

Helping Families Connect to Meet Their Children's Needs Today and Tomorrow

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Acknowledgements:



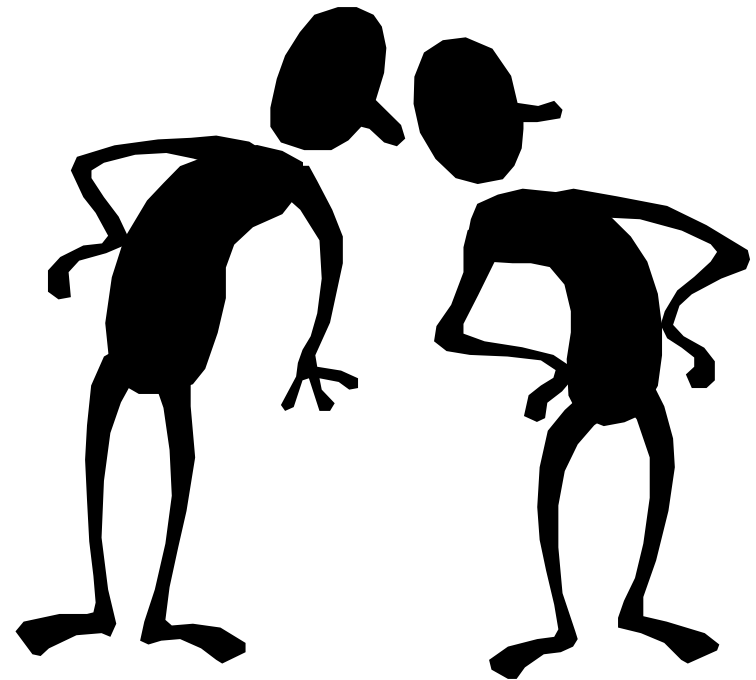
- ⌘ Family Connections is a program of the University of Maryland School of Social Work in collaboration with the School of Medicine, the Baltimore City Department of Social Services, and other community agencies.
- ⌘ Services are provided by MSW interns and community outreach workers in faculty field based units in the community.

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Introductions

- ⌘ Who are we & where are we from
- ⌘ What do we want to accomplish today
- ⌘ What are our burning questions & concerns



How will we spend our time

⌘ Program description

☑ Research

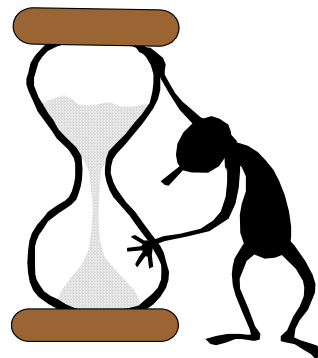
☑ Training

☑ Service

⌘ Successes

⌘ Challenges

⌘ Feedback & questions



Why is it important?




- ⌘ Child neglect is the most common form of child maltreatment reported to public child protective services agencies
- ⌘ Even though its consequences are equally, if not more damaging, we know less about the assessment and treatment of neglect than about other forms of child maltreatment

African American Families in Child Welfare Systems



- ⌘ Disproportionately represented in the child welfare system (Leasure, Chipungu, and Everett, 1991).
- ⌘ Most often these families are poor, poorly educated, and disadvantaged (Brisett-Chapman, 1997).
- ⌘ Subject to direct and indirect effects of discrimination (Fraser and Galinsky, 1997, p. 272).

Response of the Traditional System



- ⌘ African American children enter the foster care system in increased numbers (Danzon and Jackson, 1997).
- ⌘ Remain in the system longer and have a disproportionate number of undesirable experiences, e.g., fewer services, fewer adoptions, less worker contact (Gould, 1991).

Mission of Family Connections

- ⌘ To enhance the safety, wellbeing, and stability of children and families through:
 - ☑ family and community services;
 - ☑ professional education and training; and
 - ☑ research and evaluation.



What do we believe?



