Section VI

Conceptual Mapping of Community-Based Child Welfare Services from the Perspectives of Birth Parents, Foster Parents, Case Managers and Community Stakeholders

Acknowledgement: A special thanks are in order for the project research assistants, Chris Eppler, Sarah Lewis, and Alison Glover, for their assistance in completing the concept mapping focus groups.
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Conceptual Mapping of Community-Based Child Welfare Services from the Perspectives of Birth Parents, Foster Parents, Case Managers and Community Stakeholders

Focus groups are utilized to take advantage of the group process to produce data and insights that would be less accessible without the interaction found in a group format. The gathering of individuals for this purpose has been utilized for over 75 years within the social sciences. Its wide array of uses and longevity as an evaluative methodology can be attributed to its many strengths, including the ability to produce concentrated amounts of data in a relatively short period of time. There have been few qualitative studies focusing on the impact of a CBC model; with many researchers emphasizing the need for qualitative research in this area to better understand implementation processes, as well as the experiences of the families involved. The effort undertaken to evaluate the community-based care initiative (The Partnership for Safe Families in Manatee County) was done to illuminate the issues and give voice to the various constituencies involved in the program. Several target groups were included across the service array – including birth parents, foster parent, case managers and community stakeholders. This report presents the data and results generated from these groups, as well as the process of data collection, analysis and recommendations.

Methodology

Measures/Research Questions

Two research questions were asked of each group – with one of the two questions unique to each group and the common across all groups (termed ‘Mixed Group’). Thus, five total question were asked, and are provided below. In addition, as shown below, for each focal question, two rating questions were also asked. Lastly, participants were asked to provide three personal instances that the Partnership either hindered or facilitated the identified statement.

**Birth Parent Focus Group**

What are some of the challenges/experiences that you face as someone with a child in the child welfare system?

Whether or not you have personally encountered this challenge/experience, how difficult do you believe this specific challenge/experience is to solve/overcome (1-7)?

Whether or not you have personally encountered this challenge/experience, how well do you believe the agency has assisted birth parents in meeting this specific challenge/experience (1-7)?

Choose three statements that you have had a personal experience with. Write a short statement for each describing how the agency has either hindered or facilitated your meeting this challenge/experience.
**Foster Parent Focus Group**

What are some of the challenges/experiences that you face as a foster parent?

Whether or not you have personally encountered this challenge/experience, how difficult do you believe this specific challenge/experience is to solve/overcome (1-7)?

Whether or not you have personally encountered this challenge/experience, how well do you believe the agency has assisted foster parents in meeting this specific challenge/experience (1-7)?

Choose three statements that you have had a personal experience with. Write a short statement for each describing how the agency has either hindered or facilitated your meeting this challenge/experience.

**Case Manager Focus Group**

What are some of the challenges/experiences that you face as a case manager?

Whether or not you have personally encountered this challenge/experience, how difficult do you believe this specific challenge/experience is to solve/overcome (1-7)?

Whether or not you have personally encountered this challenge/experience, how well do you believe the agency has assisted case managers/supervisors in meeting this specific challenge/experience (1-7)?

Choose three statements that you have had a personal experience with. Write a short statement for each describing how the agency has either hindered or facilitated your meeting this challenge/experience.

**Community Stakeholder Focus Group**

What are some of the challenges/experiences facing the community due to child abuse and neglect?

Whether or not you have personally encountered this challenge/experience, how difficult do you believe this specific challenge/experience is to solve/overcome (1-7)?

Whether or not you have personally encountered this challenge/experience, how well do you believe the agency has assisted the community in meeting this specific challenge/experience (1-7)?

Choose three statements that you, as a community leader, have had a personal experience with. Write a short statement for each describing how the agency has either hindered or facilitated the community's (and your) meeting this challenge/experience.
**Mixed Group (Birth Parents, Foster Parents, Case Managers, Community Stakeholders)**

Describe the services provided under the community-based care model of child welfare in this county?

Whether or not you have personally experienced this service, how important do you think this specific service is to the process of reunification/child safety (1-7)?

Whether or not you have personally experienced the service below, how well do you think the agency has implemented this service (1-7)?

In your role as a [birth parent/foster parent/case manager/community stakeholder], choose three statements that you have had a personal experience with. Write a short statement for each describing how the agency has either hindered or facilitated this service.

**Participant Recruitment & Human Subject Protection**

Prior to attending the sessions, each potential group member was called and invited to participate. During the phone conversation, the potential member was informed of the evaluation, their potential contribution, and their level of risk due to participation. They were also assured of the level of confidentiality applicable, as well as their right not to participate. If they consented to partake in the focus group session a confirmatory letter was sent, as well as a follow-up phone contact to ensure attendance. At the beginning of the concept mapping sessions, all participants read and signed an informed consent form that outlined, once again, the potential risks of participation, their rights as participants, and the level of confidentiality to be expected, as well as the potential benefits to the participants, the Partnership and other similar groups of individuals.

The participants included in the concept mapping forums were selected based on their familiarity and involvement with the Partnership. Although the sampling frame utilized to select members from each cohort is addressed within that individual section below, all participants met on March 29th and/or 30th for the concept mapping sessions. Two of the sessions (birth parents, and foster parents) were held at the First Baptist Church of Palmetto to ensure their confidentiality. The other two sessions (case managers, and community stakeholders) were held at Partnership office. Nevertheless, while the confidentiality of identities may not be assured, those individuals participating at the Partnership office were assured that the statements they provided would in no way be linked to them individually (to the extent allowable by law).

**NOTE**

Only one community stakeholder representative attended the focus group session. The data collected from the participant was integrated into the mixed group section, as described later.

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1 A list of 17 community stakeholders including names, addresses and telephone numbers was provided by the Partnership to recruit participants. This was consistent with the original sampling plan. As such, seventeen letters were sent and one was returned because of an address error. All of the possible participants were contacted by phone either directly or through voicemail or messages left with office staff. Twelve did not return messages.
in this report. However, to preserve the participant’s confidentiality it is not possible to report any responses to the community stakeholder group-specific question. Thus, that section is not included in this text.

**Instruments/Data Collection**

During the focus groups, participants were asked to generate ideas through group brainstorming. Statements were generated in response to focal questions (listed in each section below) – with the concept mapping leader ensuring statement clarity and specificity. This process continued until the group felt they had exhausted the range of possible statements. Two leaders and one research assistant were present to conduct each session. The leaders facilitated the dialogue, while the research assistant recorded the statements for the group by typing the responses into a laptop computer. This first part of the process took from approximately 3 hours.

Once the data collection portion of the groups were completed, the leaders converted the typed responses into a business card format, as well as merged the statements with rating and sorting instruments. A set was subsequently printed for each participant.

Birth and foster parents were asked to come back the following day to participate in the sorting and rating of the statements. In addition to those individuals participating in day one, other eligible members of each target group were invited to attend and assist in the sorting and rating process. Case managers and the community stakeholder were provided with directions of the sort and rating process, as well as the prepared package containing the statement cards and instruments. The community stakeholder was provided a pre-addressed FedEx envelope to return the data to the researchers. Case managers were instructed to complete the sort and rating tasks and given the completed package, in a sealed envelope, to Ruth Hansel (an employee of the Partnership). Ms. Hansel had agreed to collect the packets from those individuals wishing to participate and send them to the researchers in pre-addressed FedEx packages. Specifics information on each cohort’s sampling frame and sample characteristics can be found in the appropriate sections below.

**Sorting**

Each participant was provided with a set of business cards for each of the two questions asked per group, each card having one individual statement. To create the cards for the mixed group question, the statements generated from each individual cohort were combined to yield the data collected across groups. This new set of statements was then disseminated back to the individuals for sorting. Each participant was then asked to sort the statements for each question into conceptual piles that were meaningful to them. Thus, the piles then contained statements that the participants felt were conceptually related items. The last step in the sorting process was to have participants place each pile in an envelope provided. On the outside of the envelope, the participant was instructed to write a name depicting the concept represented by the statements contained in the envelope. As shown in Table 1 below, participants generated numerous statements for each of the questions.
### Table 1: Amount of Statements Generated per Question by Group

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<thead>
<tr>
<th>Group</th>
<th>Group-Specific Question</th>
<th>Common Question</th>
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<tbody>
<tr>
<td>Birth Parents</td>
<td>47</td>
<td>23 (15%)</td>
</tr>
<tr>
<td>Foster Parents</td>
<td>53</td>
<td>29 (19%)</td>
</tr>
<tr>
<td>Case Managers</td>
<td>97</td>
<td>88 (58%)</td>
</tr>
<tr>
<td>Community Stakeholder</td>
<td>N/A</td>
<td>12 (8%)</td>
</tr>
<tr>
<td>Total</td>
<td>N/A</td>
<td>152 (100%)</td>
</tr>
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**Rating**

After the sorting task was completed, the participants were asked to rate each of the statements. For this rating task, statements were listed in a questionnaire format. Each person was asked to rate each statement on a 7-point Likert-type scale to indicate the importance of each change statement to the focal question (i.e., rate the importance of the statement). Participants were instructed to rate all of the statements even if they had not experienced it. Two separate ratings were completed for each question. The first rating asked the participants to rate how importance of each statement. The second rating asked the participants to rate each statement regarding how well do you think the Partnership had addressed each. The number of layers for each conceptual pile, as will be shown in the figures throughout this document, provides a reference as to the pile’s importance in relation to the other piles contained within the same figure. Those piles with more layers are viewed as more important than those with less layers. Each pile can therefore be conceptually compared to the others in the figure in relation to importance or other ratings.

**Analyses**

The data collected were analyzed utilizing Concept Mapping software\(^2\), which is a statistical technique designed for the management and interpretation of certain types of qualitative data. The technique utilizes multidimensional scaling and cluster analysis in order to derive a visual representation, or map, of the conceptual relationships among a set of qualitative statements. The concept map produced by the computer program depicts clusters of statements, each ostensibly representing some underlying concept.

In concept mapping, a multidimensional scaling analysis creates a map of points that represent the set of statements brainstormed, based on the similarity matrix that resulted from the sorting task. The output from the two-dimensional multidimensional scaling is a set of x-y values that can be plotted, as well as some diagnostic statistical information. The plot is called the "point map" and consists of dots representing the statements, each of which is identified by a number.

The hierarchical cluster analysis is subsequently conducted to represent the conceptual domain in concept mapping. This analysis is used to group individual statements on the map into clusters of

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\(^2\) See [http://conceptsystems.com/](http://conceptsystems.com/) for an overview of the program, as well as an in-depth discussion of the conceptual mapping process.
statements that presumably reflect similar concepts. The end product is the cluster map, which shows how the multidimensional scaling points were grouped.

A bridging value is also computed for each statement and cluster as part of the concept mapping analysis. The bridging value tells whether the statement was sorted with others that are close to it on the map or whether it was sorted with items that are farther away on the map. The bridging value helps to interpret what content is associated with specific areas of the map. Statements with lower bridging values are better indicators of the meaning of the part of the map they’re located in than statements with higher bridging values. A bridging value always ranges from 0 to 1. The program also computes the average bridging value for a cluster. Clusters with higher bridging values are more likely to “bridge” between other clusters on the map. Clusters with low bridging values are usually more cohesive, easier to interpret, and reflect the content well in that part of the map.

