

III. TRENDS IN CHILD WELFARE

The Ohio Child Welfare Training Program is responsible for helping child welfare caseworkers and supervisors gain the knowledge and skills they need to provide a range of services from prevention, protection, and family support services to foster care, adoption, and independent living.¹

This section identifies major practice and policy changes in Ohio's child welfare system during the past decade, and the effects of these changes on child welfare at the county level as reported by assessment participants. The assessment work team began by reviewing major policy and program changes from the federal and state levels, as well as individual county waiver and pilot projects within Ohio. This information was then used to help develop focus group and telephone interview assessment questions.

As part of the assessment, the following populations were asked questions regarding their opinions about child welfare trends:

- executive directors/designees were asked how their staffing patterns had changed over the past five years;
- supervisors and caseworkers were asked how child welfare practice had changed during their tenure;
- regional training center staff were asked to identify training sessions that have been requested more often now than in the past, and new staffing trends within agencies; and,
- ODJFS technical assistance managers, technical assistance specialists, and licensing specialists were asked how child welfare practice, and caseworker and supervisor jobs, had changed.

The data in this section indicate that Ohio has implemented significant changes within the child welfare system in the past 10 years. Many of these changes are a result of federal child welfare mandates, such as the Adoption and Safe Families Act (ASFA) of 1997. But more often, change in Ohio, like in other states, is the result of state and county actions to improve services for families and children.

To help put the assessment participants' comments and literature reviews about trends in the context of larger federal and state programs designed to reform child welfare practice, a brief description of these programs follows.

¹ Ohio law requires caseworkers to complete at least 90 hours of training during their first year of employment and 36 hours annually thereafter. Supervisors must complete at least 60 hours of training during their first year as supervisors, and 30 hours annually thereafter.

Information about the changing child welfare work force is in Chapter IV, *Work Force Characteristics*. Information about the families and children served by child welfare agencies is in Chapter V, *Client Characteristics*.

Important Federal Reforms

There is no single comprehensive child welfare program at the federal level. The Administration for Children and Families (ACF), within the Department of Health and Human Services (HHS), is responsible for over 60 programs, including child welfare and child protection. ACF also oversees a collection of federal programs, grants, demonstration projects, funding streams, and requirements that regulate the foster care and adoption system across the country.

Adoption and Safe Families Act of 1997

Enacted in November 1997, the Adoption and Safe Families Act (ASFA) is the most significant change in federal child protection policy since 1980.² Although under ASFA, child safety was reaffirmed as the primary goal, permanency for children was concurrently established as an equally important child welfare outcome. Thus, changes were made to the Title IV-E and Title IV-B programs³ to require states to shorten the amount of time children remained in foster care by requiring local agencies to expedite permanent placements.

Under ASFA, states must make reasonable efforts to provide the necessary services to parents so that children can be reunified within 15 months of placement. ASFA requires states to file Termination of Parental Rights petitions for children who have been in foster care for 15 of the most recent 22 months, unless one of the following conditions exists: the children are with a relative; or it is not in the best interest of the children to terminate parental rights; or services identified in the case plan have not been provided. Although ASFA recognized the value of family preservation and support services, the law weighted the system toward achieving permanence for maltreated children. In addition, ASFA

² The Adoption Assistance and Child Welfare Act of 1980 articulated the need to promote permanency for children by requiring child welfare agencies to make “reasonable efforts” to provide family services that might prevent placement in foster care, or “reasonable efforts” to permit the child to return home.

³ Title IV-E program is a complicated funding stream that provides federal matching funds to states for maintenance payments for children in foster care, administrative expenses, training, and certain costs related to automated data collection. It also funds adoption assistance programs. It does not pay for services to children and families. The Title IV-B program provides federal matching funds for a wide range of child welfare services, including services to protect children, prevent child abuse and neglect, family preservation services, and adoption support services.

provided financial incentives to states for each child adopted over a baseline number of adoptions.