- ⌘ Reaching families early and working with them as partners will lead to better outcomes.
- ⌘ Schools of Social Work have a responsibility to prepare social workers to successfully engage and work with families who have not always received adequate responses from formal systems.

Family Connections: Research



⌘ Questions

- ☑ Does the length of family based services or the addition of a caregiver group intervention help families achieve better outcomes?
- ☑ Will an intensive intervention immediately following a first placement in out-of-home care lead to better outcomes and help families reunite more quickly?
- ☑ Will replication of a family strengthening program help families achieve better outcomes?

Research designs



- ⌘ Prevention Program - Factorial design - randomizing families in 4 groups.
- ⌘ Rapid Reunification Program - random assignment to intensive or regular services.
- ⌘ Family Strengthening Program - Pre/Post Comparison group design.
- ⌘ Automated interview at baseline, case closure and 6 month following closure
- ⌘ Self report & observational measures integrated with intervention

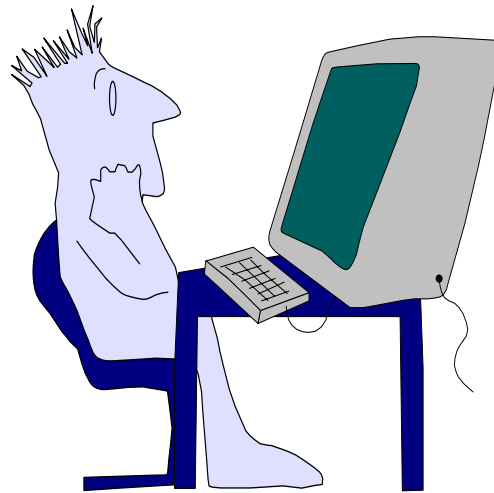
Research Protocols



- ⌘ Self-administered computer assisted interview
- ⌘ Asks questions about: child functioning, caregiver childhood history, caregiver functioning, neglectful behaviors or conditions, family functioning, social support, health, alcohol abuse, mental health, social desirability, drug abuse, housing and neighborhood, relationship with intern or other worker

Family Connections

Case Management System



Purposes of the Case Management System



- ⌘ Provide a framework for the intern to learn a practice model.
- ⌘ Support the field instructor in the management and teaching roles.
- ⌘ Document and measure the achievement of outcomes.
- ⌘ Document what services are provided.

What information do we track?



- ⌘ Screening criteria
- ⌘ Family needs and strengths
- ⌘ Desired family outcomes
- ⌘ Services that are provided
- ⌘ Level of achievement of outcomes

Who are we serving?



- ⌘ 105 families as of 10/31/99
- ⌘ Primary caregiver
 - ☑ 97.1% female; 2.9% male
 - ☑ 85% African American; 14% white; 1% Hispanic
 - ☑ Average age is 38; youngest is 19, oldest is 72
 - ☑ Average education is 10.7 years
 - ☑ 62% never married
 - ☑ 65.7% are unemployed
 - ☑ Mean income \$9700/year - TANF, Food Stamps, and jobs are primary sources of income

*Preliminary descriptive data.

Who are we serving?



- ⌘ 105 families have 309 children
- ⌘ 29% of families have 4 or more children
- ⌘ Relationship of children to caregiver
 - ☑ 78% are children of the primary caregiver
 - ☑ 16.2% are grandchildren
 - ☑ 5.2% are other relatives (nieces, nephews, or siblings)
- ⌘ 44% of families have > 1 adult in household who helps with child care

*Preliminary descriptive data.

