Challenges and Strengths in One State's Effort to Screen and Support Resource Parents' Family Functioning

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Approximately one third of youth in the United States foster care system exit the system each year through adoption, guardianship, or placement with relatives (National KIDS COUNT, 2017). Unfortunately, a case plan of adoption or legal adoption does not secure permanency. A significant proportion (10%–25%) of pre-adoptive placements disrupt before adoption, and 1%–5% of legal adoptions dissolve (Child Welfare Information Gateway, 2012). There is no question that placement disruptions negatively impact children and families. The interplay of trauma, attachment, and behavioral difficulties, along with ensuing placement disruption, is complicated. The experience of trauma is found to be a significant barrier to the child's ability to form attachment relationships with caregivers, which in turn, affects placement security and the child's mental health functioning (Leathers, Spielfogel, Gleeson, & Rolock, 2012).

To prevent such disruptions, and to improve child and family well-being, the New Hampshire Division for Children, Youth and Families (DCYF) partnered with the Dartmouth Trauma Interventions Research Center (DTIRC) on two Administration for Children and Families grants aiming to improve outcomes for children and families through trauma-informed practices. The first grant, funded in 2012, focused on all children involved with the NH Child Welfare and Juvenile Justice systems, and among other things, introduced child-level screening for trauma exposure, PTSD symptoms, and well-being. The second grant, New Hampshire Adoption Preparation and Preservation (NHAPP), was funded one year later, and this time, the focus was more narrowly on children with a case plan goal of adoption and their families. Alongside other workforce and family initiatives, the NHAPP project implemented family-level screening tools to measure family and caregiver constructs identified in the literature that influence placement stability. The constructs we chose to measure included caregiver commitment and sense of belonging in a family (Leathers, Falconnier, & Spielfogel, 2010; Leathers, Spielfogel, Gleeson, & Rolock, 2012), as well as caregivers' ability to reflect on their own and their child's experiences (Bouchard et al., 2008; Luyten, Mayes, Nijssens, & Fonagy, 2017; Sharp & Fonagy, 2008; Slade, 2005). We used the following tools: Protective Factors Survey, Foster Home Integration Scale, Abbreviated Parental Reflective Functioning Questionnaire (ages 0–6), and the Belonging and Emotional Security Tool (ages 7–21). These tools were chosen because their goal is to identify barriers to permanency for each family system and encourage child welfare staff to intervene early to address these barriers. Some of the recommended action steps after screening are referrals to additional child welfare support, foster parent support groups, mentoring with other foster/relative caregivers, family therapy, and specific training.

Framing the Problem

Family-level screening is new for New Hampshire and rare across other state child welfare agencies. In this article, we describe the unique challenges associated with implementing family-level screening in our project, listing several barriers uncovered thus far by our evaluation team. We also name the barriers specific to the content of the tools and implementation processes.

Content Barriers

- Family-level screening asked caregivers to report on their own or their family's functioning, rather than the child's as is traditionally done. Caregivers must reflect on their feelings toward the child, their parenting strategies, and their commitment to the child. During evaluation focus groups, Child Protection staff expressed concern that caregivers may worry that their answers would reflect poorly on them, that they would be judged for their answers, or that their comments might even lead to placement changes. Our evaluation team plans to ask more about this in future focus groups.
- The chosen screening tools did not have existing data to indicate appropriate cut-off scores. Cutoffs were therefore selected by the project team, and some measures lacked reliability or validity testing. It is unknown whether the current scoring system is effective and whether reliability/validity is interfering with successful use of the tools.
- The constructs measured in the screening tools were based on literature identifying family-level risks for placement disruption and then narrowed down to what constructs we could measure change in over time. It is unknown whether these are the most important constructs for our population specifically.
- In a 2017 survey of child welfare staff and supervisors, 52 reported using the Family Functioning Screen (FFS) tool at least once (55%; total n=95; the other 43 respondents indicated that using the FFS was not part of their job). Among these respondents, more than a third (38%; n=20) reported that the results obtained through the FFS were only slightly useful or not at all useful for doing their job. When asked about their assessment of how well the FFS scoring system matched up with their own assessment of resource families' needs, 35% (n=35) of the 100 respondents to this survey item reported that the scoring did not match up with their own assessment(s) of a resource family's needs in those same areas. This matches what we have heard anecdotally.