In ASFA, Congress also emphasized outcomes, requiring HHS to report annually on progress in the reduction in recurrence of child abuse and neglect, reductions in time spent between foster care and adoption or reunification, and increases in permanent placements for children in foster care.

Ohio's ASFA Implementation Legislation

House Bill 484 (122nd General Assembly) brought Ohio into compliance with the federal Adoption and Safe Families Act. Provisions of HB 484 include:

- requiring that the child's health and safety be considered paramount when a court determines whether a public or private agency has made reasonable efforts to reunify a family;
- requiring a court to determine when a public or private agency is not required to make reasonable efforts to reunify a family;
- establishing strict permanency decision timelines for children who have been in and out of foster care;
- enhancing the permanent nature of "legal custody" (particularly important for kinship caregivers);
- requiring caregivers, who put their children at risk due to substance abuse, to engage in assessment and treatment, or risk losing their children permanently;
- creating a new judicial authority to order alcohol and other drug addiction assessments, testing, and treatment for caregivers who put their children at risk of abuse and neglect;
- requiring communities to prioritize alcohol and drug treatment services for families involved with child welfare; and,
- requiring the child welfare and alcohol and drug treatment systems to develop a joint plan for improving accessibility and timeliness of alcohol and drug addiction services.

In some instances HB 484 went beyond ASFA and placed a greater emphasis on permanency for children in shortened time frames. For example, in Ohio, public and private agencies are required to file for permanent custody if they have had temporary custody of a child for 12 of the most recent 22 months, versus 15 of 22 months required by federal law.

FINDINGS:

Generally, assessment participants responded positively to changes attributed to the Adoption and Safe Families Act and Ohio's implementing legislation HB 484. Several supervisors and executive directors/designees supported the shorter time frames for permanency. Caseworkers reported working more proactively with families, "pushing" families so that reunification could happen in the time frames required, and discussing permanency for the child with the family more quickly. Many caseworkers stated that shorter time frames were positive because children were not as likely to "languish in foster care."

A caseworker from a medium sized western county stated that, "Decisions get made and cases closed much more quickly. Workers are better at making decisions now because they are forced to. They have to look at goals more often and don't just let the cases play out."

However, several caseworkers reported that they were spending more time preparing for and appearing in court as a result of ASFA/HB 484. Caseworkers stated that they needed more help preparing court documentation, understanding courtroom protocol, and providing testimony. As a caseworker in a large sized western county said, "Now we have to learn how to testify by experience. When I first testified, I got kicked, stomped, chewed up, and spit out."

According to staff, judicial support for the new permanency timeframes varied. One caseworker reported that at times, their judge thinks the agency is acting too quickly to terminate parental rights and often doesn't grant permanent custody to the agency. However, another caseworker reported that their judge is, "adamant about terminating parental rights in the new timeframes." Several caseworkers commented that HB 484 was enacted before judges were trained, causing problems in meeting the new timeframes.

Three caseworker focus groups and one supervisor focus group reported implementing concurrent planning, including working to identify an adoptive or other permanent placement option for a child, while concurrently pursuing efforts to preserve or reunite the child with the family. Judicial support for concurrent planning varied widely. A caseworker from a medium sized central county reported that their judge was very supportive of concurrent planning and had immediate discussions with the family about permanency. However, a caseworker from another medium sized central county reported that their judge "throws out a case plan if it has concurrent planning. So we think about it behind the scenes."

Personal Responsibility and Work Opportunities Reconciliation Act of 1996

The Personal Responsibility and Work Opportunity Reconciliation Act⁴ (federal welfare reform law) repealed the Aid to Families with Dependent Children (AFDC) program, which guaranteed cash assistance to poor children and their families, and replaced it with the Temporary Assistance for Needy Families (TANF) program. With limited exceptions, cash assistance is no longer an entitlement and is time-limited to five years. Adults who receive TANF cash assistance must comply with work or other requirements, or face fiscal sanctions.