Risks and Stressors - Depression and Domestic Violence

⌘ Depression: Mean score of 20.62 on CES-D

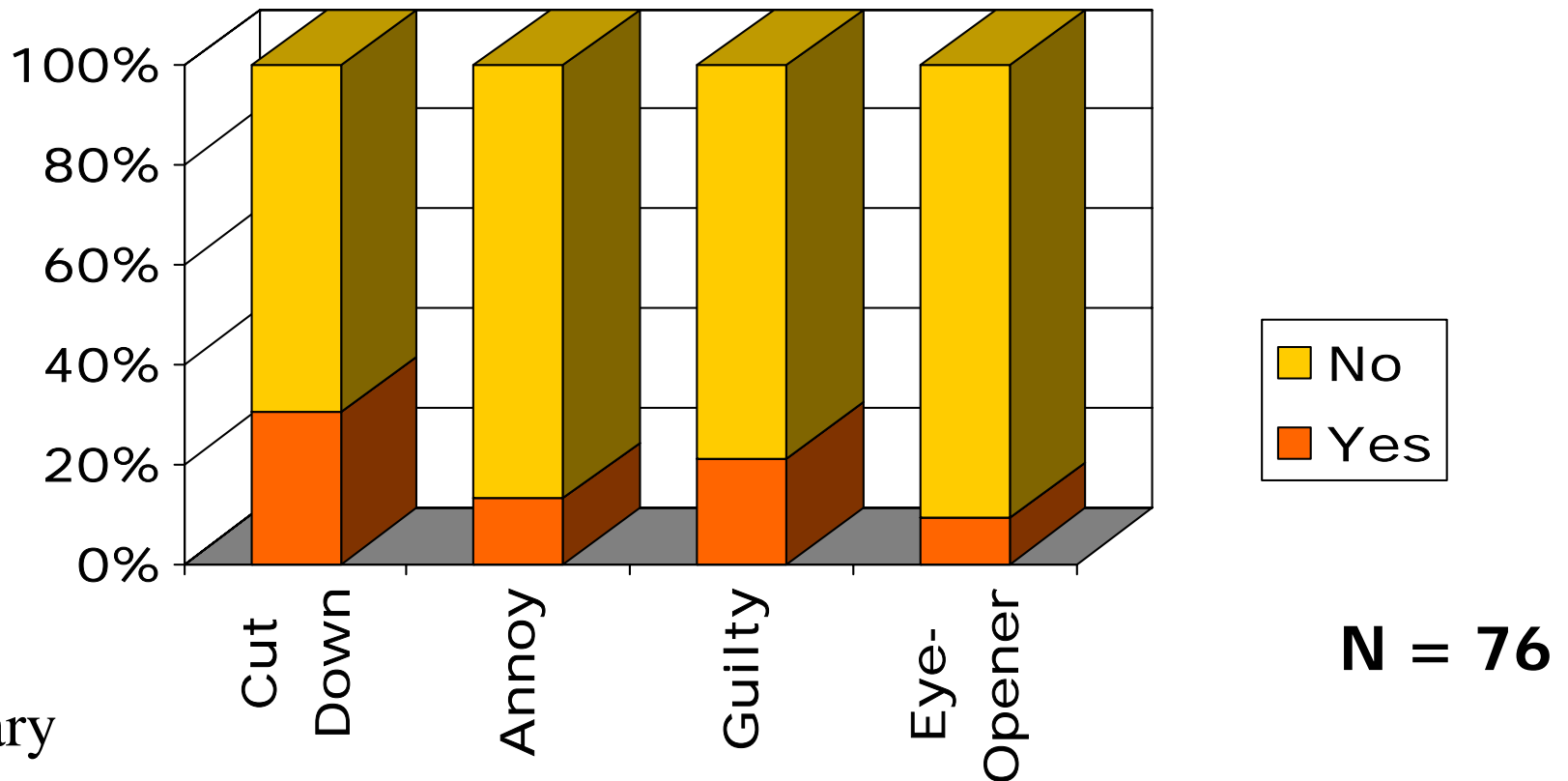
⌘ 43.8% involved in marital or dating relationship

☑ preliminary results on Conflict Tactics Scale suggest that the majority of caregivers do not report being involved in physically violent relationships

N = 105

*Preliminary descriptive data.

Risks and Stressors - Alcohol



*Preliminary descriptive data.