The software permits the evaluators to specify the number of clusters desired in the solution. Starting with the default solution generated by the computer software, the statements within each cluster were reviewed. Possible solutions with greater and fewer numbers of clusters were successively reviewed in a similar manner. At each step, a decision was be reached by the evaluators as to whether splitting or combining the clusters improved the conceptual clarity and overall bridging factors. After careful review of the default cluster, the evaluators decided on which solution provided the best fit with the data.

The evaluators then assigned a name to each cluster, based on the statements included in the cluster, as well as the names given by the session participants. The individual statements within each cluster were also examined to assist in discussing the interpretation of the underlying concept represented by the statements. Short descriptive phrases to capture these concepts are offered and discussed below.

Each of the maps and analyses are presented below for the groups/questions separately. Additional discussion is provided comparing and contrasting the groups in their responses to each question.

The first section within each of the following identifies only the statements and how they were conceptually related by the participants. The second section for each provides the information on the way in which the participants rated the statements.
Sampling & Sample Characteristics

Sampling Frame. The original sampling plan was to have 50 birth parents nominated by the Partnership, with 50 additional parents chosen through a stratified random sampling scheme. The parents were included only if their children were in foster care with a case goal of reunification, or if their children were reunified with them and the family was under protective supervision.

When this plan was implemented, 50 parents were nominated by the agency and 50 parents were chosen in the stratified random sample. Because several of the case files of the families chosen in the FSU sample were either off-site or under legal review, nine more families were chosen from the list and information for these new birth parents were requested. Of the 50 parents nominated by the agency, contact information was provided for 49 of these, and, of the parents chosen in the FSU sample, some –type of information was provided for 34. Of these, addresses were not provided for two potential subjects. Eighty-one letters were ultimately mailed, with 6 returned because of incorrect addresses. Phone numbers were not provided for 16 of the potential subjects nominated by the agency and nine of the subjects in the FSU sample. Research assistants attempted to make telephone contact with all the remaining potential subjects two or more times. Sixteen of the phone numbers given were either wrong numbers or the number had been disconnected. Twenty-two of the potential subjects were never reached by phone. Fifteen were reached, and, of these, seven chose not to participate (primarily because of work obligations), and eight agreed to participate. When the focus group was held, three birth parents attended. Two attended the first day, and two on the second day, with one participating on both days.

Sample Characteristics. Of the three birth parent participants, all were female. One was African-American, one was Caucasian, and one characterized herself as ‘other’. Two of the subjects had completed high school or a high school equivalency exam, while the other had not completed high school or its equivalency. One parent was not currently employed, one was working part-time, and the other was employed full-time. Two of the parents reported their personal monthly income from work and other sources, with a mean annual income was $15,000. The third parent did not report her income. Two parents reported their estimated length of involvement with the agency as a client and one did not. Of the two who reported, the mean length of time as a client was 17 months. The birth parents had an average of two birth children in their care, and none of the parents had any children in the care of another person or living independently at the time of the data collection. However, all of the children had, in the recent past, resided in either a licensed foster home or in a relative placement.
Findings

What are some of the challenges/experiences that you face as someone with a child in the child welfare system?

A 6 cluster concept map, as shown in Figure 1 below, was produced for the first question that was posed to the birth parent group. The following cluster names were either provided by the participants or were generated by the consultants based on the statements in the concept “piles”: Birth Parent Not Respected as Parent; Problems from Being Apart; Communication & Trust; Working with Case Managers; Appropriate & Accessible Services; Hardship for Children. Each of these concepts will be discussed below within the context of the question. The individual statements within each cluster can be found in Appendix A.

Cluster #1: Birth Parent Not Respected as Parent (.27)

In response to the focal question above, the birth parents felt that one of the areas that was most challenging for them was that others (i.e., case managers, foster parents, court representatives, etc.) always thought of them as the ‘perpetrator’ or ‘abuser’, and that there was no way to overcome these labels and just become the parent once again. This was a difficulty that persisted to surface, with such statements as ‘assumed guilt’ – which signified the parents’ belief that others always believed them to be guilty, and thus could never be a ‘good’ parent. another challenge in this category was the parent always being seen as the scapegoat. For example, the birth parents stated that the ‘parents is always the one blamed when the system breaks down’. As such, these behaviors may be hurtful to the birth parent – who they feel is often seen as someone without feelings.

Cluster #2: Problems from Being Apart (.69)

Birth parents also voiced the challenges inherent in raising a child that has been living with others, and the difficulties that brings to the parent-child relationship. This concept addresses those child-related challenges that occur primarily outside the immediate parent-child relationship; yet, due to systemic factors, may adversely impact this dynamic. It was felt by the birth parents that ‘bad mouthing by the foster parents’ of the birth parent’s created an unnecessary hurdle in rebuilding their relationship with their child. This made it increasingly difficult to maintain some parental responsibilities even though they may be separated. Lastly, finding appropriate housing after being apart may be difficult.

Cluster #3: Communication & Trust (.54)

The birth parents conveyed the need to have both open communication with other parties, as well as the development of trust between these parties for the benefit of the children. This included the ‘communication of expectations and responsibilities’, as well as the ‘timeliness of

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3 This number is the cluster bridging factor. The amount ranges from 0 to 1, with a lower score representing a more conceptually ‘tight’ group of statements – as sorted by the group participants.
communications’. The birth parents also felt it was a challenge to obtain information on the moving of their children from foster family to foster family, and the need for better communication with foster parents. Lastly, trust in the case manager/birth parent relationship was also viewed as a challenge.

**Cluster #4: Working with Case Managers (.00)**

Interacting with the case managers was a challenge for birth parents, with several experiences cited. Birth parents empathized with the overwhelming amount of cases and work placed upon their case managers; yet felt that this, combined with the case managers’ level of inexperience and immaturity (as derived from the birth parents’ assessments) made working with them a challenge. The birth parents also felt it was a challenge to contact the case managers after-hours or while the case manager was out of the office. Lastly, the birth parents conveyed that is was a challenge to find case managers that were willing to listen and show compassion, and felt that some (but definitely not all) of the case managers cared more about money than the children.

**Cluster #5: Appropriate & Accessible Services (.46)**

As a birth parent with a child in ‘the system’, the participants felt that it was a challenge to obtain appropriate and accessible services. Services that were listed as challenging due to a lack of them (i.e., appropriate) and/or being inaccessible included Medicaid, transportation, financial assistance and school services. An additional challenge noted under this concept addressed the need for ‘recognizing cultural differences’ and the ‘differences in Black/White families’ in service utilization and need.

**Cluster #6: Hardship for Children (.17)**

This concept addresses the challenges faced by birth parents as they attempt to help their children emotionally deal with their foster care experiences. Issues of separation and loss were a challenge – with birth parents needing to reassure the child that he/she will not be left, tell the child that he/she did nothing wrong, and, lastly, deal with the child’s anger.
Each participant was asked to rate each statement as to its level of difficulty in overcoming. Each concept, as illustrated in Figure 2, is presented with their respective number of layers – as given by the software. Each layer represents an increasing level of difficulty, with the cluster score an average of the statement ratings contained within the cluster. As the scale indicates, 1 is not very difficult, while 7 is very difficult. The highest average on this question was 5.50, whereas the lowest is 4.89 – thus all of the concepts generated pose at least a minimal level of difficulty to the birth parents in their efforts to overcome them. The concepts that were the most important to overcome included (based on average priority rating): Birth Parent Not Respected as Parent (5.15); Problems from Being Apart (5.30); Communication & Trust (4.89); Working with Case Managers (5.06); Appropriate & Accessible Services (5.29); Hardship for Children (5.50)

Specifically, the cluster posing the greatest challenges was Hardship for Children – with all statements scoring between 4 and 6.5. While all other clusters had at least one statement scoring a perfect 7 (very difficult to overcome), the range is more diverse. All of the items under Hardship for Children were deemed at least somewhat difficult to overcome. It is interesting to note that the lowest score (4.89) indicates that the participants feel that all of these concepts building communication and trust is the least difficult to overcome. Yet, this bodes well, for as
relationships develop many of the other challenges that are intricately dependent upon the strength of the trust between the case manager, foster parent and birth parent triad may also be positively (or, conversely, negatively if not nurtured) impacted.

Figure 2: Birth Parents Rating #1.1 Map

RATING #1: Whether or not you have personally encountered this challenge/experience, how difficult do you believe this specific challenge/experience is to solve/overcome?

1 2 3 4 5 6 7
Not Very Somewhat Very

Rating #1.2

For the second rating instrument, a similar metric scale applies, where 1 = not very well and 7 = very well; however, the rating has changed to identify how well the agency has assisted this cohort in meeting these specific challenges. The highest average on this question was 3.72, whereas the lowest is 2.80 – thus, the birth parents, while previously rating all of the concepts as of at least minimal importance, have rated the Partnership as providing minimal assistance in meeting these challenges. The concepts that were best addressed by the Partnership, as rated by birth parents, include (based on average priority rating): Birth Parent Not Respected as Parent.
As each of these numbers show, the Partnership has not responded, on the whole, to many of these issue identified as important to birth parents - as the average scores for each concept are on the lower-end of the scale. Yet, there are several areas that the Partnership was rated as doing well to very well. Birth parents rated ‘too much work for caseworker’ under the concept Working with Case Managers as a 7 – as they felt that the Partnership had assisted birth parents very well by working to reduce case manager workloads. Similarly, within the same concept, the birth parents felt that the case managers were willing to listen to their needs (5.50). Other areas that the Partnership had adequately addressed birth parent challenges include ‘trying to be involved with the kids’ (5.50) and having supervised visits at the Partnership (5.00). These actions were very supportive of meeting birth parent challenges.

Conversely, birth parents felt that the Partnership had done little to change seeing the birth parent as an abuser (1.50), as well as assisting to reduce the bad mouthing of birth parents by foster parents (1.50). Although improvements have been made, some of the case workers are still seen as immature (1.50) and motivated more by money than caring (1.50).

Lastly, participants identified that the concept of communication and trust has been met better than the other concepts. Thus, overall birth parents have indicated that the Partnership has somewhat addressed their issues – yet there are still needed improvements. These ratings clearly illustrate the areas of difference between those issues identified as difficult by birth parents, and the assessed efforts put forth by the Partnership to assist birth parents.
Recommendations from Birth Parents

There were no statements of recommendation supplied by the birth parents.

Discussion

The question above addressed the challenges faced by birth parents, and the level of assistance provided by the Partnership in addressing these identified needs. On average, there is a difference of 1.84 between a concept’s level of difficulty to overcome and the perceived Partnership’s efforts to assist them in this effort. While there is clearly a discrepancy between those challenges viewed a difficult to overcome and those which have been adequately addressed by the Partnership, there are some areas of commonality from which to build bridges between the two. For example, birth parents rated Communication and Trust as the least difficult challenge.
to overcome. Conversely, birth parents ranked this same category as the challenge best addressed by the Partnership. Many of the other conceptual groupings of challenges may be influenced through the continued efforts to build communication and trust in relationships between birth parents and case managers, as well as foster parents and other relevant cohorts.
Foster Parents

Sampling & Sample Characteristics

_Sampling Frame._ The initial plan for obtaining a sample of foster parents was to have 50 parents nominated by the agency and 50 selected by stratified random sampling. This plan was modified when the agency was able to provide a database with all licensed foster parents affiliated with them. From the list of one hundred ninety-two potential foster parents, one hundred were randomly selected. One hundred letters were mailed and four were returned due to incorrect addresses. No phone numbers were supplied for 10 of the foster parents chosen (this occurred because the list of names and addresses were received and letters were mailed before phone numbers were provided). Phone contact was attempted two or more times with each of the remaining 86 potential subjects. Eleven of the phone numbers provided were either incorrect or disconnected. Thirty-two of the potential subjects were never reached by phone. Forty-three were reached by phone; of these, twenty-eight chose not to participate. Nine cited work conflicts, four were no longer foster parents, one had a vacation scheduled, and the rest offered no explanation. Thus, fifteen foster parents consented to participate. Two foster parents that originally consented had to subsequently withdraw because of work obligations. In all, eight foster parents participated in one or both of the groups.

