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# **Structured Home Study Evaluations: Perceived Benefits of SAFE vs. Conventional Home Studies**

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Paper presented at the CWLA Conference

New Orleans, Louisiana

December, 10, 2008

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# Acknowledgments

- Richard P. Barth, PI - UMB
  - Consortium for Children
  - US DHHS ACF
  - Respondents to the survey
  - Agency managers who helped coordinate the survey
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# Home Studies in Child Welfare

## □ Purposes

- To educate and prepare foster and adoptive families for child placement
- To gather information about the family for purposes of matching
- To evaluate the fitness of the family (Children's Bureau, 2004)

## □ Process

- Training (MAPP, PRIDE); individual and joint interviews; home visits; health documentation; home visits; financial information; criminal background checks; references
  - Wide variability across agencies and jurisdictions
  - Little research over the last 30 years (Crea et al., 2007)
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# Current Study

- Examination of child welfare workers' and supervisors' preferences for SAFE v. conventional methods
    - Professional Practice
    - Parent Retention
    - Parent Selection
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# Measures

- State (CO, NJ, NV, UT)
  - Gender
  - Age
  - Race
  - Agency Type (public v. private)
  - Position (caseworker, supervisor, other)
  - Education
  - Years Experience in Child Welfare
  - Number of SAFE Evaluation completed or reviewed
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# Dependent Measure

Preference Scale for SAFE v. Conventional ( $\alpha=0.94$ ):

- **Professional Practice ( $\alpha=0.88$ )** (Efficient, Comprehensive, Promotes Productivity, Promotes Professionalism, Concise, Worker-Friendly, Represents Best Practice, Facilitates Concurrent Planning, Minimizes Cross-Jurisdictional Barriers)
  - **Parent Retention ( $\alpha=0.78$ )** (Culturally Transparent, Promotes Open Communication, Parent Friendly, Fair)
  - **Parent Selection ( $\alpha=0.88$ )** (Promotes Accurate Assessments, Encourages Candidness About Past, Encourages Candidness About Present, Meaningful)
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# Open-Ended Questions

- (1) “Please provide any additional comments on how accurately SAFE identifies a range of issues when compared with conventional assessment methods.”
  - (2) “Please provide any additional comments about the benefits of using SAFE versus conventional assessment methods.”
  - (3) “Please add any other comments here that would add to our understanding of how SAFE works.”
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## Sample Characteristics

- **Total N=209**
    - Colorado, n=105
    - New Jersey, n=66
    - Nevada, n=25
    - Utah, n=13
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# Sample Characteristics

## □ Significant demographic differences:

- Higher % workers aged 51-60 in CO ( $p < .05$ )
  - Significant different % of White, African-American and Hispanic workers across sites ( $p < .05$ )
  - More public workers in all states but CO, where they were evenly split between public and private ( $p < .01$ )
  - More workers in all states but CO, where they are evenly split between workers and supervisors ( $p < .05$ )
  - Generally higher levels of education in CO ( $p < .05$ )
  - Less experienced workers in NJ ( $p < .05$ )
  - Fewer SAFE evals completed in CO, more in NV ( $p < .05$ )
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# Preferences for SAFE ( $\chi^2$ )

## □ Professional Practice – SAFE is...

- More comprehensive ( $p < .001$ )
  - More professional ( $p < .001$ )
  - More concise ( $p < .01$ )
  - Best Practice ( $p < .01$ )
  - Better at Concurrent Planning ( $p < .05$ )
  - Better at minimizing Cross-Jurisdictional Barriers ( $p < .001$ )
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# Preferences for SAFE ( $\chi^2$ )

- Parent Retention – SAFE is...
    - More fair ( $p < .001$ )
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# Preferences for SAFE ( $\chi^2$ )

## □ Parent Selection – SAFE is...

- More accurate ( $p < .001$ )
  - Better at encouraging candidness about past ( $p < .05$ )
  - More meaningful ( $p < .001$ )
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# Demographic Differences in Perceived Benefits ( $p < .05$ )

- STATES – 3 subscales
  - EDUCATION – Total score
  - YEARS IN CHILD WELFARE – *Recruitment* subscale
  - NUMBER OF SAFE EVALS COMPLETED – *Recruitment* and *Selection* subscales
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# Qualitative Analysis

- Text analyzed using Atlas.ti 5.0 (n=138 discrete comments)
  - Primary and secondary codes assigned to each comment
  - 226 codes in all
  
  - Logistic regression predicts who completed open-ended items
    - More experienced workers
    - Less satisfied workers
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# Qualitative Findings

- Mixed opinions, in contrast to quantitative findings

“SAFE also seems inefficient (compared to a conventional study) because there is still quite a bit of repetition from the first part of the study (before rating page) to the latter half of the report.”

“If a social worker does a conventional home study correctly and thoroughly, there is virtually no difference in the quality of the report or in how well a SAFE vs. Conventional study can assess a family.”

“The SAFE questionnaires help to shorten interview time, but it is the quality and techniques of interviewing that really get to the core issues of family dynamics and interactions.”

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# Limitations

- ❑ Array of “conventional methods” depending on role of respondent
  - ❑ Likely unequal exposure to SAFE and conventional methods
  - ❑ Varying levels of experience with SAFE
  - ❑ Cognitive consistency effects – reliance on memory
  - ❑ Missing data
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# Discussion

- Quantitative results → strong endorsement of SAFE
  - Preferences differed based on demographic information
    - Those without formal social work training, and workers with less experience, tended to prefer SAFE
    - Consistent with prior research showing that more experienced workers were less supportive of innovations involving increased structure (DePanfilis, 1996)
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## Discussion (2)

- Qualitative data:
    - Some more experienced professionals miss autobiographies, and believe the quality of home studies depends on individuals' work
    - Increased structure perceived as too limiting
    - Repetition and redundancy a concern
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## Discussion (3)

- Why the differences between quantitative and qualitative?
    - Those with less experience appreciate the increased structure
    - Logistic regression model = those who prefer SAFE less were more likely to provide comments
    - Quantitative surveys may capture higher levels of satisfaction while qualitative assessments reveal lower levels (Williams, 1994)
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# Conclusions

- First empirical examination of home study methods in many years
  - Overall preferences for SAFE are encouraging indicators-
    - But – challenges remain in integrating increased structure within clinical decision-making, esp. for more experienced practitioners
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# Conclusions

## □ Future research

- Fairness and effectiveness of recruitment, screening, and placement
  - Implementation challenges
  - Better understanding of the factors that trigger approvals or disapprovals
  - Longitudinal research comparing placement rates for families using SAFE v. Conventional home study methods
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# Questions or Comments?

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