Implementation Barriers

- Family-level screening required a time commitment on the part of the caregiver, as opposed to the child. Family-level screening may have been seen as "additional paperwork" by the family, and it was not mandatory, as are other forms.
- The screening process and data entry were cumbersome. We developed an online customized dashboard, placed outside of SACWIS, for staff to enter data and see screening results in real time. Workers were required to enter into a separate web-based portal to administer, score, and print the screening results. Workers reported that the dashboard is more complicated for the family-level screening, and staff were more likely to need follow up training compared with the child-level screens implemented in the first project.
- Workers experienced initiative fatigue and system crises. The child-level screening tools were rolled out about a year before the family-level screening tools. DCYF administrative support was more visible with the child-level tools, and more internal supports were in place. System crises (e.g., opioid epidemic, staff and administrator turnover) were also ramped up at the time when family screens were introduced.
- The process for tracking and eligibility was not clearly defined from the outset, and because the data entry system took place outside of the state SACWIS, this situation impeded internal tracking. Instead, Dartmouth personnel

conducted the tracking. Internal meetings were used as an anchor to attempt to track the use of the screening tools, but this was not consistent across offices/regions and therefore was only moderately effective. Compared with the child-level screens, the criteria for eligibility was more nuanced (based on how many months a child had been in care and the date the office got trained) and more reasons were available to rule out eligibility (e.g., children are in residential treatment; they are about to reunify; they have just changed placements).

Strategies to Address the Content and Implementation Barriers

Content Strategies

To address the usefulness of the screening tools, the project team tried several approaches. First, the Adoption Unit at DCYF was trained on how to interpret the screening tool results and for a 6- month period, provided written feedback on every case screened. The goal was to increase the comfort of field staff with the content of the tools. Second, the Project Coordinator traveled to every District Office and participated in regular internal Permanency Planning Team (PPT) meetings to offer guidance and feedback about the screening tools. The Project Coordinator gave case-based consultation during scheduled unit meetings. Only some offices utilized this opportunity. The Project Coordinator also developed a "cheat sheet" for staff to interpret scoring results and determine what steps to take post-screening. Further, in a beginning effort to look at the scoring rubric developed by the team, project staff hand-reviewed screening data for 23 families to examine, broadly, whether or not positive screens were associated with more services. In this initial review, they found no correlation between positive screens and the amount or type of services being provided.

Implementation Strategies

To simplify the process of eligibility and tracking, the project team announced that every child who had been in foster care or relative placement for 6 months was eligible to be screened. First, a specific point person in each office, the Permanency Worker, was asked to track the screening tools and track them during regular internal PPT meetings. Second, project staff presented at statewide supervisory meetings on a semi-regular basis, providing updates and sharing results from surveys and focus groups with field staff. At the same time, DCYF leadership provided support and guidance to field staff, encouraging them to complete the screening tools. The third intervention was a change in administration of the tool. The project team created a fillable PDF that could be emailed to families to be completed and emailed or mailed back in. The Project Coordinator simultaneously trained support staff in many offices on how to enter the screening tools, in an effort to reduce the paperwork burden on staff. This was helpful in that it reduced barriers for the staff, but it also kept them one step away from the data and may have reduced the utility of the screening. This combination of interventions led to an increase in screening tools being completed, from 36 total in the first year to 97 in a 6-month period. Data from the 2017 staff survey shows mixed results about the impact of the described interventions. Among respondents who provided an answer to this item in the survey (n=34), 18% of respondents (n=6) reported completing the tool electronically while meeting with a family (the original intention). Another 18% reported using the fillable PDF or mailing/emailing the screening tool to families to be completed, or both. Nevertheless, the majority, 65% (n=22) reported completing it on paper with a family during a visit and entering it into the system later.

Next Steps

We plan to conduct additional child welfare and family focus groups and interviews to better understand what tools and practices have been most useful, what tracking and daily practices have been done independently, and how to make our work more effective. The project team plans to do more comprehensive data mining to examine the effectiveness of the scoring rubrics as additional screening data become available to support statistical analyses. In addition, we will continue finding ways to reduce the paperwork and time burden on staff

and examine the most efficient workflow to promote these practices. One consideration is to incorporate, with skip logic, the family-level screening into the current child-level trauma-screening tool, so there are no separate sections within the platform. Finally, the project team will develop online training and curriculum for DCYF to be able to use after the end of the project to promote implementation processes. This includes training about the screening tool, interpretation and referrals, and the impact of trauma on children and families, particularly in the context of adoption and permanency.

About the Authors

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Acknowledgements

This project was funded by the U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, 90C01115-01.

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