Results of CAGE Questionnaire

17.1% answered "yes" on at least 2 criterion

Risks and Stressors - Use of Drugs



- ⌘ 43 (41%) admit having used at some point in lifetime
- ⌘ 34.6% of those who admit used within past two weeks
- ⌘ Cocaine, crack and heroin most frequently used

*Preliminary descriptive data.

Risks and stressors - Housing

⌘ Examples of conditions experienced "Frequently" or "Very frequently" during year preceding baseline interview

☑ 35.3% lacked furniture and household items

☑ 23.8% experienced overcrowding

☑ 23.8% had unsafe conditions (e.g., lead)

☑ 41% had roaches and bugs

*Preliminary descriptive data.

Risks and Stressors - Neighborhood



- ⌘ 49.5% agree that neighborhood buildings are “really run down”
- ⌘ 42.8% disagree that “it is safe for children to play outside”
- ⌘ “Sometimes true” or “very true”
 - ☑ Lots of crime - 79%
 - ☑ Drug users and drug pushers - 85.7%
 - ☑ Dangerous in daytime - 62.9%

*Preliminary descriptive data.

Strengths and resources - Social Relationships



- ⌘ Findings on Social Provisions Scale suggest that respondents feel supported by current relationships
- ⌘ Children of 57% of caregivers have regular contact with father or father figure and 1/3 of these fathers regularly make financial contributions

*Preliminary descriptive data.

Strengths and Resources - Neighborhood



⌘ "Strongly agree" or "Agree"

☑ neighbors help each other out - 55.2%

☑ people can rely upon each other - 46.7%

☑ access to public transportation - 80%

☑ access to telephone - 89.5%

⌘ 52.3% have at least one relative in neighborhood

⌘ 62.8% have at least one close friend in neighborhood

*Preliminary descriptive data.

