the program is federal funds (67 percent of fiscal year 2017 appropriation), followed by general funds (32 percent), and dedicated funds (2 percent).

67%
of child welfare
revenue in fiscal
year 2017 came
from federal
funds.

Federal interventions and funding sources

The federal government began subsidizing foster care in the 1930s. Major reforms occurred in 1974 with the passing of the Child Abuse Prevention and Treatment Act. The act required federal data collection and provided money to states for programs to protect at-risk children.

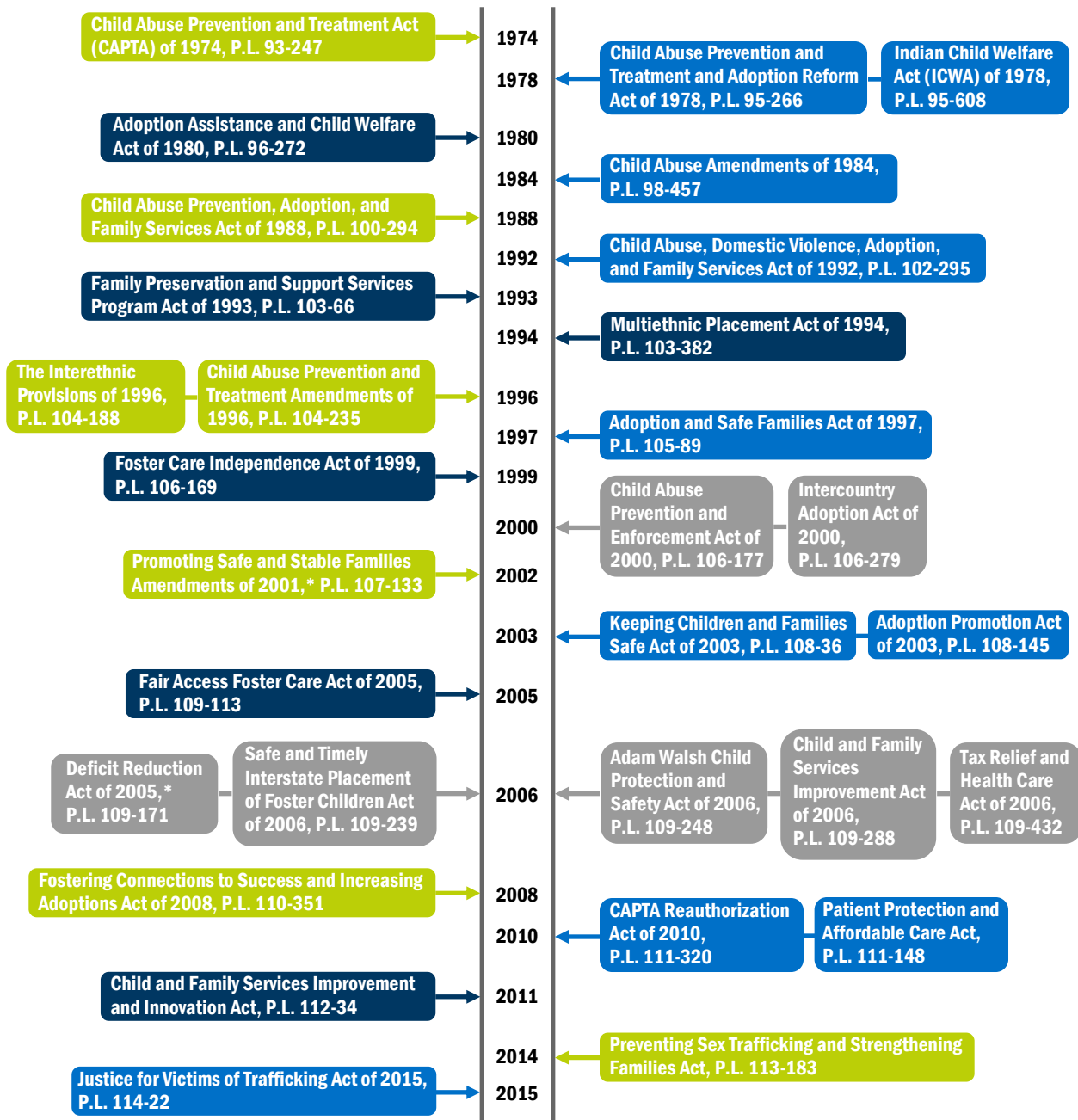
Soon after passing the 1974 act, critics began to raise concerns that state child welfare programs were out of control, chaotic, arbitrary, and lacking proper administrative oversight. These criticisms led to another reform. The Adoption Assistance and Child Welfare Act of 1980 set permanency as the goal for children in state care, prioritized family preservation, and provided guidelines for timely adoptions when necessary. The act, though amended through the years, continues to serve as the basic foundation for federal child welfare policy. Exhibit 13 is a summary of federal legislation from 1974 to 2015.

The Children's Bureau is the primary federal agency overseeing state and local child welfare programs. According to the bureau's summary of its program:

The Children's Bureau . . . partners with federal, state, tribal and local agencies to improve the overall health and well-

Exhibit13

Timeline of major federal legislation about child protection, child welfare, and adoption



* Enacted the year following their introduction in Congress.