_Sample Characteristics._ Six of the foster parents who participated were female and two were male. Five were Caucasian, and three were African American. Four had completed a college degree, two had some college, and two had completed at least high school or an equivalency exam. Half of the eight were employed full-time and half were not currently employed. Seven reported their family income for a mean annual income of $39,000. The reported incomes ranged from $18,000 to $75,000. The families had their first foster child placed with them an average of 48.25 months prior to the focus group sessions. The families had an average of 3.88 foster children with a range of zero to eight children. Six of the eight reported the number of foster children that they were licensed for, and the mean of those reporting was 3.88 children. All reported an estimated total number of foster children that have been placed with them for an average of 25.13 children; the reported number of children cared for ranged from three to fifty-five.

Findings

**What are some of the challenges/experiences that you face as a foster parent?**

There were five clusters identified from the qualitative statements obtained from the foster parent participants as they responded to the focal question posed. Fifty-three statements were generated, with cluster sizes ranging from five to 20 statements (as shown in Appendix B). The
clusters presented with bridging factors from a low of .18 to a high of .53. These amounts are indicative of the 'tightness' of the conceptual model obtained. The clusters and their respective statements are described below, and can be seen in Figure 4.

Cluster #1: Emotional Issues for Foster Children (.21)

The first issue expressed by the foster parents was their concern for the emotional well-being of the children in their care. It is clear from the low bridging factor and statement content that this was a similar concept for all the foster parents. The issues within this concept that were of most concern to the foster parents were the issues of separation and loss that the children experience, and how challenging it is for the foster parents to work on this with the children (as well as themselves). Another important challenge raised was the issue of cancelled visits. The aftermath of cancelled visits on the child's emotional well-being is a great challenge for the foster parents to handle. Other issues included emotional difficulty related to moving, changing goals, and sibling contact among others. As can be seen, all the statements within the cluster are interrelated to the challenges faced by the foster parents as they work to address the emotional impact of foster care on the children.

Cluster #2: Emotional Issues for Foster Parents (.53)

This cluster is the 'flip-side' of the previous one. The challenges faced by foster parents when dealing with the children and others can be an emotionally draining experience. These feelings were stated as 'emotional trauma' by the foster parents. In addition, the foster parents felt strongly that the child was a part of their life, and was not thought of as a job as is sometimes alleged. Accusations such as this pose a difficult and frustrating challenge to the foster parents. Foster parents may also face allegations by the birth parents, and be seen as 'the bad guy'. Foster parents have also experienced feelings of jealousy emanating from the birth parents due to the relationship formed between the foster parent and the child. Thus, the tension within this relationship can also cause emotional stress for the foster parents.

Cluster #3: Understanding Court Issues (.49)

Understanding the various 'ins' and 'outs' of the court process can be a great challenge. Foster parents identified a variety of items within this conceptual group. For example, foster parents felt that it was challenging to work with the court when they were ordered to do things without their having any input into the tasks ordered. It was also challenging to work with the continuum of judges, as they felt some judges prioritized reunification while others did not. This is closely connected to another statement in which the foster parents felt they were challenged by understanding the timeliness of the termination process. Lastly, it was felt that the need to have gradual transitions to any other placement was needed, but that the court often ordered immediate transfers.
Cluster #4: Financial Issues (.19)

Coordinating the financial matters of being a foster parent was identified as a challenge to them in this role. Supporting the foster child on the monthly amount allotted was deemed a challenge, and often requires the foster parent expending their own funds. In addition, when paying for reimbursable items up-front the time to repayment (i.e., timeliness) or getting paid at all was listed as a challenge. It was felt that having more money up-front would ease the financial burden placed on the foster family. It was also recognized by the foster parents that children of different ages require different amounts of money to support them. This included clothing and other items.

Cluster #5: Lead Agency/Case Manager Issues (.18)

The foster parents also identified working with the lead agency and case managers as a challenging conceptual group. This group contains the largest amount of statements, as well as having the lowest bridging factor. This combination of size and tight conceptual grouping implies that this cluster very challenging to the foster parents. The foster parents stated that it was challenging to work with case workers whom they felt were inexperienced. This subsequently led to misunderstandings regarding the foster parent and case workers roles and responsibilities, boundary issues, and a break-down of trust in the partnering relationship. Additional case workers challenges noted include receiving proper notification for case staffings, case manager receptivity to foster parent input, having case workers talk down to foster parents, and communication issues between the two parties among others. Overall agency challenges identified include, but are not limited to (for a full listing of statements see Appendix B), no central system of communication, not receiving appropriate paperwork for the child, struggling to get services, and the lack of continuity of case workers.
Once the clusters were formed, the ratings were mapped to illustrate the variability felt by the foster parents in the level of difficulty each challenge is to overcome, as shown in Figure 5. The cluster ratings ranged from a low of 3.85 (Emotional Issues for Foster Parents) to a high of 4.98 (Lead Agency/Case Manager Issues). This shows that all of the clusters were felt to pose some difficulty in being overcome, but that none of them were seen as being insurmountable. There is also variability within cluster statements, with a range of 3.00 to 6.50. In Cluster #1 (average - 4.38; range - 3.00 to 6.25), starting back at square one with each re-entry to foster care, and the emotions related to goal changing were identified as the most challenging, while one of the least challenging was dealing with school enrollment. Emotional trauma for the foster parent was identified as the most difficult to overcome under Cluster #2 (average - 3.85; range - 3.00 to 5.50). Understanding their roles and responsibilities was listed as the easiest to overcome. Cluster #3 (average - 4.91; range - 3.50 to 5.75) had over half of its statements scoring over 5.00; thus illustrating the difficulty envisioned in overcoming court related challenges. The highest rated items all surrounded permanency - extending termination; timely termination, and reunification was a priority for individual judges. The easiest to overcome was receiving proper court notifications. Financial matters, as listed in Cluster #4 (average - 4.75; range - 4.75 to 4.75), were all equally as difficult to overcome, with money being a concern - but neither the highest nor the lowest. Lastly, Cluster #5 (average - 4.98; range - 3.25 to 6.50) had four
statements rated as a six or greater in difficulty to overcome, and an additional eight over a score of five. Those most difficult include starting over with each new case worker, having the agency favor the birth parent's needs over the child's, no central system of communication, and working with inexperienced case workers. The least difficult were receiving proper paperwork with the children, receiving case staffing notifications, and case worker favoritism toward particular children.

![Figure 5: Foster Parents Rating #1.1 Map](image)

**Figure 5: Foster Parents Rating #1.1 Map**

**RATING #1:** Whether or not you have personally encountered this challenge/experience, how difficult do you believe this specific challenge/experience is to solve/overcome?

1  2  3  4  5  6  7

Not Very                        Somewhat                        Very

<table>
<thead>
<tr>
<th>Layer</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3.85 to 4.08</td>
</tr>
<tr>
<td>2</td>
<td>4.08 to 4.30</td>
</tr>
<tr>
<td>3</td>
<td>4.30 to 4.52</td>
</tr>
<tr>
<td>4</td>
<td>4.52 to 4.75</td>
</tr>
<tr>
<td>5</td>
<td>4.75 to 4.97</td>
</tr>
</tbody>
</table>

**Emotional Issues for Foster Children**

**Emotional Issues for Foster Parents**

**Understanding Court Issues**

**Lead Agency/Case Manager Issues**

**Financial Issues**

**Rating #1.2**

The second rating scale asked the foster parent respondents to rate the statements on a Likert-type scale based on how well the agency has assisted foster parents in meeting the challenge. The results are illustrated in Figure 6 below. The cluster ratings ranged from a low of 2.75
(Understanding Court Issues) to a high of 3.80 (Emotional Issues for Foster Parents). This shows that some effort by the agency has been perceived by the foster parents; although none of the clusters surpassed the mid-range. There is great variability within cluster statements, with a range of 1.25 to 5.25. In Cluster #1 (average - 3.08; range - 2.50 to 4.25), the agency has been most helpful in maintaining ties between the foster child and foster parents after the child has been moved (4.25). Other areas where the agency has provided assistance to foster parents include listening to the child's concerns (3.50), maintaining contact with siblings (3.50), and explaining permanency to the child (3.50). Helping the foster parents to understand their roles and responsibilities (4.75) was identified as the most helpful area under Cluster #2 (average - 3.80; range - 2.75 to 4.75), along with helping the birth parents to not see the foster parents as the 'bad guys' (4.25). Helping with the foster parent's emotional trauma (2.75) was listed in the not helpful range. Cluster #3 (average - 2.75; range - 1.25 to 4.25) had two statements scoring above the mid-point. Receiving court notifications was listed as the most helpful (4.25), and assisting in the transition from foster to adoptive parents was somewhat helpful (4.00). Three statements within Cluster #3 scored below 2.00 - adequate preparation for moving the children (1.75), and two statements addressing timely termination of parental rights (both scoring 1.25). Issues surrounding money, as listed in Cluster #4 (average - 3.60; range - 3.25 to 4.0), were all less than or equal to the mid-point. The highest rated was the agency's identifying that different ages require different amounts of money (4.00), while the lowest was help in purchasing the child's clothing when they are placed (3.25). Lastly, Cluster #5 (average - 3.14; range - 1.75 to 5.25) had five statements rated above the mid-point, and an additional six rated a 3.00 or better. The one that has been best addressed is showing favoritism to the children (5.25). Other challenges met at least somewhat by the agency surrounded notification of case staffings, and service access. The least helpful areas were no central system of communication (2.00); and a variety of case worker issues such as inexperienced case workers (1.75), starting over with each case worker (2.25), and an inflexibility to change case worker (2.50) among others.
Figure 6: Foster Parents Rating #1.2 Map

RATING #2: Whether or not you have personally encountered this challenge/experience, how well do you believe the agency has assisted foster parents in meeting this specific challenge/experience?