As welfare reform legislation was debated in Congress in the mid-1990s, many child welfare advocates anticipated that if the federal entitlement of cash assistance was repealed, the child welfare system would become the ultimate safety net for families—increasing referrals and swelling foster care caseloads. According to Hutson (2001) because of the link between poverty and child maltreatment, advocates feared that a decrease in a families' material resources would increase the incidence of child abuse and neglect.

To date, little research has been done to assess the impact of welfare reform on child maltreatment, and there has not been a study tracking the movement of children from TANF to foster care. However, a number of studies have reviewed national trend data and conducted interviews with state and county child welfare staff about their perceptions of welfare reform's impact on child welfare. For example, the Urban Institute, as part of its Assessing the New Federalism project, has been tracking child welfare issues in the same 13 states since 1997. According to Geen, Fender, Leos-Urbel, and Markowitz (2001), the Urban Institute found no evidence that welfare reform has significantly increased the number of families referred to child welfare. However, five states attributed an increase in the number of neglect cases to changes in welfare laws, and six states reported more parents were surrendering children or delaying reunification because the parents were overwhelmed by the stress of poverty plus the requirements of their self-sufficiency contracts.

Additionally, many child welfare workers in the Urban Institute report stated that work requirements or other requirements included in self-sufficiency contracts between parents and public assistance agencies frequently conflicted with required participation in child welfare services and court hearings, leading parents to believe that they had to choose between receiving cash assistance and keeping their children.

⁴ 42 U.S.C. 601 et seq., P.L. 104-193. The 1996 law also made major changes affecting child support enforcement, child care, Medicaid, food stamps, disability benefits for children, and the eligibility of immigrants for benefits.

Ohio Works First (OWF) and Prevention, Retention and Contingency (PRC)

Following the passage of the federal welfare reform law, Ohio implemented its current welfare reform program, Ohio Works First (OWF). OWF limited the time a family could receive cash assistance and required OWF participants to sign a self-sufficiency contract that delineated the responsibilities they must meet in order to continue to receive cash assistance. To be eligible for OWF, families must have a child under age 18 or a child age 18 who is a full-time student in a secondary school. A pregnant woman with no other children is eligible for assistance beginning in her sixth month of pregnancy.

The Ohio General Assembly deliberately crafted Ohio's welfare reform law to link with the child welfare system in the following ways:

- by requiring a county plan of cooperation that includes county job and family services, child welfare, and child support agencies to identify how the three systems will jointly serve families;
- by requiring joint case planning for families involved with child welfare and county job and family services; and,
- by continuing "child-only" cash assistance payments, which provide financial support to many children involved with child welfare and living with relatives.

In addition to OWF, Ohio created the Prevention, Retention and Contingency (PRC) program that allowed TANF funds to be used for certain child welfare services.

FINDINGS:

Respondents in the current assessment agreed that welfare reform had not significantly affected child welfare caseloads, but they did identify other effects they have seen on families and children, both positive and negative. These include:

Positive Effects

- Welfare reform helped clients increase self-esteem and social skills.
- More children were in child care, and benefited from the structure of child care setting or a Head Start program.
- More parents were working.

- Families were strengthened because they could no longer rely on the system to “bail them out of trouble.”
- Supervisors in Lucas County noted that women felt empowered by the shift to employment.