Source: Child Welfare Information Gateway, Major federal legislation concerned with child protection, child welfare, and adoption, Washington, DC: US Department of Health and Human Services, Children's Bureau, 2016.

being of our nation's children and families. With an annual budget of almost \$8 billion, the Children's Bureau provides support and guidance to programs that focus on:

Strengthening families and preventing child abuse and neglect

Protecting children when abuse or neglect has occurred

Ensuring that every child and youth has a **permanent family** or family connection

Other aspects of children's safety and child welfare are addressed by nearly 30 major federal programs administered by more than 20 federal agencies across at least three federal departments. This includes agencies that manage the following federal programs, all of which play a role in communities' ability to support families and protect children from fatalities.

Title IV-E, Social Security Act

Title IV-E principally entitles states, tribes, and most territories with an approved Title IV-E plan for reimbursement of part of their costs of providing foster care, adoption assistance, or kinship guardianship assistance on behalf of eligible children. Title IV-E also authorizes funds for support of services to children who leave foster care because they age out of care. Title IV-E authorizes bonus payments to states and territories (with an approved Title IV-E plan) that increase adoptions and legal guardianships of children in foster care. Several types of Title IV-E funding exist:

- Foster care maintenance payments and administrative costs
- Adoption assistance payments
- Kinship guardianship assistance payments
- John H. Chafee Foster Care Independence Program
- Adoption and legal guardianship incentive payments

Title IV-B, Social Security Act, Subpart 1, Stephanie Tubbs Jones Child Welfare Services Program

The child welfare services program provides formula grant funds to states, territories, and tribes for the provision of child welfare-related services to children and their families with the following goals:

Protect and promote the welfare of all children

Prevent abuse, neglect, or exploitation of children

Permit children to remain in their own homes, or to return to those homes whenever it is safe and appropriate

Promote safety, permanency, and well-being for children in foster care or those in adoptive families

Provide training, professional development, and support to ensure a well-qualified child welfare workforce

Title IV-B, Social Security Act, Subpart 2, Promoting Safe and Stable Families Program

The promoting safe and stable families program provides funds to states, territories, and tribes for the following purposes:

Prevent maltreatment among at-risk families through support services

Assure children's safety within the home and preserve intact families in which children have been maltreated

Address problems of families whose children have been placed in foster care—in a timely manner—so reunification can occur

Support adoptive families by providing support services necessary for them to make a lifetime commitment to children

Title XX, Subtitle A, Social Services Block Grant

Social services block grants are capped entitlement grants provided to states to fund services directed at one or more of five broad goals:

Achieve or maintain economic self-support to prevent, reduce, or eliminate dependency

Achieve or maintain self-sufficiency, including reduction or prevention of dependency

Prevent or remedy neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserve, rehabilitate, or reunite families

Prevent or reduce inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care

Secure referral or admission for institutional care when other forms of care are not appropriate, or provide services to individuals in institutions

Title IV-A, Social Security Act, Temporary Assistance for Needy Families (TANF)

TANF is a flexible funding stream that states can use to provide a wide range of benefits, services, and activities that address economic disadvantage. States may use TANF funds in any manner reasonably calculated to achieve its four goals:

Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives

End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage

Prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies

Encourage formation and maintenance of two-parent families

In Idaho, TANF funds are used for substance abuse liaisons, the Community Resources for Families Program, foster care and adoption, emergency assistance, and family preservation services.

Child Abuse Prevention and Treatment Act

The act authorizes three types of funding:

Formula grant funding to states to improve their child protective services

Competitively awarded funds to support research, technical assistance, and demonstration projects related to prevention, assessment, and treatment of child abuse and neglect

Support to all states for community-based activities to prevent child abuse and neglect



Preventive measures

Risk and protective factors for child abuse and neglect have been studied and substantiated by decades of research. By understanding risk and protective factors, stakeholders can develop impactful and targeted prevention interventions.

Protective factors	Risk factors
Strong parental attachment	Parental anger
Knowledge of parenting and child development	Attributional style (how one explains the cause of an event)
Resilience	Young maternal age
Tangible resources	Poverty
Social connectedness	Single parent status
Social and emotional well-being	Severe personal challenges (e.g., domestic violence, substance abuse, mental health issues)

We reviewed 60 programs and found mixed results about which prevention programs are considered evidence based. These mixed results are likely because organizations used different rating criteria and language to review intervention effectiveness. Of those 60 programs, we identified 12 that were evidence-based or promising practices across multiple rating systems.



We identified seven evidence-based programs that can help prevent the need for more severe child welfare interventions.

Of the 12 prevention programs that met our criteria across multiple rating systems, seven are evidence-based interventions.

- ChildFIRST
- Child-Parent Centers
- Early Head Start–Home Visiting
- The Incredible Years
- Nurse-Family Partnership
- Strengthening Families
- Triple P: Positive Parenting Program

With the exception of Early Head Start–Home Visiting, each of these programs vary in terms of host agency and location of intervention delivery. Host agencies could be school districts, nonprofits, community organizations, health care providers, religious institutions, or social service agencies.

ChildFIRST

The Child and Family Interagency Resource, Support, and Training (ChildFIRST) is an intensive program for high-risk families with young children from prenatal to age six. ChildFIRST began in 2001 and operates in Connecticut, Florida, and North Carolina. ChildFIRST programs collaborate and integrate local early childhood care systems across sectors. The programs strongly focus on data with established outputs and outcomes for each program.