1                 2                 3                 4                 5                 6                 7
Not Very.......................... Somewhat............................... Very

<table>
<thead>
<tr>
<th>Layer</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tr>
<tr>
<td>2</td>
<td>2.96 to 3.17</td>
</tr>
<tr>
<td>3</td>
<td>3.17 to 3.38</td>
</tr>
<tr>
<td>4</td>
<td>3.38 to 3.59</td>
</tr>
<tr>
<td>5</td>
<td>3.59 to 3.80</td>
</tr>
</tbody>
</table>

Emotional Issues for Foster Children
Emotional Issues for Foster Parents
Understanding Court Issues
Lead Agency/Case Manager Issues
Financial Issues

Recommendations from Foster Parents

Overall, the responses solicited from the foster parents highlighting experiences they have had with the agency in relation to specific statements generated through the concept mapping session described numerous instances of hindrances. Only one facilitative statement was provided on the pleasantness of the case managers. The statements provided and their corresponding cluster statement number can be seen in Table 2 below.
<table>
<thead>
<tr>
<th>Cluster &amp; Statement Number</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cluster #1</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>• Absolutely no mention has been made to how any moves would or could affect my other children.</td>
</tr>
<tr>
<td>11</td>
<td>• Other children miss little “B” since she was moved. Not allowed to see her. Case worker said, “She is not your child, worry about your own”</td>
</tr>
<tr>
<td>Cluster #2</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>• I have been patronized by judges and attorneys for becoming too attached- like it’s a major character flaw.</td>
</tr>
<tr>
<td>Cluster #3</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>• Child moved same day with no notice. Very traumatic to child and foster family.</td>
</tr>
<tr>
<td>4</td>
<td>• The system appears to give an unreasonably long amount of time for birth parents to “prove” themselves to the detriment of all involved.</td>
</tr>
<tr>
<td>32</td>
<td>• I was asked if I would adopt a child that was in my home for 8 ½ months. I said yes, started paperwork, and they moved her to a pre-adoptive placement with non-foster people looking to adopt- have not been able to see her since.</td>
</tr>
<tr>
<td>Cluster #4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• None</td>
</tr>
<tr>
<td>Cluster #5</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>• Case manager unable to give us proper paperwork so we can get services for child. We had nothing to show we were foster parents.</td>
</tr>
<tr>
<td>21</td>
<td>• Whether we agree with them or not, most of the case managers are very professional and pleasant.</td>
</tr>
<tr>
<td>22</td>
<td>• Mrs. “T” has two children on her caseload in same home. She comes to home once per week. She holds the 6 year old like a baby, brings her gifts, takes her out for meals, makes her clothing and just says hi and how are you doing to the 5 year old girl (The girls are not related)</td>
</tr>
<tr>
<td>Misc.</td>
<td>• The agency has on the day of court changed from termination to reunification with parents.</td>
</tr>
<tr>
<td></td>
<td>• The have hindered us monetarily by not paying monthly allotment before the 1st of the month.</td>
</tr>
<tr>
<td></td>
<td>• The agency has hindered everyone by hiring caseworkers that are not experienced and not giving them the proper training before giving them a heavy caseload.</td>
</tr>
</tbody>
</table>

**Discussion**

When examining the variances between the first and second rating instruments (i.e., difficulty of overcoming vs. how well the agency helps to overcome), it can be seen that the highest cluster ‘helping’ rating from the second scale did not even exceed the lowest cluster ‘need’ rating from the first scale. The average difference between the difficulty of a conceptual cluster to be overcome to how well the agency has assisted foster parents in overcoming the conceptual obstacle is 1.30. Cluster #1 had a difference equal to the mean (1.30 difference); while Cluster #2 had virtually no difference overall, although the highest in #1 was the lowest rated in #2. This shows that the agency has neither neglected the needs espoused through Cluster #2, nor expended resources beyond what was indicated. Cluster #3 had a difference of 2.16; which is the
largest discrepancy, indicating that more attention is needed to assist foster parents in navigating the legal system. In addition, within Cluster #3, permanency-related statements were rated high on scale #1, but lower on scale #2 – which may illustrate a particular area of need. Cluster #4 had a 1.15 difference between the two scales. Cluster #4 was the mid-range cluster, but, while requiring attention, it is not the most pressing concept. Cluster #5 also had a high difference (1.84), and was, in fact, the highest and most pressing concept measured by scale #1. This is an area that needs much greater attention by the agency to meet the difficult challenges faced by the foster parents.
Sampling & Sample Characteristics

Sampling Frame. The proposed and adopted sampling plan for case managers was to secure a list of all employees from the Partnership and recruit participants. A list of 67 employees was provided. All of the possible participants on the list were contacted by phone either directly or through voicemail messages; contact was attempted at least three times for all case managers who were not directly reached by phone. Sixteen of individuals on the list were not case managers, four of the employees had left the agency, and two of the given telephone extensions were incorrect. Twenty-seven of the case managers did not return messages requesting participation and seven chose not to participate because of either work obligations or scheduled vacation time. Eleven case managers agreed to participate, and all of them attended the statement generation group. Four returned their completed sorting and rating packets.

Sample Characteristics. The case manager focus group was composed entirely of females. Ten were Caucasian and one was African American. All of the participants except one were college graduates and that individual had completed some college coursework. All were full-time employees. Their reported annual family incomes ranged from $14,400 to $48,000 for a mean income of $27,778. The individuals had worked in child welfare for an average of 44.00 months, had worked for the Partnership an average of 12.64 months, and had an average caseload of 26.11 children.

Findings

**What are some of the challenges/experiences that you face as a case manager?**

Case managers generated 97 statements to the above question (as shown in Appendix C). From the statements eight clusters were identified. The clusters presented with bridging factors from a low of .00 to a high of .53. These amounts are generally indicative of the goodness of fit of the conceptual model obtained with the intent of the case worker respondents. The clusters and their respective statements are described below, and can been seen in Figure 7.

*Cluster #1: Professional & Systemic Interactions (0.48)*

One of the concepts derived from the case worker statements addresses the interaction between professionals and the system-as-a-whole. The lack of communication between referring agencies and services providers was identified as a challenge. Other statements that pose challenges to case workers included such things as ‘passing the buck’ (i.e., no accountability), CYA attitudes, and a warehouse approach to working with families. Inter-system challenges were also
identified, with animosity described between the Attorney General's Office, the Sheriff's Office and the Partnership. These challenges has resulted in a domino effect which has created other challenges. For example, incomplete investigations have resulted in inadequate petitions which result in lack of quality services and too many cases coming into care.

Cluster #2: Adequate & Accessible Services (.14)

The need for appropriate and available services was a clear cluster with all statements loading with a bridging factor of .14. Identified service needs were the unavailability of services when needed - such as day care or the provision of services for parent and child at the same time. Services may also be inadequate for the difficulties faced - with too few counseling sessions allotted. Other service-related challenges included the lack of available services for clients who do not speak English. Lastly, when available, the process to access services was described as cumbersome.

Cluster #3: Workload Issues (.33)

The amount of work expected and required of the case workers is a continual challenge. This is compounded by high staff turnover and too few positions given the intensity of the work; which results in cases getting distributed to existing staff. Furthering feeling of burn-out was the taking away of previous benefits offered. Other challenges to the case workers include a lack of inter-departmental communication between staff. It was also noted that a challenge was the little cultural diversity among the staff.

Cluster #4: Investigations & the Community (.19)

Working with investigators was a challenge to the case workers, as the workers felt that the investigations lacked sufficient depth and come from a vastly different frame of reference. The case managers reported little consistency between what the hotline reports and what the investigators find. It was also felt that the challenge of workload issues was impacted by the community's lack of knowledge of what community-based care does - with mislabeling and misrepresentation by the media.

Cluster #5: Legal System (.00)

Every case worker agreed 100% on the content of this cluster, with the bridging factor at zero showing no variability. This challenge focused on the various interaction between case workers and, primarily, attorneys. Common criticisms included allegations that the attorneys are not versed in child welfare statutes, they are not familiar with the case, they do not attend staffings, and that they do not acknowledge the information provided by and intelligence of the case worker. Other challenges were targeted at the Citizen Review Panels, which were felt to be time-consuming, the members, it is alleged, are not knowledgeable about child welfare issues, and they lack cultural diversity in their representation.
Cluster #6: Permanency Resources (.52)

It was a challenge for case managers to accomplish the job of permanency for the family with the resources available. These challenges included the limitations of client insurance in covering adequate counseling. There is also a lack of adequate funding for services, the shelter that children are placed in is inadequate, and an overall 'one-size fits all' approach to service delivery. Foster parents as a resource for case workers was also scarce, with some not willing or able drive children to appointments, and many not wanting to adopt the child in their care.

Cluster #7: Case Manager Rewards & Resources (.53)

The case workers recognized the intrinsic rewards derived from their job, but also noted little recognition from the system for a job well done. As such, there is a lack of reward structure for employees, and a lack of funding for payroll (i.e., no on-call pay) and other resources (i.e., cell phones).

Cluster #8: ‘Best Interest of the Child’ Complexities (.47)

Meeting this requirement posed many challenges for the case workers, beginning with the investigations. It is asserted that the investigations are done so poorly that the case worker must do additional investigative work to understand and assess the family's needs. Another conundrum facing workers is the time limit imposed by ASFA, with some families needing care after the time frame due to complex problems. In addition, the inability to utilize long-term foster care for younger children, in the case workers' opinion, may conflict with the best interest of the child.
After analyzing the cluster formations, the ratings were mapped to illustrate the variability felt by the case managers in the level of difficulty each challenge is to overcome, as shown in Figure 8. The cluster ratings ranged from a low of 3.63 (Legal System) to a high of 5.53 (Permanency Resources). These amounts show that all of the clusters were felt to pose some difficulty in being overcome, with permanency resources posing difficult challenges. There is also variability within cluster statements, with a range of 3.00 to 6.75. In Cluster #1 (average - 4.83; range - 3.50 to 6.75), the most difficult challenge facing case workers is the number of cases coming into care (6.75). Other challenges that scored at least a difficulty rating of 5.00 included insufficient quality services, lack of professionals to provide therapy, and a passing the buck mentality. Having no family builders services was identified as the most difficult to overcome under Cluster #2 (average - 4.67; range - 3.75 to 5.75). The lack of services for clients who do not speak English was listed as the easiest to overcome. Cluster #3 (average - 4.75; range - 3.50 to 5.75) had four statements scoring over 5.00, with another three over the mid-point; thus illustrating the difficulty envisioned in overcoming workload issues. The highest rated items included staff

4 Due to unknown circumstances, several statements were not included on either of the rating instruments (items 69-97). Therefore, to accurately reflect the ratings provided by the case workers for statements 1-68 the averages for each cluster were recalculated using only those amounts. This was done to counteract the artificial lowering of the cluster ratings when including non-rated items.
having no investment in the process, high staff turnover, too few positions and cases being redistributed to remaining staff. Cluster #4 (average - 5.04; range - 3.25 to 5.75) had all but two statements rated a 5.00 or above, with investigators having different case expectations and foundational base (i.e., not a social work approach) being equally difficult to overcome. The media issues were rated, in general, at approximately 5.25. Cluster #5 (average - 3.63; range - 3.00 to 4.25) identified attorneys not presenting accurate data to the judges (4.25) as somewhat challenging to overcome, as was the attorneys' level of non-familiarity with the case (4.25). Cluster #6 (average - 5.53; range - 3.75 to 6.25) had five statements rated as a 6.00 or greater in difficulty to overcome, and an additional two over a score of 5.00. The most difficult to overcome include the lack of an appropriate shelter placement, a lack of funding, and a lack of options to ensure permanency. Cluster #7 (average - 4.38; range - 3.00 to 6.00) identified case worker frustrations with high caseloads as the most difficult challenge to overcome (6.00), and the lack of cell phones as the easiest to fix. Lastly, Cluster #8 (average - 5.50; range - 3.00 to 6.50) had five statements rated as a six or greater in difficulty to overcome, and an additional four over a score of five. The most difficult challenge was finding permanency for younger children due to the inability to use long-term foster care as an option (6.50). Other challenges identified as very difficult to overcome include cuts in Federal funding, and working with families within the time frames dictated by ASFA.
RATING #1: Whether or not you have personally encountered this challenge/experience, how difficult do you believe this specific challenge/experience is to solve/overcome?