Strengths and resources -

Religious involvement and motivation

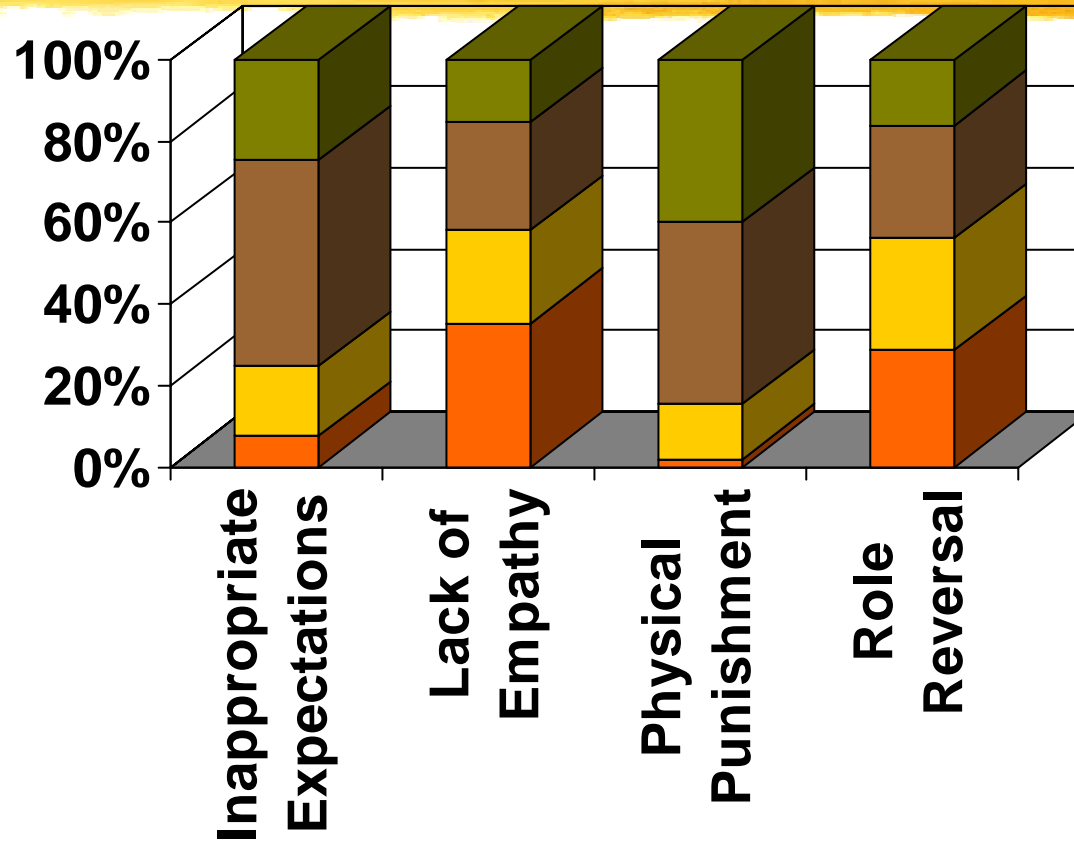


- ⌘ 65.7% of caregivers stated that they are “very close” to God most of the time
- ⌘ Few regularly participate in formal religious activities
- ⌘ The majority agreed that they were confident in their ability to make changes and in the program’s ability to help them

*Preliminary descriptive data.

Family Well Being -

Adult-Adolescent Parenting Inventory



High Risk Low Score Norm Exceed Expectations

*Preliminary descriptive data.

Family Well-Being - Neglect Risk

- ⌘ During the year prior to baseline
 - ☑ 76% caregivers reported that child has access to pediatrician when needed
 - ☑ 20.9% of caregivers were challenged by a problem that made it difficult to care for children
 - ☑ 85.7% never left child alone in daytime
 - ☑ 59% hugged child more than once a day

*Preliminary descriptive data.

Family Connections: Service

- ⌘ Many families struggle to meet the basic needs of their children
- ⌘ Neglect is the most prevalent form of reported maltreatment
- ⌘ We need to understand what models can reach families



Guiding Principles



- ⌘ Helping alliance & partnership
- ⌘ Empowerment
- ⌘ Strengths perspective
- ⌘ Cultural competence
- ⌘ Community Involvement

Effective Helping



- ⌘ Is the “act of enabling individuals or groups (e.g., a family) to become better able to solve problems, meet needs, or achieve aspirations by promoting the acquisition of competencies that support and strengthen functioning in a way that permits a greater sense of individual or group control over its developmental course.”

Intervention



- ⌘ Outreach
- ⌘ Family focus
- ⌘ Tailored interventions
- ⌘ Developmentally appropriate
- ⌘ Multi-system
- ⌘ Outcome driven

Theoretical Foundation



- ⌘ Psychosocial
- ⌘ Problem Solving
- ⌘ Life Model
- ⌘ Crisis
- ⌘ Systems
- ⌘ Behavior
- ⌘ Cognitive

Intervention Outcomes



- ⌘ Family maintenance & safety
- ⌘ Family member functioning
- ⌘ Family functioning
- ⌘ Problem solving
- ⌘ Social support
- ⌘ Care of children

Service Planning - Principles



- ⌘ Maximum involvement of family members in development
- ⌘ Short term, measurable, achievable goals (linked to outcomes) with positive feedback
- ⌘ Selection of interventions that help families achieve outcomes

Intervention Strategies



- ⌘ Individual, conjoint, family, group, community
- ⌘ Service facilitation
 - ☑ Clinical perspective
 - ☑ Resources
- ⌘ Advocacy

Selecting Interventions

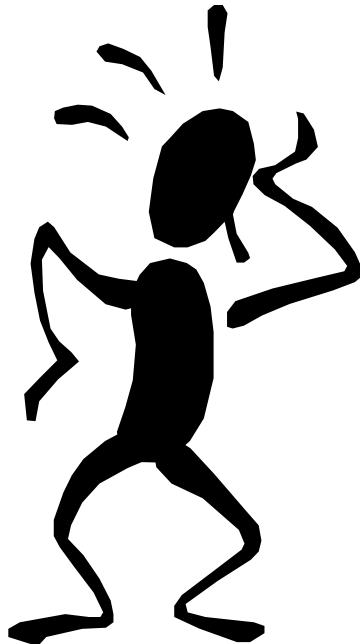
- ⌘ Concrete resources
- ⌘ Social support
- ⌘ Developmental focus
- ⌘ Cognitive/behavioral
- ⌘ Individual focus
- ⌘ Family system focus