ChildFIRST is a two-generational home visiting program. Children are referred to the program if they are experiencing emotional, behavioral, developmental, or learning problems or if they have been identified as living in a high-risk environment. Program referrals typically come from community agencies or the families themselves. A ChildFIRST intervention typically lasts 6 to 12 months with families receiving one-hour visits twice a week during the first month and once a week thereafter.

The intervention has seven components:

- Family engagement
- Comprehensive assessment of child and family
- Development of a child and family care plan
- Parent-child psychotherapeutic intervention
- Enhancement of executive functioning
- Mental health consultation in early care and education
- Care coordination

Through a randomized controlled trial and numerous outcome evaluations, the program's effectiveness has been examined. The randomized controlled trial of families with children ages 6 months to 36 months found statistically significant improvements in both child and mother mental health. By participating in ChildFIRST, families significantly reduced their involvement with child protective services. At a 12-month follow-up, families were 39 percent less likely to have been involved with child protective services, and over a three-year period, families were 33 percent less likely to have been involved with child protective services.

A national evaluation of the ChildFIRST program found statistically significant results with large effect sizes in language development, social-emotional health, child-parent relationship, maternal depression, child social skills, and parental stress. The evaluation found statistically significant results with a moderate effect size in reductions in child problem behavior. A high percentage (79 percent) of families reported a statistically significant improvement in parent-child relationships.

In 2012 the average cost to taxpayers for a family to participate in ChildFIRST was estimated at \$6,800.

Child-parent centers

Child-parent centers offer a variety of services to children and their parents, including the following:

- Child social development
- Health information
- Skill-based parenting courses
- Referrals to services

These centers are typically implemented by public or private preschools.

Reviewed and rated as proven by the Promising Practices Network, the Chicago Child-Parent Center offers services to low-income families with preschool-age children. Parents are active participants and commit 2.5 hours per week to the curriculum. In addition to the core preschool program, the center offers a school-age program and an extended intervention available to children in kindergarten and elementary school.

A quasi-experimental study looked at a group of children who participated in the preschool program of a child-parent center and a group who did not. A 15-year follow-up study reported that children who participated in the program experienced half the rate of child maltreatment as compared with children who did not participate (5 percent versus 10 percent). These participating children had lower rates of arrests and interactions with the juvenile court. In addition, children who participated in the preschool program and extended programs saw improvements in reading and math proficiency through the ninth grade when compared with those who did not participate.

At a 19-year follow-up, children who participated in the preschool program had a higher rate of high school completion and college attendance and a lower rate of felony arrests, incarceration, convictions, months on public assistance, and depression when compared with the children who did not participate.

The estimated cost per participant per year is \$5,219 for the preschool program, \$1,874 for the school-age program, and \$11,862 for four to six years of the extended program. The return on investment per dollar is estimated to be \$8.47 for the preschool program, \$1.97 for the school-age program, and \$7.25 for the extended intervention.

Early Head Start–Home Visiting

The Early Head Start–Home Visiting is a federally funded two-generational program that promotes prenatal health, stronger families, and early childhood development. According to the Administration for Children and Families, staff for this program provide the following:

One home visit per week per family (minimum of 48 home visits per year) lasting for a minimum of 90 minutes each.

A minimum of two group socialization activities per month for each family (minimum of 22 group socialization activities per year).

The Idaho Head Start Association operates the Early Head Start programs in Idaho.

Families eligible for home visits must be living at or below the poverty line and have a child from birth to age three living in the home.

All 50 states operate home visiting programs, and each site chooses specific curriculum. The Idaho Head Start Association operates the Early Head Start programs in Idaho.

We found significantly more research on the Early Head Start program overall than research conducted only for the home visiting component. Research on the entire Early Head Start program reported improvements in child development, reductions in parenting harshness, and the creation of a safer home environment. In particular, children who participated in Early Head Start had higher cognitive, language, and social-emotional development than children in a corresponding control group.

Parents who participated in Early Head Start reported statistically significant reductions in both spanking and parenting stress and increases in supportive play. Of participating parents, 47 percent reported spanking their child in the past week as compared with 54 percent of parents in the control group.

Our research specific to the Early Head Start–Home Visiting program showed positive parenting practices had improved, such as increases in the percentage of parents who read to their children daily, parent support during children’s play, and parent knowledge of child development. There were significantly fewer reports of physical punishment at a 36-month follow-up for participants in the home visiting program when compared with the control group. This relationship was not, however, significant at an earlier 24-month follow-up.

In 2012 the average cost per child to participate in the Early Head Start–Home Visiting program was \$9,000–\$12,000. The cost effectiveness of Early Head Start received mixed reviews. One report stated a loss of 7.7 cents for every dollar invested, a second report claimed an average return of \$8 per \$1, and another claimed a minimum return of \$17 per child.

The Incredible Years

The Incredible Years has been featured and disseminated by the United Nations Office on Drugs and Crime and the US Office of Juvenile Justice and Delinquency Prevention. The Incredible Years operates in more than 15 countries, is available in multiple languages, and offers training materials that are culturally responsive.