1                 2                 3                 4                 5                 6                 7
Not Very .................................. Somewhat ..................................... Very

Rating #1.2

The ratings for this questions were mapped to graphically represent the variability expressed by the case managers in regards to how well the agency has assisted them in meeting the challenges listed (as shown in Figure 9). The cluster ratings ranged from a low of 2.47 (Workload Issues) to a high of 3.62 (Professional & Systemic Interactions). These amounts show that, in the opinion of the case managers interviewed, the agency is providing some overall minor assistance, with none of the average help for any cluster reaching the mid-point. This is not to say that the agency is doing nothing - as 20.6% of the statements (14/68) reached and/or exceeded the midpoint (4.00), and only 7 of the 68 rated statements (10.3%) scored below 2.00. There variability within cluster statements is wide, with a range of 1.25 to 5.75. In Cluster #1 (average - 3.62; range - 1.75 to 4.75), the best addressed areas focused on communication - between the case workers and schools, judiciary, providers and parents. Another area that showed some
assistance was in the agency's ability to handle emergencies, as well as better understanding those employees who leave and those who choose to stay. Providing family-centered services and making services in general more available were the best addressed by the agency within Cluster #2 (average - 3.17; range - 1.50 to 4.25). Cluster #3 (average - 2.47; range - 1.75 to 3.75) did not have any statements exceeding 4.00; however, those areas receiving the most focus were high staff turnover (3.25) and the lack of positions (3.75). Accepting too many voluntary cases was rated as the worst in this cluster (1.75). Public media attention, as listed in Cluster #4 (average - 3.38; range - 2.50 to 4.75), was an area that has been addressed (with two statements scoring 4.50 and 4.75). Working with investigators to understand the social work approach and the case managers' perspective was also somewhat addressed (3.75). Cluster #5 (average - 2.81; range - 2.50 to 3.00) scored very low the level of focus received by the agency, with no scores exceeding 3.00 (attorneys not knowing child welfare law, and losing paperwork). Within Cluster #6 (average - 2.81; range - 1.50 to 4.75), the agency has somewhat assisted in expanding the permanency options for children (3.50), as well as addressing the frustrations of working with some of the foster parents (3.00). However, some difficulties remain, such as foster parents that do not drive (2.00), and the condition of the shelter (1.50). Cluster #7 (average - 2.56; range - 1.50 to 3.25) was one of the lowest scoring clusters, with only one statement exceeding 3.00 - more recognition by the system for a job well-done (3.25). Addressing high caseloads and the lack of resources (i.e., cell phones) both scored 2.75. Lastly, Cluster #8 (average - 3.61; range - 1.25 to 5.75) had four statements rated as a 4.00 or greater in assistance from the agency, with the best being helping staff who are new and learning to work in the community-based model of child welfare (5.75). Others include working with others to decide the child's permanency (5.00), case assessment/investigations and permanency options.
Figure 9: Case Managers Rating #1.2 Map

RATING #2: Whether or not you have personally encountered this challenge/experience, how well do you believe the agency has assisted case managers in meeting this specific challenge/experience?

1                  2                  3                  4                  5                  6                  7

Not Very..................................Somewhat......................................Very

Layer      Value
1      2.47 to 2.70
2      2.70 to 2.93
3      2.93 to 3.16
4      3.16 to 3.39
5      3.39 to 3.62

Recommendations from Case Managers

Overall, the responses solicited from the case managers regarding instances when the agency has either facilitated or hindered their ability to adequately address the challenge listed highlighted negative interactions. Two facilitative statements were received. One described how the agency is working together with other providers to share different referrals. The other addressed the challenge of working with attorneys who are not familiar with cases. The case worker respondent noted that this was not his/her experience...writing that, "The supervisor also works closely with the OAG (Office of the Attorney General) on more difficult cases". The other statements provided and their corresponding cluster statement number can be seen in Table 3 below.
### Table 3: Participant responses to the instructions: “Choose three statements that you have had a personal experience with. Write a short statement describing how the agency has either hindered or facilitated your coping with this challenge/experience.”

<table>
<thead>
<tr>
<th>Cluster &amp; Statement Number</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cluster #1</td>
<td>None</td>
</tr>
<tr>
<td>Cluster #2</td>
<td>6</td>
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<tr>
<td>2</td>
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</tr>
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<td>Cluster #7</td>
<td>31</td>
</tr>
<tr>
<td>Cluster #8</td>
<td>41</td>
</tr>
<tr>
<td>Misc.</td>
<td></td>
</tr>
</tbody>
</table>

### Discussion

Once again, when examining the variances between the first and second rating instruments, case managers (like the foster parents discussed above) ranked the highest cluster ‘helping’ rating from the second scale (3.62) below than the lowest cluster ‘need’ rating from the first scale (3.63). The average difference between the difficulty of a conceptual cluster to be overcome to how well the agency has assisted case managers in overcoming the conceptual obstacle is 1.74. Cluster #1 had a difference of 1.21; while Cluster #2 had a 1.50 difference. This shows that the agency has not adequately addressed either category to the satisfaction of the case managers, but that they have addressed them to a greater degree than others as both differences are below the mean. Cluster #3 had a large difference (2.28); which is the 2nd largest discrepancy, indicating that more attention is needed to assist case workers in managing their workload issues. Cluster
Cluster #4 had a 1.66 difference between the two scales. Cluster #4 was the mid-range cluster, but, while requiring attention, it is not the most pressing concept. Cluster #5 had the lowest difference (.82). Cluster #6 had the highest difference (2.72), and was, in fact, the highest and most pressing concept measured by scale #1. This is an area that needs much greater attention by the agency to meet the difficult challenges faced by the case managers. Cluster #7 also had an above average difference (1.82), with case managers feeling that they are not receiving the rewards and resources necessary to do an adequate job. Lastly, Cluster #8, which also had a difference exceeding the mean (1.89), highlights much of the confusion and unrealistic expectation inherent within the complexities of the ‘best interest’ model purported. There were some large variances between the scores obtained on scale #1 and those derived from scale #2, with individual cluster differences noted as well. While there are certainly some areas in which the agency is adequately assisting case managers fulfill their responsibilities, it is clear that every cluster needs attention if the challenges facing case manager are going to be met.
Mixed Group

Sampling & Sample Characteristics

Sampling Frame. This group is comprised of the members from the previously described groups, as well as the addition of the statements generated by the single community stakeholder.

Sample Characteristics. There were a total of twenty-three participants in the concept-mapping portion of the evaluation. Twenty were female and three were male. Seventeen were Caucasian, three were African American, and one characterized their race or ethnicity as ‘other’. Fifteen were college graduates, three had some college but no degree, four had at least completed high school or an equivalency test, and one had not. Seventeen of the participants were employed full-time, one was employed part-time, and five were not employed. The twenty-one participants who reported their income had an average annual income of $34,122.

Findings

**Describe the services provided under the community-based care model of child welfare in this county?**

Statements were collected based on the focal question listed above (and can be seen in Appendix D). The question was posed to each of the three groups discussed above (i.e., birth parents, foster parents, and case managers), as well as an individual community stakeholder. Once the statements were generated and the group was adjourned, the data were combined into one large response set (n=153). Packets were created for each individual across target groups and distributed for sorting and rating. Thus, the data for this questions was generated, sorted and rated separately to ensure confidentiality of the various parties, but the data utilized was generated, and is representative, of each cohort's responses. From the statements, ten clusters were derived. The clusters presented with bridging factors from a low of .11 to a high of .58; which is generally demonstrates the goodness of fit of the conceptual model obtained with the intent of the respondents. The clusters and their respective statements are described below, and can been seen in Figure 10.

**Cluster #1: Administrative & Support Services (.29)**

The first cluster of services provided under the community-based model was deemed to represent administrative and support-type services, and included having a person to help link services, case worker coordinators, attending staffings, developing relationships with other agencies and others.
Cluster #2: Case Manager Responsibilities (.20)

Case management included a variety of services/responsibilities that fell into three sub-groupings: being available after-hours, on-call, etc.; communicating with foster and/or birth parents, being a liaison for the foster and/or birth parents, establishing relationships with foster and/or birth parents, etc.; and, assessing needs, assessing risk, conducting client histories/evaluations, etc.

Cluster #3: Education & Training Needs (.37)

This cluster identified those areas where, according to the respondents, education and training needs existed. These included understanding the guidelines for service delivery and referrals, working with other agencies (such as DJJ), how to record case notes appropriately, and working with parents to accept the TPR of their child.

Cluster #4: Concrete Support Services (.55)

The provision of concrete services meets the basic needs of clients and may open the doors to build connections with clients. The services listed include basic financial assistance to purchase services for the child, to pay bills and meet other fundamental needs. The provision of Medicaid cards to access medical care is a necessary service. Transportation services also assist clients to get to appointments and may increase compliance with case plans.

Cluster #5: Referrals for Service (.30)

Many services are not provided directly by the agency, but are in the community and require the case manager to make referrals so that clients may gain access. These services include obtaining food, transportation, and other similar services.

Cluster #6: Economic Support Services (.52)

This cluster focused on economic services such as subsidized child care, financial assistance for teen mothers, and budgeting education.

Cluster #7: Legal Support Services (.58)

Court-related services were listed under this cluster, with statements identifying services such as testifying in court, preparing legal documents, writing court documents, and bringing parents to court.

Cluster #8: Child-Focused Services (.11)

Services that have a particular focus on children were included in this cluster. The services listed include after school care, Boys and Girls Clubs, summer camps, Big Brothers/Big Sisters programs, recreation, camping and other activities.
Cluster #9: Prevention & Intervention Services (.22)

These services were targeted to clients as methods of prevention or early intervention. They include such programs as nursery schools, maternity homes, PACE Center for Girls, prenatal services for pregnant teens, ROPES project, independent living for teens, tutoring, mentoring and an early intervention program to name a few.

Cluster #10: Clinical & Life Skill Services (.28)

The final cluster included those services that were more clinically focused. These were psychosocial assessments, psychiatric/psychological evaluations, counseling, drug evaluations, mental health services, parenting/family planning, anger management, domestic violence counseling, grief and loss counseling, sexual abuse/offender counseling and a host of other services.