Negative Effects

- A medium-sized western county reported children experienced a lack of nutritious food because, as parents had to go on so many job interviews in order to receive cash assistance, money was spent on gas or the car instead of food.
- Many families were living on “handouts” because they could not manage the job interviews required to continue to receive cash assistance.
- Caseworkers in Lucas County reported that welfare reform created a big change. “Our families are much poorer now. They are living hand-to-mouth. More parents we work with are employed and that may be because of welfare reform, but they are underemployed and can’t make it.”
- “More kids were left home alone while the parent(s) work,” reported a large sized northeast county. Caseworkers were surprised that parents were able to work, given the lack of child care resources in the community.
- Several executive directors/designees reported that illegal immigrants needed services, but because of their illegal status were unable to receive assistance under state or federal programs (a provision of the federal welfare reform law.)
- Technical Assistance Specialists (TASs) reported an increase in the number of single mothers who neglected their children because of work-related responsibilities. TASs also observed that there were many mothers who were incapable of managing work and child rearing.
- Supervisors in a large sized northeast county stated that welfare reform mandates resulted in intermittently employed mothers. Parents in general, they reported, had shown weak job-keeping skills.
- In Lucas County, adoptions slowed last year because fewer children were eligible to receive Title IV-E subsidies due to the “look back” provision in the federal welfare reform law.⁵ Lucas County supervisors reported fewer children were eligible for adoption subsidies and that this was problematic “... because our adoptive families are not wealthy.”

⁵ Under the Personal Responsibility and Work Opportunities Act of 1996, states are required to “look back” to old AFDC rules in effect on July 16, 1996 to determine Title IV-E eligibility. Income standards do not grow with inflation, and eligibility for Title IV-E decreases over time.

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- Caseworkers reported an increase in referrals and requests for child welfare to pay for medications because the family's income was too high to qualify for Medicaid.
- A medium sized western county reported emergency services had increased. "We had 160 applications for emergency services last year. This year we are getting 2-3 applications for help every day. It is widely known in the community that we can provide help. Other agencies run out of resources before we do."
- Many caseworkers reported that it was too early to tell how involved child welfare will become with families no longer eligible to receive cash assistance.

Some caseworkers and supervisors, from combined child welfare and county job and family services (JFS) agencies, reported increased collaboration between the two program areas in the following ways:

- According to supervisors from a large sized central county, because child welfare and TANF programs were both in the same agency, the agency was able to offer employment services, energy assistance, and child support in addition to child welfare services.
- Caseworkers in a large sized northeast county reported they had eligibility meetings with JFS staff when a family was losing benefits. Caseworkers reported that combined child welfare and JFS agencies made collaboration and joint case planning easier.

Many caseworkers reported the ability to provide more services as a result of Ohio's PRC Program. PRC allows TANF funds to be used for services that can benefit families involved with child welfare, or who could become involved with child welfare if supportive services were not provided. Several caseworker and supervisor focus groups identified the following PRC-funded services as very helpful: respite care, social workers in schools, head lice programs, summer camp programs, in-school family intervention programs, home health programs for first time moms, and domestic violence programs for both victims of domestic violence and alleged perpetrators. PRC funds were also used to pay for food, rent, school clothing, and utilities.

PRC was a major funding source for child welfare services. According to ODJFS, in SFY 2002, over \$21 million was used for child welfare and family support services.

Several counties reported that PRC funds for services had ended or been severely cut, resulting in the need for child welfare staff to spend more time trying to get assistance for families. In addition, the reduction in PRC funding had, in some cases, resulted in child welfare agencies paying for school clothes, rent,

bunk beds, car repairs, medicine, groceries, utilities, etc. from funds the community donated for programs and services for abused and neglected children.

Multiethnic Placement Act/Interethnic Placement Act

The Multiethnic Placement Act (MEPA) became federal law in October 1994. The purpose of MEPA was to decrease the length of time children must wait to be adopted by preventing discrimination in adoptive (and foster) placements on the basis of race, color, or national origin. The law also required states to recruit potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed. MEPA was amended in 1996 and become the Interethnic Placement Act (IEPA). Whereas MEPA stated that placement decisions could not be made “solely” on the basis of race or national origin, IEPA removed the word “solely” from the law, stipulating that race, color, or national origin could not be considered at all in placement decisions.

Several caseworkers reported that, as a result, they were unclear about what they were allowed to discuss with foster or adoptive families about ethnic and racial issues. Many caseworkers reported that the only guidance they were given on this issue was to be told what they couldn't say to foster and adoptive parents; it would have been helpful, they said, to be given examples of what they could discuss with foster and adoptive parents.