Program goals include the following:

- Develop positive parent-teacher-child relationships
- Assist in preventing and treating behavior problems
- Promote social, emotional, and academic competence before a child becomes an adult

Although the Incredible Years has not demonstrated a direct impact on child maltreatment outcomes, it is associated with improvements in parenting practices and child behavior problems, both of which are protective factors against child abuse and neglect.

The program consists of three different curricula: (1) training for parents, (2) classroom management training for teachers, and (3) training for children. Each curriculum includes skill-based trainings on communication, problem solving, stress, and mental health. The duration of the intervention varies depending on which curriculum is being implemented. Regardless of the curriculum chosen, our research suggests that program outcomes are more pronounced when training for parents is incorporated.

Most research and evaluation on this program has focused exclusively on reducing risk factors of child maltreatment, such as parenting practices, stress, depression, and child problem behaviors rather than directly measuring child maltreatment outcomes. Randomized controlled trials of these programs have reported an increase in positive parenting practices and decreases in harsh discipline practices, parental stress and depression, and children's aggressive and disruptive behaviors.

In North Carolina, outcome results from fiscal year 2015–2016 for the Incredible Years were consistent with research. According to preexams and postexams for 667 parents across 25 program sites, 75 percent reported a statistically significant decrease in harsh discipline, 72 percent reported a decrease in the frequency of their child's problem behaviors, and 78 percent reported a statistically significant increase in positive parenting.

Idaho has two Nurse-Family Partnership programs: one in Canyon County and one in Kootenai and Shoshone counties.

Three separate studies examined whether findings differed based on prior involvement with child protective services. Each found similar results to North Carolina: statistically significant reductions in parental stress, dysfunctional parent-child relationships, and parental distress. In addition, the results did not differ when families were court mandated to participate in parenting curriculum.

The cost for the Incredible Years depends on curriculum materials. For example, the cost of materials for the parent training series for babies is \$750 while the cost of materials for the school-age program are nearly double at \$1,370. Taking into account salary and other indirect and overhead costs, one study reported that the average cost per child ranged from \$1,571 to \$2,357.

Nurse-Family Partnership

The Nurse-Family Partnership is the only early childhood program labeled top tier by the Coalition for Evidence-Based Policy. A maternal and early childhood health program, it offers home visiting services to first-time mothers. Mothers receive 64 visits during pregnancy until the time the child is two from a maternal and child health nurse. The partnership operates in 26 states. Idaho has two programs: one in Canyon County out of Southwest District Health and one in Kootenai and Shoshone counties out of Panhandle Health District I.

Three randomized controlled trials have demonstrated both short-term and long-term impacts of the partnership on mothers and their children. To date, the most longitudinal study is a 19-year follow-up of a randomized controlled trial. Families who participated had 48 percent fewer substantiated claims of child abuse and neglect and spent 20 percent less time on welfare than those who did not participate. The same follow-up study also found that children were 43 percent less likely to have been arrested and 58 percent less likely to have been convicted, as of age 19.

Another study found a trend of participating children being 4.5 times less likely to die by the age of nine from preventable causes when compared with children who did not participate. A third study measured behavioral problems and cognitive function. The study found that children who received visits from home visiting nurses had fewer emotional and behavioral problems at age six, which is associated with a decreased risk of child maltreatment.

The average cost of delivering Nurse-Family Partnership is \$13,600 per mother. A study of mothers in Memphis, Tennessee, estimated decreased welfare costs of approximately \$14,500 per woman over 12 years, which suggests that the partnership is cost-effective.

Strengthening Families Program: For Parents and Youth 10–14

The Strengthening Families Program: For Parents and Youth 10–14 (SFP 10–14) is recognized as an exemplary program by the Office of Juvenile Justice and Delinquency Prevention as well as by the US Department of Education, and as a model program by the Center for Substance Abuse Prevention and the US Substance Abuse and Mental Health Services Administration (SAMHSA).

The program primarily reduces youth substance use but also focuses on promoting positive parenting and decreasing family conflict and risky youth behaviors. It is conducted in a group format and held over the course of seven two-hour sessions. The program has been implemented in all 50 states. It is a different program from the Strengthening Families framework now being adopted in Idaho.

Outcome evaluations have found that participants in SFP 10–14 have stronger parent-child relationships than nonparticipants. Parents demonstrated more constructive parenting practices, appropriate discipline practices, and positive feelings toward their children. Participating youth had fewer disciplinary problems and aggressive behaviors (32–77 percent fewer, depending on the behavior), and lower rates of substance use than those who did not participate.

The average cost per family for SFP 10–14 is \$373–\$398. One cost-benefit analysis suggested that “for every dollar spent on SFP 10–14, \$9.60 comes back to the community as benefits in the form of less jail time, less time off work, and less time in treatment.” Another cost-effectiveness study suggested a \$7.82 return on every dollar invested.

Triple P: Positive Parenting Program

The Triple P: Positive Parenting Program is one of the most widely researched child maltreatment prevention programs. It focuses on changing social norms through public awareness campaigns and enhancing parenting skills through individual and group-level programs.

SFP 10–14 is a different program from the Strengthening Families framework now being adopted in Idaho.