Figure 10: Mixed Group Cluster Map

Rating #1.1

The first rating for this focal question asked the respondent, on a scale of 1 to 7, how important the specific service is to the process of reunification. The resulting scores were mapped to
illustrate the importance felt by the respondents for each cluster, as shown in Figure 11. The cluster ratings ranged from a low of 5.59 (Child-Focused Services) to a high of 6.16 (Administrative & Support Services). These amounts show that all of the clusters were felt to be very important in assisting all stakeholders in the process of facilitating reunification. Variability can also be seen within cluster statements, with a range of 4.00 to 6.82. In fact, only seven of the 153 statements obtained were ranked below 5.00. In Cluster #1 (average - 6.16; range - 5.55 to 6.73), attending staffings was ranked as highly important, as was coordinating referrals, providing non-punitive assistance, and linking the person with the correct services. Assessing the amount of risk present in the home was listed at the most important case worker responsibility within Cluster #2 (average - 6.03; range - 4.91 to 6.82). Other very important responsibilities included communicating with the parents, being available, and assessing needs. Cluster #3 (average - 6.15; range - 5.18 to 6.64) identified several training needs that were considered important such as helping parents accept the child's TPR, and better understanding the guidelines for service delivery, as well as recording case notes. Concrete supports, as listed in Cluster #4 (average - 6.01; range - 5.18 to 6.73), highlighted the need for Medicaid cards, financial assistance and transportation issues. Cluster #5 (average - 6.09; range - 5.45 to 6.55) highlighted the importance of making referrals for food services, as well as supervised visitation and transportation. Cluster #6 (average - 5.80; range - 5.55 to 6.18) had numerous statements listed as very important to the reunification process including education for teen mothers (TAPP), subsidized child care, financial assistance for teen mothers, and budgeting assistance. Cluster #7 (average - 5.80; range - 4.00 to 6.73) contained nine statements ranked as 6.00 or higher. Writing court documents, testifying in court, and other legal-related matters were deemed very important in facilitating reunification. Cluster #8 (average - 5.59; range - 4.18 to 6.27) identified those child-focused items deemed important such as after school care, Boys and Girls Clubs, and summer camps activities. Cluster #9 (average - 5.97; range - 4.91 to 6.64) had over ½ of its statements ranked 6.00 or higher. These included early intervention programs, prenatal services, supports for runaways, and maternity homes to name a few. Cluster #10 (average - 5.97; range - 5.09 to 6.73) listed clinical services that are essential to the process of reunification. Clinical services listed most important include domestic violence services, substance abuse counseling, psychological assessments, sexual offender treatment and anger management. Fully 19 out of the 30 statements in this cluster were rated as 6.00 or above; thus indicating that clinical services are perceived as being very important.
Rating #1.2

The second set of ratings, asking how well the agency has implemented the service listed, were mapped to paint a picture of those areas where the agency has best (or least) addressed the services identified (see Figure 12 below). The cluster ratings ranged from a low of 3.60 (Concrete Support Services) to a high of 4.21 (Child-Focused Services). These amounts show that the agency is implementing some of the needed services appropriately. However, with only two out of the ten clusters derived reaching or exceeding the mid-point, there is clearly a discrepancy between the importance of the services and how well the agency has implemented them. Large variances also exist within the clusters, with a range of 2.20 to 5.60. In Cluster #1 (average - 4.17; range - 3.20 to 5.60), the best implemented service was having regular visits with the children, conducting assessments and going to staffings. Work needed to continue in developing relationships with other agencies, as well as having a person to link clients to...
services, and after hours services. The best implemented task under Cluster #2 (average - 3.93; range - 2.60 to 5.30) was doing case work with/for the parents (5.30). Being on-call and accessible after working hours were some of the areas requiring further focus. Cluster #3 (average - 3.93; range - 2.80 to 4.70) showed that the agency has done well in providing information for referrals and case notes, but still needs work on establishing clear guidelines for service delivery. Some concrete supports, as listed in Cluster #4 (average - 3.60; range - 2.50 to 4.50), were somewhat addressed by the agency - such as access to Medicaid cards and stipends. Although most financially related statements were rated between 2.50 and 3.40 - showing that there still needs to be work to adequately address this area based on its importance ranking. Cluster #5 (average - 3.88; range - 3.30 to 4.80) showed that the agency had implemented to a moderate degree some of its referral functions, with referrals made to community resources, food services and transportation. Cluster #6 (average - 3.73; range - 2.90 to 4.20) was rated as the 9th lowest scoring conceptual grouping, with budgeting services listed as the least successfully implemented. However, subsidized child care and general economic services had been implemented above the mid-point. Legal services, as shown in Cluster #7 (average - 3.95; range - 2.20 to 5.10), had nine of its statements rated above the mid-point; thus illustrating the efforts made to improve court services. These included attending hearings, testifying in court, and writing court documents. The highest rated cluster implementation was Cluster #8 (average - 4.21; range - 3.30 to 5.10). The agency has implemented somewhat well to well after school services, child care and summer camp activities among others. Cluster #9 (average - 3.77; range - 2.80 to 4.40) highlighted prevention services, several of which had been implemented at least somewhat - such as medical care for teen mothers, early intervention program, independent living for teens and housing. Lastly, Cluster #10 (average - 3.87; range - 2.80 to 5.10) listed clinical-type services. Those best implemented (i.e., rated at least 4.00) included health services, parenting classes, drug evaluations, and psychological assessments; access to general counseling services ranked in the not well implemented range. Other services spanned the range from not well implemented to less than somewhat implemented, leaving much room for improvements in this area.
RATING #2: Whether or not you have personally experienced the service below, how well do you think the agency has implemented this service?

Not Very .................................. Somewhat ...................................... Very

Recommendations from Mixed Group

The responses solicited from the four groups of participants regarding instances when the agency has either facilitated or hindered their ability to access a specific service were mixed, with an approximately 50/50 split between facilitative and hindrance actions. The statements provided and their corresponding cluster statement number can be seen in Table 4 below.
Table 4: Participant responses to the instructions: “Choose three statements that you have had a personal experience with. Write a short statement describing how the agency has either hindered or facilitated your accessing this service.”

<table>
<thead>
<tr>
<th>Cluster &amp; Statement Number</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cluster #1</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>• Being able to communicate with all who’s involved.</td>
</tr>
<tr>
<td>138</td>
<td>• Being able to keep communication lines open for clients, foster parents, and parents alike.</td>
</tr>
<tr>
<td>Cluster #2</td>
<td></td>
</tr>
<tr>
<td>82</td>
<td>• To be able to establish a relationship with family members so that things can be done a little smoother.</td>
</tr>
<tr>
<td>51</td>
<td>• Child history should be provided to foster parents to care for the child coming in (“Yellow jackets”- DCF foster child info file)</td>
</tr>
<tr>
<td>28</td>
<td>• This position is vital! They just laid off ours- very bad idea!</td>
</tr>
<tr>
<td>Cluster #3</td>
<td></td>
</tr>
<tr>
<td>126</td>
<td>• Placement contact is available at any time!</td>
</tr>
<tr>
<td>Cluster #4</td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>• Should provide medical info and Medicaid care at time of drop off to foster home.</td>
</tr>
<tr>
<td>11</td>
<td>• Medicaid is great- but doctor availability is really SAD. Foster parents are treated like indigents and herded through the system.</td>
</tr>
<tr>
<td>104</td>
<td>• No funds available to assist our clients properly.</td>
</tr>
<tr>
<td>104</td>
<td>• Funds are low so services are few.</td>
</tr>
<tr>
<td>Cluster #5</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>• Supervised visitation shows birth parent willingness to be consistent- make it more frequent to see if they stick with it.</td>
</tr>
<tr>
<td>15</td>
<td>• Supervised visitation sources are limited due to lack of funding and services offered.</td>
</tr>
<tr>
<td>Cluster #6</td>
<td>• None</td>
</tr>
<tr>
<td>Cluster #7</td>
<td>• None</td>
</tr>
<tr>
<td>Cluster #8</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>• Case manager writes timely referral for day care and faxes to Project Child Care.</td>
</tr>
<tr>
<td>91</td>
<td>• Child care and school is a must and should be set up ahead of time. Parents miss days from work, other child in home, and important appointments and events to drive around to arrange the school and after school care.</td>
</tr>
<tr>
<td>6</td>
<td>• Project Child Care is a reliable funding source and fast at providing care.</td>
</tr>
<tr>
<td>Cluster #9</td>
<td>• None</td>
</tr>
<tr>
<td>Cluster #10</td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>• No mental health services for young children who need it.</td>
</tr>
<tr>
<td>122</td>
<td>• No grief and loss counseling available for foster parents.</td>
</tr>
<tr>
<td>55</td>
<td>• Evals are very important to help ensure safety. Agency tries to help- lengthy process/waiting list.</td>
</tr>
<tr>
<td>Misc.</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>• Working with the department I had no problems. I did what I was</td>
<td></td>
</tr>
<tr>
<td>asked to do and my #1 goal was to stay clean and get my kids.</td>
<td></td>
</tr>
<tr>
<td>• The agency has developed a good working relationship with Family</td>
<td></td>
</tr>
<tr>
<td>Resources; updated information, application packets for supervised</td>
<td></td>
</tr>
<tr>
<td>visitation.</td>
<td></td>
</tr>
<tr>
<td>• Agency has provided easy accessibility for comprehensive</td>
<td></td>
</tr>
<tr>
<td>evaluations which are thorough on child and parents- avoiding</td>
<td></td>
</tr>
<tr>
<td>costly psy. evals with permission from agency and court.</td>
<td></td>
</tr>
<tr>
<td>• Staffings with MCS (Manatee Children’s Services?) Shelter- these</td>
<td></td>
</tr>
<tr>
<td>are weekly- to keep each other informed as to child’s status, needs,</td>
<td></td>
</tr>
<tr>
<td>problems, and solutions.</td>
<td></td>
</tr>
<tr>
<td>• They have not been able to get Medicaid cards in a timely manner.</td>
<td></td>
</tr>
<tr>
<td>• Caseworkers not making monthly home visits.</td>
<td></td>
</tr>
<tr>
<td>• No communication of when staffings and court dates will be</td>
<td></td>
</tr>
<tr>
<td>conducted on.</td>
<td></td>
</tr>
</tbody>
</table>

**Discussion**

The individuals from the four cohorts again ranked the statements such that the variances between the first and second rating instruments resulted in the highest cluster ‘how well has the agency implemented the service’ rating from the second scale (4.21) fell below than the lowest cluster ‘how important is the service’ rating from the first scale (5.59). This question produced the largest average difference, with the mean between the importance of a conceptual cluster and how well the agency has implemented the service at 2.05. Cluster #1 had a difference of 1.99 and was one of three categories falling below the mean. As such, while still requiring further attention, should not be a primary focus. Cluster #2 had a 2.10 difference that shows that the agency has not adequately addressed this service category to the satisfaction of the four cohorts. Cluster #3 had a large difference (2.22); which is the 2nd largest discrepancy, indicating that more attention is needed in educating and training individuals of theirs and others roles and responsibilities. Cluster #4 had the largest difference between the two scales (2.41). This is a wide gap between the importance of concrete services and how well the agency is meeting this need, and clearly illustrates the need for further attention. Cluster #5 had a difference of 2.21, and shows that more focus should be paid to improving referrals and their availability. Cluster #6 had a difference of 2.07, and was one of the median clusters, and, while requiring attention, it is not the most pressing concept. Cluster #7 had a below average difference (1.85), as did Cluster #8 (1.38 – the lowest difference), which show more of a balance between importance and resource allocation. Cluster #9, which had a difference exceeding the mean (2.20), highlights the need for further investment in prevention services, as put forth by the respondents. Lastly, Cluster #10, with a difference of 2.10, shows the need for the additional development of clinical services focusing on issues such as domestic violence, substance use, and grief and loss counseling among others.
Participant Feedback

All group members were offered the opportunity to provide anonymous feedback to the evaluators to help illuminate the process – including its strengths and limitations.