Child and Family Services Review

The Child and Family Services Review measures state compliance with the State Plan requirements under Titles IV-B and IV-E of the Social Security Act. The review is a two-stage process comprised of a statewide assessment and an on-site review. The assessment involves the U.S. Department of Health and Human Services (HHS) preparing and transmitting state data profiles to the state being reviewed. The data profile provides an overall description of a state's performance in the areas of safety, permanency, and well-being for children.

Following the data assessment, an on-site review is conducted by a joint federal and state team. The on-site portion of the review provides the most comprehensive information by examining county children services' records and conducting interviews with state and local stakeholders. The quantitative and qualitative data are used together by HHS to determine the state's compliance with federal law and rule.

Ohio's Review was conducted in May 2002, and findings are not yet available. However, Ohio, like other states, will work with HHS on a program improvement plan to bring Ohio into compliance on all required outcomes.

Other Important Trends in Ohio

Ohio is one of 13 states that operates a state-supervised, county-administered child welfare system. Under this system, Ohio counties have a relatively high degree of autonomy in helping to shape new approaches and practices for serving children and families. As a result, Ohio's child welfare system is much more expansive than the federal programs and funding indicate.

Below is a brief summary of Ohio's reforms and initiatives of the past decade that have impacted a variety of child welfare practice areas.

Family-Centered, Neighborhood-Based Services

In 1992 the Annie E. Casey Foundation's Family-to-Family Initiative began in Ohio. The program has been instrumental in reforming foster care practice by encouraging the development of foster care homes in the neighborhoods from which children are most often removed. In Ohio this program, called the Family-Centered, Neighborhood-Based program, has included the development of child-centered teams (composed of foster caregivers or kinship caregivers, the primary parent, social workers, and persons from neighborhood organizations), and increased coordination and communication among community agencies.

FINDINGS:

Ten executive directors/designees representing all county sizes reported they have implemented or begun implementing Family Centered Neighborhood Based (FCNB) programs, and three planned to start FCNB in the near future. Three executive directors from small, medium, and large sized counties reported eliminating the FCNB program due to a lack of staff to perform the work or a lack of foster parents in the community.

Family Decision-Making Model

The Ohio Family Decision-Making Model (FDMM) assesses risk of abuse or neglect, using eight broad categories:

- Type and degree of acts or conditions to which children have been exposed

- Frequency of acts and conditions
- Child characteristics
- Characteristics of all involved adults
- Adult/child relationship
- Socioeconomic factors
- Alleged perpetrator access to the child (abuse)
- Responsibility for care of the child (neglect)

The FDMM was designed to be used throughout the life of a child protective services case, including: receipt of a report of child abuse or neglect, six-month case review, removal, returning the child home, and terminating agency services.

Family Risk Assessment Improves Decision Making

Many caseworkers commented that the risk assessment process had improved child welfare practice in the following ways:

- shifted child welfare from an incident-driven system to one that assessed risk;
- standardized more objective and less arbitrary decision making within agencies and across counties, and helped everyone use the same language;
- helped caseworkers look at underlying issues within a family;
- helped caseworkers identify and focus on a family's strengths;
- required the collection of baseline and genogram information that helped caseworkers see the family history and know what questions to ask; and,
- improved case planning.

Technical assistance managers (TAMs) reported that as a result of risk assessment, case documentation is now more extensive, because caseworkers must not only identify the issues, but also determined what will be done to address them.

Increased Paperwork

Many caseworkers reported frustration with risk assessment paperwork.⁶ Most caseworkers stated that the family risk assessment matrix (FRAM) did not

⁶ As a result of the 2001 study, Family Risk Assessment Matrix Validity and Reliability, by Horby Zeller Associates, Inc., the Ohio Department of Job and Family Services will be making some revisions to the

replace agency dictation or case notes. Since caseworkers had to complete *both* the FRAM and case dictation, they reported that it significantly increased the time spent on paperwork. In addition, caseworkers often had to complete a transfer summary. Many caseworkers noted that the FRAM had added to the work of the clerical staff within their agencies who typed information into the FRAM from handwritten notes.