The program is organized into five levels, with each level becoming progressively more targeted and intensive:

- Level 1: Public awareness campaign
- Level 2: Low-intensity, large-group program
- Level 3: Individual program and topical group discussions
- Level 4: Intensive groups and individual programs
- Level 5: Intensive targeted programs for high-risk groups

In addition to its core program, Triple P also offers program variations for specific groups of parents, particularly parents who have been identified as being at risk of child maltreatment. To reduce any stigma, program variations such as Pathways should be implemented in conjunction with the core program. Flexible implementation options through the use of technology allow the program to reach more parents.

Studies found small to moderate improvements in positive parenting, child behaviors, and parental well-being. These improvements were more pronounced for higher risk participants and participants who completed the more intensive programs (levels 4 and 5). In addition to the individual-level outcomes, a population-based study found large improvements in the rates of substantiated child maltreatment, child out-of-home placements, and hospitalizations or emergency room visits for child maltreatment injuries.

Triple P is considered to be a cost-effective intervention, with an estimated \$9 return in child welfare system costs for every \$1 invested.

We identified five promising practices for reducing the need for more severe child welfare interventions.

Of the 12 prevention programs that met our criteria across multiple rating systems, five are promising practices. These practices were rated as promising by at least two review systems or rated as effective and promising. We identified five programs that we consider promising practices:

ACT Raising Safe Kids
Healthy Families America
SafeCare
The Safe Child Program
Parents as Teachers

The programs vary in terms of host agency and location of intervention delivery. Host agencies could be school districts, nonprofits, community organizations, health care providers, religious institutions, and social service agencies.



◀ Photo taken by OPE staff during site visits to Child and Family Services field offices.

“Like branches on a tree, we all grow in different directions yet our roots remain as one.”

ACT Raising Safe Kids

The ACT Raising Safe Kids program targets pregnant women, and parents and caregivers of children from birth to age 10. The program consists of 8 to 10 two-hour sessions in which homework, role playing, and group discussions are used to build knowledge and skills across four modules:

- Child development and positive discipline
- Anger management
- Media violence literacy
- Social problem solving

Benefits of the ACT program include a universal approach regardless of risk level, flexible delivery options, culturally responsive materials, and cost-effective implementation. ACT is in 29 states and less expensive than other child maltreatment prevention programs, with an average cost of \$200–\$400 per participant.

Research and evaluations for ACT have demonstrated improvements in each of the four modules. Multiple studies have shown that parents and caregivers report decreases in harsh discipline and increases in nurturing behavior, knowledge of child development, media violence literacy, social problem solving, and anger management. Studies also suggest fewer disruptive and aggressive behaviors of children whose parents and caregivers have completed ACT.

Adults and Children Together

The Adults and Children Together (ACT) Against Violence Parents Raising Safe Kids program was cited as effective by Altafim and Linhares and promising by the California Evidence-Based Clearinghouse for Child Welfare. ACT is also recognized by the World Health Organization, the US Office of Head Start, and the US Department of Justice's Crime Solutions.



ACT was developed by the American Psychological Association in 2001. According to the California Evidence-Based Clearinghouse for Child Welfare, the "ACT Raising Safe Kids Program is a universal parenting program designed to promote positive parenting and prevent child maltreatment by fostering knowledge and skills that change or improve parenting practices."

For example, one study found a 5 percent increase for prosocial parenting practices, 10 percent increase in the literacy of media violence, 6 percent increase in child development knowledge, and a 4 percent increase in violence prevention skills. This same study also reported high satisfaction ratings from participants: “72 percent strongly agreed they liked the program because it gave them many options for how to be a good parent . . . 75 percent would recommend the program to others.”

Healthy Families America

Healthy Families America is a two-generational home visiting program that seeks to improve parent-child relationships in at-risk families. Families are eligible for the program if they have a child from birth to age three months and are followed until the child is five years old. Through this program, families receive one one-hour home visit per week for the first six months and home visits as needed thereafter.

Healthy Families America is a national program of Prevent Child Abuse America that operates in 38 states across 580 sites. The program does not have any sites in Idaho.

The program has a number of goals:

- Reduce child maltreatment
- Improve parent-child interactions
- Improve children’s social-emotional well-being
- Increase school readiness
- Promote child physical health and development
- Promote positive parenting
- Promote family self-sufficiency
- Decrease child injuries and emergency department use
- Increase access to primary care medical services and community services

The program has been examined in numerous evaluations across the nation. The federal Home Visiting Evidence of Effectiveness (HomeVEE) in the US Department of Health and Human Services reported improvements in 14 areas including reductions in corporal punishment, harsh parenting, abuse, and assault. An evaluation of the Healthy Families New York program found decreases in serious child abuse, minor aggression, and harsh parenting.

Studies also found improvements in positive parenting, especially in the areas of parenting attitudes and healthy home

environment. Only one of six studies found a reduction in official rates of maltreatment that had occurred. However, the results of other significant studies suggest substantial benefits of Healthy Families America in reducing child maltreatment.

SafeCare

SafeCare is a parenting program for parents who are at risk or have a history of child maltreatment and have children from birth to age six. The program typically lasts 18 to 22 weeks and includes one or two 60-minute to 90-minute parenting sessions each week. SafeCare uses three modules: (1) parent-child interaction, (2) child health, and (3) home safety.