**Scores**

The participants were given a 10 item rating sheet, as shown in Table 8 below, that attempted to ask the respondent about his/her experience within the concept mapping process. Nineteen participants across the groups submitted feedback. On a scale from 1 to 7 (with 7 being the highest), all participants strongly felt that their respective group leaders answered their questions regarding the process. Additionally, the instructions were found to be easy to understand – with rating ranging from 6.50 to 6.82. Similarly, the members reported an average of 6.84 regarding the encouragement to participate fully from the leaders. The group, with a range from 6.31 to 7.00, strongly felt that this process should be used again. Overall, the participants were pleased with their experience and its representation of the state’s compliance picture – with scores ranging from 6.00 to 6.83; which is well within the positive range.

<table>
<thead>
<tr>
<th>Table 5: Participant Feedback Form with Scores from Both Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>The statements below ask about your experience in the focus group session. Your responses will help us to improve our understanding of the process, and be more responsive to participant needs in the future. There are no right or wrong answers. Please read each statement, and circle the number on the right which answers best for you.</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>Disagree</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Statement</th>
<th>Birth Parents (n=2)</th>
<th>Foster Parents (n=6)</th>
<th>Case Managers (n=11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The leaders fully answered my questions regarding this process.</td>
<td>7.00 (0.00)</td>
<td>6.33 (1.21)</td>
<td>6.45 (1.04)</td>
</tr>
<tr>
<td>2. The instructions provided by the leaders were easy to understand.</td>
<td>6.50 (.71)</td>
<td>6.50 (.84)</td>
<td>6.82 (.60)</td>
</tr>
<tr>
<td>3. The leaders encouraged input from all participants.</td>
<td>7.00 (0.00)</td>
<td>6.83 (.41)</td>
<td>6.82 (.60)</td>
</tr>
<tr>
<td>4. This type of group and process should be used in the future.</td>
<td>7.00 (0.00)</td>
<td>6.83 (.41)</td>
<td>6.31 (.81)</td>
</tr>
<tr>
<td>5. My responses were recorded in a manner consistent with what I intended.</td>
<td>7.00 (0.00)</td>
<td>6.67 (.52)</td>
<td>5.91 (1.22)</td>
</tr>
<tr>
<td>6. The process seems user driven rather than driven by the evaluators.</td>
<td>7.00 (0.00)</td>
<td>6.17 (1.60)</td>
<td>5.45 (1.63)</td>
</tr>
</tbody>
</table>
7. The process used to gather the data was helpful in gaining an overall assessment of the community-based care agency and the services it provides.  6.00 (1.41)  6.83 (.41)  6.09 (1.58)

8. I felt comfortable talking in the group.  7.00 (0.00)  6.83 (.41)  6.36 (1.57)

9. Overall, I think the data collected paints an accurate picture of my experience.  7.00 (0.00)  6.17 (1.17)  5.64 (1.29)

10. Overall, this was a positive experience.  7.00 (0.00)  6.83 (.41)  5.91 (1.14)

NOTE: Mean (SD)

Selected Responses

Participants within each group were also provided the opportunity to give qualitative feedback on their experiences. As noted in their statements below, the majority of respondents felt the process allowed them to voice their experiences – with many hoping that their voices will be heard. Interestingly, many of the case managers responded that there should be more focus on the positives and not on negatives – as many statements obtained from the case managers when asking for challenges were negatively focused. Yet the question asks for challenges faced, which Webster’s Dictionary defines as ‘a stimulating task or problem’, and, as such, may stem from positive and/or negative sources. For example, the reunification of a child with his/her family may be a challenging experience – and may possess both positive and negative factors. Thus, one must inquire as to the milieu which supports and/or fosters this perception. Despite this, case managers rated all of the feedback statements an average of 6.18; which indicates a strong level of agreement with the data derived.

Birth Parents

- Just continue to listen to us and voice our opinions and suggestions for us to the people where it may make a difference someday – thanks.
- This group process went very well. I would just like to [thank] everyone who allowed me to be here today. Thank you very much.

Foster Parents

- It is too bad more foster parents were not here. Once the list is done, put in a rating scale - allow all foster parents to answer the questions on the rating.

Case Managers

- I feel that in the future if you’re going to look at challenges, then you also need to focus on the positive aspects of our job experience. Encourage all group members to participate. Sampling - not all members were from all areas (ex: adoptions, licensing, placement). Look at foster homes, number of placements, length in care (with extenuating circumstances).
- Need time for positive aspects of the job/process.
• Need some positives, not all negative. Process was equally driven.
• Address positive issues as well.
• How (to) establish common goals with other agencies - how to work together.
• I thought this was a good experience - hopefully it will help to make some change.

No feedback was obtained from the community stakeholder.

### Limitations

It is important to note, that the findings presented in this report represent the opinions, thoughts, and feelings of those participants who were involved in the focus group/concept mapping sessions. As such, the findings cannot be generalized to the overall populations from which these participants were obtained. Indeed, the findings are also cross-sectional and present a ‘snap-shot’ of the situation as it was at the time of data collection, and data collected at other points in time may produce different clusters and/or ratings. Therefore, the rating of these items pertains to only the ratings for the group and cannot necessarily be generalized to all birth parents, foster parents, case managers and community stakeholders, respectively – who may or may not have these same opinions. These ratings give just one picture of what needs to be addressed and how they have been addressed. As such, the theoretical measures used ask individuals to provide their subjective estimates of what has or should occur, as opposed to what actual is or has happened. In addition, the skewness of the mixed group must be considered due to over-representation of case workers. Thus, additional evaluation methods can and should be employed to gain a triangulated view of the importance and the needs that are being addressed.

It is also important to note that this study examines the relationship between the Partnership and individual cohorts within the agency’s jurisdiction. As such, it is not possible to compare the results to other districts. Thus, it is unknown whether the Partnership’s efforts are above, below or equal to those put forth by other child welfare agencies.

### Recommendations

Within the context of the statements generated by the participants of all the focus groups and the discussion above, the following recommendations are made based on the three conceptual clusters within each cohort that had the largest differences between scale #1 and scale #2. They are:

• Problems stemming from being apart – There are difficulties that arise when children are reunified with their parents. Finding new housing to live in because the parent could not have the children in their previous home was listed as very difficult (7.00), but as receiving no assistance from the agency (1.50). This is an area that could assist parents in their process of reunification.
• Hardship for children – Placement in foster care, although necessary at times, creates a great hardship on children. Assisting parents in dealing with the child’s emotions and subsequent behaviors can help make reunifications more stable and relieve parental stress.
• Appropriate and accessible services – Obtaining appropriate services was a difficult obstacle for parents, especially those that are culturally focused and sensitive (6.50). However, this area was only mildly addressed by the agency (3.50). It is imperative that culturally-based services be made available to parents.

• Understanding court issues – The court system is complex and can be confusing to individuals not familiar with its proceedings – especially those focusing on termination of parent rights. This was ranked (5.75) in scale #1 and (1.25) in scale #2, clearly showing the need for further training and focus by the agency.

• Lead agency/case manager issues – One of the greatest challenges facing foster parents is having to start over at square-one with each new case worker (6.50), yet the foster parents do not feel the agency has assisted in this matter (2.25). Efforts to recruit and retain additional case managers should be undertaken.

• Emotional issues for the foster child – Similar to the previous recommendation, each reentry into foster care by a child also starts back at square-one (6.25), yet the foster parents do not feel the agency has assisted in this matter (2.50). Assistance in creating better continuity for the children reentering care should be addressed.

• Permanency resources – The lack of resources was an obstacle for case managers, especially the poor shelter (6.25). While being the highest ranked challenge for case managers, it was the item ranked as receiving the lowest amount of attention by the agency (1.50). The shelter situation, while not independently evaluated, should be assessed for adequacy, with appropriate modifications completed.

• Workload issues – Due to the high workload, staff turnover, etc. it was stated that staff has lost its investment resulting in no continuity for the children (5.75). This challenge needs to be further addressed by the agency, as case managers believe it has been relatively ignored (2.25).

• ‘Best interest’ complexities – Working within the time limits established by ASFA has posed several challenges for case managers. As such, assistance in working within the 12-month time limit is needed.

• Concrete support services – Accessing funds to assist families and children were ranked very highly as challenges in several statements, yet were the lowest rated group. Establishing a flexible or discretionary funding program to allow case managers to work with families to meet their immediate concrete needs may assist in averting crises and building relationships.

• Education and training needs – The greatest training need exists in teaching all parties the various guidelines for service delivery and access.

• Referrals for service – There exists a continued need for several service referrals including increased supervised visitation, food allowances and transportation.

Conclusions

Overall, the concept mapping sessions produced a significant amount of data that reflects the Partnership’s efforts to work with its various constituencies. The participants found similar concepts and ideas to be important. Yet, conversely, when asked how the Partnership has assisted in the individual in meeting these challenges, the scores were somewhat low and reflected room for improvement. In fact, there was not a single cluster where the agency met or exceeded the needs expressed by the respondents. However, it is important to note that as a
theoretical measure, these data are opinions of the respondents. Thus, actual ‘real life’ may indeed be significantly different. It may therefore be as important to educate the respondent populations on the actual situation as it is to address the situation itself. For example, by pointing out the discrepancy between potential faulty thinking and reality a dialogue may be initiated to identify the breakdown in communication that led to such a misunderstanding. Thus, a two-pronged effort must be made – education and communication regarding the issue, as well as actual attention to the issue identified.
Appendices
Appendix A

Birth Parents

Statements By Cluster

Cluster #1: Birth Parent Not Respected as Parent
39) Parent is always the one blamed when system breaks down
   1) Assumed guilt
36) Always seen as abuser
   9) Treated with dignity
11) Trying to be involved with kids
24) Supervision at partnership (location)
   4) Presumed to be a bad parent
23) Relative has control over child
28) Birth/ foster parent boundaries (calling mom)
34) Parents not being seen as feeling people
12) Not seen as authority for own child
14) Always seen as addict
19) Time during visitation

Cluster #2: Problems from Being Apart
21) Find a new place to live because could not live with kids
45) Acknowledgement for doing things right
27) Maintaining some parental responsibilities
22) No control over children
29) Bad mouthing by foster parents

Cluster #3: Communication & Trust
  2) Communication with foster parent
  3) Timeliness of communication
26) Categorizing people
41) Foster parent working with parent
35) Communication of expectations and responsibilities
37) Communication about change of foster parent
38) Moving kids from foster family to foster family
30) Listening to feedback/ comments of caseworker
10) Trust in worker/ parent relationship

Cluster #4: Working with Case Managers
40) Care more about money than children
46) Caseworker immaturity
31) Lack of personal parenting experience for caseworker
   5) Too much work for caseworker
25) Caseworkers willing to listen
32) Attitude of caseworker when asked to do something after hours
33) Caseworker warmth/ compassion
47) Contacting caseworker out of the office

**Cluster #5: Appropriate & Accessible Services**

6) Accessing services
44) Differences in Black/ White families
43) Recognizing cultural differences
7) Medicaid
8) Financial (emergency/ "making ends meet")
20) Transportation to see kids
13) Working with schools

**Cluster #6: Hardship for Children**

16) Problems as a result of being apart
17) Reassure children that they won't be left
18) Dealing with child's anger
42) Help kids know that they did nothing wrong
15) Separated from kids
Appendix B