Training: Content

⌘ Self awareness

- ☑ Personal beliefs
- ☑ Perceptions
- ☑ Reactions
- ☑ Self care



⌘ Role definition

- ☑ Trainee vs. worker
- ☑ Clinician, advocate, facilitator, organizer, administrator
- ☑ Personal to professional continuum
- ☑ Program boundaries

Training: Content (2)

⌘ Guiding Principles

- ☑ Helping alliance & partnership
- ☑ Empowerment
- ☑ Strengths perspective
- ☑ Cultural competence
- ☑ Community-based outreach

⌘ Theoretical frame

- ☑ Psychosocial
- ☑ Problem-solving
- ☑ Life model
- ☑ Crisis
- ☑ Systems
- ☑ Behavior
- ☑ Cognitive

Training: Content (3)

⌘ Intervention principles

- ☑ Outreach
- ☑ Family focus
- ☑ Individualized
- ☑ Developmentally appropriate
- ☑ Multi-system
- ☑ Outcome driven
- ☑ Helper qualities

⌘ Intervention strategies

- ☑ Individual, conjoint, family, group, community
- ☑ Service facilitation
 - ☑ Clinical perspective
 - ☑ Resources
- ☑ Advocacy

Training: Content (4)



⌘ Accountability

- ☑ Clinical chart notes
- ☑ Standardized instruments
- ☑ MIS
- ☑ Training products
- ☑ Training reports

Training Process



⌘ Structure

- ☑ Orientation
- ☑ Supervision
- ☑ Consultation
- ☑ Practice seminars
- ☑ Conferences
- ☑ Overnight camp

⌘ Strategies

- ☑ Lecture & discussion
- ☑ Simulation
- ☑ Desensitization
- ☑ Guided imagery
- ☑ Observation
- ☑ Live supervision
- ☑ Manual

Implementation challenges



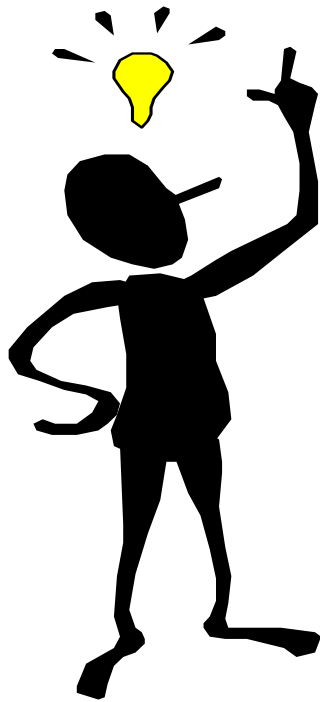
- ⌘ Recruitment of *eligible* families.
- ⌘ Personnel changes.
- ⌘ Use of graduate interns involves variance in skill of practitioners.
- ⌘ Keeping families engaged.
- ⌘ Office space and resource shortages.
- ⌘ Many families have significant *basic* needs.

Research challenges



- ⌘ Difficulty in following families over time (no shows, changes of addresses, no phones).
- ⌘ Differences in interview setting (office, home, school, other agencies).
- ⌘ Needing flexible schedules to meet caregiver with a child.
- ⌘ Safety in neighborhoods (personal, equipment).
- ⌘ Inconsistency of intervention.
- ⌘ Resistance by practitioners to research.

In Conclusion...



- ⌘ Need for different models to work with families.
- ⌘ Commitment to flexibility.
- ⌘ Feedback & questions
- ⌘ Closing