There are four goals of the sessions:

- Increase positive parent-child interactions
- Enhance home safety
- Improve child health
- Reduce child maltreatment

A study of high-risk rural families found reductions in violent discipline practices and referrals to child welfare for domestic violence. Another study found that families who participated in SafeCare have shown significant reductions in rates of child maltreatment compared with families who did not participate. These findings are consistent with the largest evaluation of the program, which found a 26 percent decrease in child maltreatment at a seven-year follow-up.

SafeCare is estimated to cost \$150 per participant per session for an approximate annual cost of \$3,000 per year for each family. Idaho does not have any SafeCare programs in operation.

The Safe Child Program

The Safe Child Program is an individual-level program that teaches children how to recognize signs of sexual, emotional, and physical abuse and how to prevent the abuse. The program offers 5 to 10 sessions per year and is typically delivered to children from age three to nine while they are at school. The program also provides supplementary materials to parents.

One study of the Safe Child Program found that 26 percent more children participating in the program refused to help a stranger than those who did not participate. This finding held up over time at a six-month follow-up. Although helping children to

recognize risk factors for abuse is a first step in child maltreatment prevention, more research on the Safe Child Program is needed. Most of the studies have focused on children's ability to recognize safe situations rather than actual reductions in abuse.

Parents as Teachers

Parents as Teachers is an early childhood home visiting and parent education program that serves families with children from birth to age five. Depending on need, families receive one-hour home visits weekly, biweekly, or monthly. Families are also invited to attend monthly group events to foster social connections.

The program has four goals:

- Increase knowledge of child development and improve parent practices
- Provide early detection of health issues
- Prevent child abuse and neglect
- Increase school readiness and success

The program accomplishes these goals through providing home visits, fostering social connections, offering resources, and completing child screenings. Parents who participate in the program generally report increased knowledge about child development, increased time spent reading to or with their child, and an increased likelihood of enrolling their child in preschool.

We found mixed results about the impact of the program on positive parenting practices. Most studies found no effects while two actually found unfavorable effects specific to parent discipline practices, acceptance of child's behavior, and having appropriate play materials available. Similarly, neither of the two studies that examined the impact of the program on child maltreatment found significant reductions. More research is needed about the impact of the Parents as Teachers program on the prevention of child abuse and neglect.

Each of the seven regions of the Idaho Department of Health and Welfare offers at least one Parents as Teachers program. In 2012 program costs were estimated at \$2,372 per family to implement.

Each of the seven regions of the Idaho Department of Health and Welfare offers at least one Parents as Teachers program.

Emerging trends may lend insight to developing more effective approaches.

In our research on evidence-based interventions and promising practices, we found three emerging trends:

- Systems-based approach
- Use of technology
- Innovations in funding

Systems-based approach

Even though many child abuse and neglect prevention programs focus on the individual or family unit, research suggests that interventions are more effective when they adopt a public health, ecological, community, and systems-based approach. This approach aligns with the federal Child Abuse Prevention and Treatment Act, which prioritizes a systems-based approach with coordination of services across sectors.

North Carolina has adopted a systems-based approach by creating a statewide taskforce that includes governmental and nongovernmental leaders and funding that focuses exclusively on creating a coordinated system around the prevention of child maltreatment.

Philadelphia, Pennsylvania, has launched the program Improving Outcomes for Children. This program restructured how it serves children and families with occurrences of abuse or neglect. The program builds new partnerships between its department of human services (responsible for oversight and investigation) and community umbrella agencies (responsible for day-to-day casework).

Another way to implement a systems-based approach is to develop integrated practices that promote and embed child maltreatment prevention services into existing, universal, nonstigmatizing infrastructures like child care, early childhood education, pediatric health, schools, churches, community groups, playgrounds, and libraries. Bringing screening, prevention, and intervention services to places that families already frequent removes outside barriers to participation as well as stigma about participating in parenting and family-based interventions.

Use of technology

The second emerging trend is the expanded use of technology. By increasing the use of technology, program staff can get interventions to rural families, receive immediate data, and increase family engagement and satisfaction. Technology also increases opportunities for collaboration and data sharing across agencies and sectors, which is critical in identifying and prioritizing the most at-risk families.

Some programs are already embracing advancing technology. The Triple P program delivers intervention through the internet and phone as well as in person in individual or group meetings. Under the SafeCare model, participants use smart phones to send videos to their home visitor, return material via text messages, and take web-based trainings.

Officials overseeing child abuse and neglect prevention programs could consider incorporating technology for websites, social media, smart phones, computers, tablets, mobile applications, videos, video games, and text messaging services. We found one report that said an interactive online community, which featured information on parenting and child development, could be a valuable resource for parents. For example, the Text4Baby intervention provides expectant and new mothers with information and tips about child development through text messages and a free phone app.

Innovations in funding

With budget cuts occurring at the federal, state, and local levels, organizations are having to make difficult funding decisions. A study of multiple public health agencies in 2009 found that 88 percent reported that their lack of funding was a barrier to child maltreatment prevention efforts.

One way communities are beginning to address this funding barrier is through collective impact initiatives, which bring stakeholders across sectors together to address an issue. The Funders Collaborative in New York City is an example of this initiative. It has assembled three child welfare agencies that pool resources to support child welfare efforts.