Foster Parents

Statements By Cluster

Cluster #1: Emotional Issues for Foster Children
40) Each re-entry to foster care starts back at square one
38) Emotions related to changing unification goals
12) Emotional trauma for the child that moves
   1) Separation and loss issues
11) Emotional trauma for other children when one child moves
   2) Cancelled visits
   3) Explaining to children about cancelled visits
27) All ties with children out of home severed
35) Explaining permanency to child
33) Maintaining contact with siblings
14) School enrollment/ relocation
31) Listening to concerns of child

Cluster #2: Emotional Issues for Foster Parents
13) Emotional trauma for foster parents
23) Child is a part of foster parents life- not a job
41) Foster parents seen as "bad guy" by birth parent
43) Dealing with birth parent jealousy of child-foster parent relationship
17) Foster parents understanding roles/ responsibilities

Cluster #3: Understanding Court Issues
4) Termination law (extended)
5) Timely termination
34) Reunification priority for individual judges
10) Adequate preparation for moves
15) Custody
29) Court-order to do things with child without input
   9) Coordination with all children in home
30) Dealing with decision of court
28) Gradual transition back home
32) Transition from foster to adoptive parents
7) Court notification
Cluster #4: Financial Issues
44) Monthly allotments (money out of foster parent pockets)
45) Money not "up-front"
46) Different ages require different amount of money
47) Getting clothing
52) Timeliness of reimbursements

Cluster #5: Lead Agency/Case Manager Issues
37) Starting over with square one with each caseworker
39) Favoring parent needs over child needs
19) Working with inexperienced caseworkers
51) No central system of communication
24) Foster parent judgement is not valued
6) Communication issues with foster parents and case workers
26) Receptivity to input
53) Trust in foster parent/ partnership relationship
16) Case workers understanding roles/ responsibilities
20) Working with caseworkers who talk down to foster parents
36) Continuity of caseworkers
42) Supervision after reunification
48) Finding/ struggling to get service
25) Inflexibility to change caseworker
50) Timeliness of services
21) Caseworker professional boundaries
49) Case manager is gatekeeper of services
18) Proper paper work with initial placements
8) Case staffing notification
22) Caseworker attachment to children (favoritism)
Appendix C

Case Managers

Statements By Cluster

Cluster #1: Professional & Systemic Interactions
35) Too many cases coming in
51) Incomplete investigations result in inadequate petition which leads to lack of services
   1) Insufficient quality services
14) Lack of professional staff providing therapy
61) Incompatibility between values and case plan goals
18) "Passing the buck" (no accountability)
39) Evaluation of "leavers" and "stayers" (employees)
10) Can't handle emergencies
12) "Warehouse" approach
20) Lack of communication between providers and parents
68) Animosity between Attorney General's Office, Sheriff's Office and Partnership
24) Other professionals (judiciary) lack of information on program
23) Lack of school cooperation- may be misinformed
73) Legal liabilities (CYA attitude)
83) Therapists expect case managers to attend therapy sessions (or watch kids for parents in therapy sessions)
88) Lack of communication between referring agencies and providers
95) Citizens Review Panel do not represent the community

Cluster #2: Adequate & Accessible Services
6) No ICCP or Family Builders
3) Services are inadequate (ex: too few counseling sessions)
4) Services not available for parent and child at the same time
2) Services are unavailable when needed (ex: day care)
11) Don't provide family- centered services
5) No services for clients who do not speak English
82) Cumbersome process to get services (Length of time from referral to service provision)

Cluster #3: Workload Issues
8) No continuity of care for kids- Staff have no investment
30) High staff turnover
38) Too few positions
42) Opening not filled and cases get distributed to existing staff
9) Excessive negatives in treatment of behavior
46) No cultural diversity in staff
13) No shelter for infants or young children
36) Accepting voluntary cases (too many)
45) Took away benefits
76) Making parents codependent
87) Lack of communication between staff (interdepartmental)

Cluster #4: **Investigations & the Community**
19) Lack of common goals (parents, counselors, & professionals)
34) Investigations are not completed (lack depth)
47) Investigators have different expectations/views
48) Investigators don't understand social work approach
49) No consistency in investigation and hotline reports
22) Community mislabeling (incorrect information)
29) Poor media attention (one-sided)
33) Too many abuse reports come in
28) Public media/knowledge of what community-based care does
32) Broad interpretation/criteria for abuse hotline reports
65) Attorneys not attentive in court
26) Attorneys make caseworkers work for them
79) Lack of Guardian Ad Litem volunteer
90) Attorneys are not legal representatives of the case workers and the family

Cluster #5: **Legal System**
66) Attorneys not presenting accurate situation before judges
67) Attorneys not familiar with cases
63) Attorneys don't know the law (regarding child welfare statutes)
64) Attorney General's office loses paperwork
77) Citizens Review Panels are challenging/time-consuming
78) No diversity in Citizens Review Panels
80) Attorneys don't attend staffings
81) Citizens review panel members don't know about child welfare
91) Attorneys are lazy
92) Attorneys do not acknowledge information caseworkers provide
93) Attorneys do not acknowledge intelligence of case workers
94) Citizens Review Panels are a waste of time

Cluster #6: **Permanency Resources**
7) Shelter stinks (physical environment and food/nutrition)
16) Lack of funding
60) Children not represented to ensure their well-being
55) Lack of options for ensuring permanency
58) Difficulties associated with adoptions for medically challenged kids
25) Poor foster homes (substandard)
15) Frustration working with foster parents
17) Foster parents don't drive
57) Many foster parents don't want to adopt
70) Must do what we can with what we have (big job-limited resources)
84) Parents' insurance doesn't cover counseling
85) Lack of funding for services
97) "One size fits all approach" doesn't work for families

Cluster #7: Case Manager Rewards & Resources
31) High caseloads
43) There are intrinsic rewards but no recognition in system
40) Lack of reward structures for employees
44) Took away cell phones
69) No on-call pay
86) Lack of funding for payroll

Cluster #8: 'Best Interest of the Child’ Complexities
56) Unable to use goal of long-term foster care (for younger kids)
37) Cutting funding (federal)
53) Families need care after 12-month limit for ASFA compliance (does not work for all families and some need longer period of time)
54) Problems to complex and difficult to address in 12 months
59) Who should determine best situation/interest of the child? (Case workers, parents, etc.)
52) Inappropriate case plans (investigators)
21) People refer to Partnership as HRS
27) Need good group homes
50) Case workers have to do additional investigation to understand and assess needs
62) Staff still new and learning to work in community-based care model
41) Need to reward hard work (tough cases)
71) Lack of parental acceptance of responsibility
72) Redundancy in paperwork
74) Closed cases frequently reopened (problems not solved)
75) Workers pushed to enable parents (do too much for them)
89) Goals of case plan supersede best interests of the child
96) Permanency requirements do not always represent the needs of children and families
Appendix D

Mixed Group

Statements By Cluster

Cluster #1: Administrative & Support Services
   1) Visitation
   16) Assessment
   24) A person to help link to services
   29) Case worker coordinator (LL-MG)
   39) Regular visits with children
   83) Evaluate change/completion of case goals
   87) Coordinate referrals
   137) Follow-up services
   138) Communication with clients/parents
   18) Non-punitive assistance
   52) Continuity of care
   112) Arrange health exams/care
   88) Develop relationships with other agencies
   132) Interviewing
   20) After-hour services
   79) Monitored exchange
   103) Arrange admission/application

Cluster #2: Case Manager Responsibilities
   81) Assess risk at homes
   101) Communication with parents
   14) Case management for/ with parents
   34) Case worker training
   32) Case management
   51) Child history/evaluations preparation for foster parents
   82) Establish relationships with families
   3) Availability
   23) Case management for single parents
   128) Assess needs
   28) Foster parent liaison between foster parent and community
   37) Emergency response
   123) Address adjustment issues for kids going into foster care
   98) Referral for courtesy supervision (out of county)
   106) Being on call
   2) Link to foster parent (non-work hours)
   38) Accessibility passed working hours
57) Relative caregivers
21) After-hours access to case manager

Cluster #3: Education & Training Needs
26) Educating case workers
126) Contact placements
136) Help parents accept TPR- surrender of child
31) Guidelines for service delivery
17) Continuum of risk/ need
131) Case notes
140) Information referrals
99) Work with DJJ

Cluster #4: Concrete Support Services
104) Funds for program
30) Accessing funds for services
50) Medicaid cards
11) Medicaid
5) Financial assistance (for child)
22) Financial (emergency- "making ends meet")
42) Reimbursement (financial)
80) Provision of concrete $ to pay bills
77) Transportation
45) Transportation services
133) School and IEP's
44) Stipend
41) Clothing allowance

Cluster #5: Referrals for Service
15) Supervised visitation
72) Food services
43) Food allowance
129) Educate/community resources
105) Transportation
33) Standardized services

Cluster #6: Economic Support Services
71) Economic services
118) Education for teen mothers (TAPP)
67) Subsidized child care
143) School Readiness Coalition (Child nutrition, school support, family safety)
62) Outreach
117) Financial for teen mothers
90) Budgeting
148) Gulf Coast Marine Institute (Teen criminal offenders)
Cluster #7: Legal Support Services
   27) Educating foster parents
   78) Supervised visitation
   85) Go to court
   84) Write court documents
   141) Testifying in court
   124) Preparation for court hearings
   125) Removals/shelters
   139) Advocate
   130) Legal documents
   110) Collaboration with law enforcement (to locate)
       7) Relative caregiver assistance
       12) Child support enforcement
   134) Facilitate placement in school
   108) Bringing to court
   135) School board commutation
   127) Broker
   107) Picking up runaways

Cluster #8: Child-Focused Services
   6) Childcare
   46) Project childcare (after school)
   47) Different age groups after school care 0-5 years old
   48) Different age groups after school care 5-7 years old
   49) Different age groups after school care over 7 years old
   91) Child care
   145) Boys and Girls Clubs
   146) Just for Girls Club (at-risk girls with school difficulties)
   75) Boys and Girls Clubs
   76) After school programs/camps
   149) After-school programs
   121) Placement decisions- day care
   150) Summer camp activities
   70) Big Brothers/Big Sisters
   102) Recreation
   95) Camping

Cluster #9: Prevention & Intervention Services
   74) Early Intervention Program
   111) Pregnant teens- get them prenatal services
   142) Health Families Manatee (Identifying at-risk families)
   109) Providing services for runaways
   92) Independent living education with teenagers (>16)
   8) Housing
   114) Health/medical for teen mothers
   69) Housing
120) Maternity homes (some religious)
25) Childcare for child with behavior problems
153) Mentoring programs
144) Nursery school programs
147) PACE Center for Girls (Family & educational difficulties)
151) After school day care
152) After school tutoring
73) Food baskets
93) Ropes projects

Cluster #10: Clinical & Life Skill Services

61) Domestic violence
64) Prevention
13) Rehabilitation program (drugs and alcohol)
40) Psychological evaluation/ assessment
68) Sexual offender referrals
19) Individualized treatment planning
36) Accessing counseling services
60) Anger management
113) Family planning
119) Drug treatment
35) Counseling services
54) Drug evaluations
55) Psychological evaluations
59) Counseling
65) Mental health
96) Health services
115) Emotional for teen mothers
56) Psychosocial assessments
58) Psychiatric evaluations
9) Parenting class
66) Therapeutic foster care
53) Referrals for parenting programs
116) Mental for teen mothers
122) Grief and loss counseling
63) Mentoring
97) Job skills/manners
94) Career counseling
89) Employment counseling
100) Residential treatment center
10) Job referral