Innovations in funding are not limited to local partners. “Across multiple sectors, innovations in federal and state funding can

► Photo taken
by OPE staff
during site visits
to Child and
Family Services
field offices.

have a significant impact on the prevention of child abuse and neglect. These innovations include:

Flexible funding for the integration of social and educational services during medical care

Flexible spending grants that allow states to fund prevention programs without requiring them to spend down funds available for foster care

Funding to address barriers to medical care

The provision of concrete supports to alleviate the stressors of poverty” (Karter & Daro, 2016)

Other funding innovations that we found are implementing fully capitated payment systems and increasing welfare benefits for families with young children.



Preventing child abuse and neglect requires a systems-based approach that incorporates individual, family, community, and policy-level change.

Of the interventions reviewed in this appendix, only Early Head Start–Home Visiting was noted to have been administered directly by a state agency. The other programs vary in terms of host agency and location of intervention delivery. Organizations referenced in the program descriptions were school districts, nonprofits, community organizations, health care providers, religious institutions, and social service agencies.

All of the programs we reviewed noted the importance of collaborating across sectors, which aligns with the emerging trend of adopting a systems-based approach.

To be effective, prevention programs must have the following attributes:

- Strong theory of change
- Recommended protocol
- Defined target population
- Plan for cultural responsiveness
- Directions for training staff
- Reasonable caseloads
- An established data collection system

Child maltreatment prevention programs that focus on promoting protective factors in addition to reducing risk factors will likely have the greatest impact. Emerging trends also suggest using technology and flexible funding in prevention interventions. Regardless of the program adopted and outcomes targeted, preventing child abuse and neglect requires a systems-based approach that incorporates individual, family, community, and policy-level change.

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Responses to the evaluation



With further input from the legislative interim committee, and in conjunction with OPE's research, we can expect to see some positive outcomes as a result of this focus on children's programs.

—Butch Otter, Governor



We whole-heartedly agree that a systems approach is critical to making meaningful, sustainable improvements to transform Idaho's system of care for abused, neglected, or abandoned children.

—Richard Armstrong, Director
Department of Health and Welfare



I completely agree that a collaborative effort involving all stakeholders is necessary to improve outcomes for the children and families involved in these cases.

—Sara Thomas, Administrative Director
Idaho Courts



C.L. "BUTCH" OTTER
GOVERNOR

January 31, 2017

Rakesh Mohan, Director
Office of Performance Evaluations
954 W. Jefferson St.
Boise, ID 83702

Dear Rakesh,

Thank you for the opportunity to respond to the evaluation of Idaho's child welfare and foster care system within the Department of Health and Welfare.

There has been a strong focus by all interested parties during the past year on the children and families trying to work within the child welfare system. It is timely and appropriate for the Office of Performance Evaluations (OPE) to provide additional insight regarding these programs.

I hope that the information you have provided will enhance and guide efforts toward changes that already are under way at Health and Welfare. With further input from the legislative interim committee and in conjunction with OPE's research, we can expect to see some positive outcomes as a result of this focus on children's programs.

Thank you again for your study of the programs that serve the needs of Idaho's children. I appreciate your comprehensive research and your dedication to this work.

As Always – Idaho, "Esto Perpetua"

A handwritten signature in black ink, reading "C.L. Butch Otter". The signature is stylized, with the first letters of each name being prominent.

C.L. "Butch" Otter
Governor of Idaho

CLO/tp



C.L. "BUTCH" OTTER - GOVERNOR
RICHARD M. ARMSTRONG - DIRECTOR

IDAHO DEPARTMENT OF HEALTH & WELFARE

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February 2, 2017

Via Email: rmohan@ope.idaho.gov

Rakesh Mohan, Director
Office of Performance Evaluations
954 W. Jefferson St., Ste. 202
Boise, ID 83720-0055

Dear Mr. Mohan:

I want to thank you and your staff for the time and effort spent on the evaluation of Child Protective Services in Idaho. As the report points out, many of the issues the child welfare system faces are complex, involve many stakeholders, and critical decisions regarding the lives of children and families are at stake. Evaluating this system was no easy task and we sincerely appreciate the approach taken to review the system.

Much of the information included in the report confirms what we have known and have been working to resolve. Our social worker work force has been understaffed by 28%-36% for years. We have asked for additional FTEs and to date our social worker staffing levels continue to be critically low. And, as the report notes, caseloads have only increased. It is not surprising that your findings included the need to: improve internal culture, practices, and performance accountability; enhance support for foster families; and, strengthen collaboration with stakeholders. These are all deficiencies that we have long recognized, but the only way to address them is with increased staffing levels.

The report also briefly referenced two items that we feel deserve further attention as they relate directly to improved program performance and better outcomes for children.

- Timeliness and the length of time children remain in care are critical performance metrics to the Child Welfare Program because of their impact on outcomes for children. Currently, the Department is not a party in Child Protective Act (CPA) cases. This prevents CPA cases from moving efficiently and quickly through the court system and increases the time children spend in care. We strongly recommend that the CPA be amended to clarify that the Department is a party in CPA actions and is represented in all aspects of CPA cases. This initiative requires legislative support

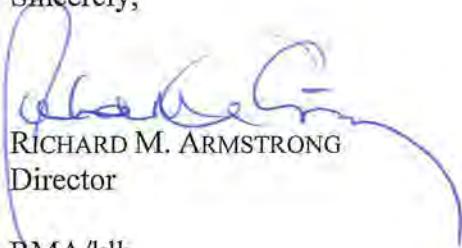
due to the need for additional attorney support to adequately represent the Department in state courts.

- We whole-heartedly agree that a systems approach is critical to making meaningful, sustainable improvements to transform Idaho's system of care for abused, neglected, or abandoned children. We believe the newly formed Child Welfare Executive Steering Committee can play a critical role in that transformation. The Committee, which is comprised of several stakeholders, including two legislators, began work last year to develop and implement changes to the Child Welfare program. The report recommends the creation of another standing legislative committee. We propose instead a modification of the current Committee's membership to include two additional legislators. We would hope that by increasing the legislative membership that the Committee would have increased oversight authority and ensure accountability, visibility, and accessibility for child welfare partners and stakeholders. We believe the objectives and implementation of system changes would be more effective if more legislators were added to the Committee, rather than creating another special standing legislative committee. Progress reports, including the identification of existing challenges, would be reported to the Health and Welfare Germane Committees each year, as required by state law. We would also hope that increased legislative presence would have a positive effect on future requests for additional staff and attorneys.

Ultimately, we regard prevention as the ultimate goal – keeping children out of care in the first instance is what will have the greatest impact on positive outcomes for children and families. The Department would like to engage in prevention efforts to help strengthen Idaho's families to ensure that children have safe and nurturing environments to grow and develop.

Thank you again for your time and attention to improving the child welfare system in Idaho.

Sincerely,



RICHARD M. ARMSTRONG
Director

RMA/klb

THE STATE OF IDAHO
SUPREME COURT



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February 3, 2017

Rakesh Mohan, Director
Office of Performance Evaluations
954 W. Jefferson Street, Ste. 202
Boise, ID 83720-0055

Dear Mr. Mohan,

Thank you for the opportunity to provide comment on the Office of Performance Evaluation's (OPE) report on Idaho's *Child Welfare and Foster Care System*. The report is well developed and correctly identifies the complex, multi-system nature of child protection cases and the challenges associated with improving outcomes. The efforts of OPE to survey and include comments from Idaho's judges is especially appreciated. The Mission Statement of the Idaho Courts includes an objective to, "Improve the safety and well-being of children and families involved in child protection cases." The timely and appropriate resolution of these cases represents one of the most important functions of Idaho's Judiciary and we look forward to working with the co-equal branches of our government to consider the findings and recommendations of the report.

The Judiciary is respectful of the policy domain of the Legislature and as such, will reserve comment regarding the desirability of any of the report's specific recommendations. However, I would like to call attention to areas of the report that may merit additional consideration:

1. As a co-equal branch of government, the Judiciary is concerned about language included in some recommendations proposing oversight by the Legislature over certain judicial functions. These recommendations may be in conflict with Article II, Section 1 (Distribution of Powers), Article V, Section 2 (Judicial Power-Where Vested), and Article V, Section 13 (Power of Legislature Respecting Courts) of the Idaho Constitution. That being said, Idaho's courts commit to fully support efforts to improve the child welfare and foster care system in a manner consistent with our respective mission and duty.
2. Each aspect of the child protection system needs the appropriate resources to carry out their mission. The report addresses the existing needs of foster families, Child and Family Services staff, and notes resource challenges for GAL/CASA programs. Significant policy changes may require additional judicial, prosecuting attorney, public defense, and juvenile correction resources, as well.
3. The Idaho Department of Health and Welfare's status as a party in child protection cases is uncertain and the Department may appear in these proceedings without representation. The Legislature may wish to consider the potential impact of clarifying the Department's party status on the timeliness and efficient processing of these cases.
4. Some of the most complex and challenging child protection cases result from an expansion of a Juvenile Corrections Act case. While these cases might not represent a large overall percentage of cases, they can disproportionally consume the child welfare system's resources. There is

currently a multi-system team consisting of representatives from the courts, Children's Mental Health, Child and Family Services, Idaho Department of Juvenile Corrections, and the Idaho Criminal Justice Commission examining opportunities for system integration in these cases. Further study on the impact of these expansion cases and the findings of the multi-system team may result in additional recommendations for system improvements.

5. The evidence based prevention and intervention measures outlined in Appendix E are much appreciated and especially relevant to the current work of the child protection system. Investing in measures that are demonstrated to work, particularly when aimed at limiting the need for more intensive/invasive measures, is important for long-term improvements in child welfare.
6. In addition to system issues generated in Idaho that are identified in the report, additional attention should be paid to the significant external system change requirements from the federal government, including Child and Family Service Review which may result in a program improvement plan, the Court Improvement Program grant requirements, IV-E funding requirements, and the Child Abuse Prevention and Treatment Act requirements.

Thank you again for the opportunity to provide these comments and for the fine work that resulted in this report. I completely agree that a collaborative effort involving all stakeholders is necessary to improve outcomes for the children and families involved in these cases. Please do not hesitate to contact me with any questions about this letter.

Sincerely,



Sara Thomas
Administrative Director of the Court
Idaho Supreme Court

Reports are available from the OPE website at www.legislature.idaho.gov/ope/