Most caseworkers stated that the FRAM itself was duplicative. The “cluster elements” section of the model required re-recording of information that had been recorded earlier. Several caseworkers reported that the last four pages of the document were unnecessary, and should be dropped.

Supervisors from small sized southeast and southwest counties, a medium sized western county, and a large sized central county agreed that caseworkers spent more time on paperwork as a result of risk assessment.

A Comprehensive Family Risk Assessment Is Not Always Necessary

Many caseworkers reported there are times when completing a risk assessment was unnecessary and too intrusive in a family’s life. Many caseworkers gave examples of situations where they were required to complete the FRAM, but the circumstances, in their opinions, did not warrant a comprehensive risk assessment. Examples included:

- Custody dispute cases, where caseworkers reported it was unnecessary to complete a FRAM, and that in these cases the FRAM “unnecessarily alarmed parents.”
- The requirement that FRAM assessments be redone every six months, even when the family’s situation had not changed.
- Allegations of “dirty houses” where caseworkers were required to ask questions about sexual abuse, reportedly “frightened people and seemed out of line.” Several caseworkers stated that the FRAM often had nothing to do with the allegation.

Family Risk Assessment Matrix and Screening Referrals⁷

TAMs reported that because of risk assessment and increased demands on child welfare agencies, agencies had become more selective in whom they served. One TAM reported: “Other public systems, for example the courts and MRDD,

Family Risk Assessment Matrix. In addition, ODJFS is working with the National Resource Center on Child Maltreatment and workgroups consisting of county and state representatives to develop safety and risk assessment protocols.

⁷ The Department of Job and Family Services is receiving technical assistance and consultation on the screening administrative code rule from the National Resource Center on Legal and Judicial Issues.

are more appropriate primary service providers for many families the children's services system would have previously helped. We have narrowed the gate by being more specific and clear about who we serve."

Several caseworkers reported a change in the way agencies responded to referrals. A small sized northwest county reported, "We're more liberal with families. We used to go out on everything, but we're screening more things out. As long as a child is safe and cared for, these families have a right to their own decision making."

A medium sized western county reported that referrals were screened out that would have been looked at in the past. Only the very serious cases were being addressed. Some caseworkers reported that they no longer take custody of children when marijuana is involved, but instead only when more serious drugs are involved.

Lack of Support for FRAM Outside of Child Welfare

Many caseworkers reported that external service providers do not support the FRAM. Several caseworkers stated that judges and law enforcement don't understand the risk assessment process, and speculated that if others outside of child welfare understood its purpose, caseworkers would be more supportive of its use.

One caseworker stated, "Our judge told me that he would put me in jail if I brought him information in a FRAM instead of narrative dictation." A medium sized central county caseworker reported: "The community has different standards than the FRAM. We have to be responsive to our community, but many situations that upset our stakeholders are regarded as low risk."

Kinship Caregivers

Ohio established the Kinship Care Services Planning Council in 1999 to develop recommendations regarding the types of services that should be included in a statewide program of support for kinship caregivers. Eleven recommendations were made to ODJFS and many of them are being implemented, including:

- The Kinship Navigator Program, which requires a core set of services in every county for kinship caregivers, including access to legal services, child care services, respite services, and financial assistance. The program can be operated by the county child welfare agency or responsibility for program management may be contracted out to other community agencies. The program is funded with Title IV-B and TANF funds.

- A statewide toll-free telephone number to provide county-specific information to kinship caregivers.

FINDINGS:

Executive directors/designees reported their agencies were more frequently placing children in the homes of relatives, rather than in traditional foster families. Executive directors/designees also discussed using the new Kinship Navigator Program as a way to support these relatives.

Seven of the nine supervisor focus groups, representing all county sizes, discussed the increased use of kinship caregivers. A medium sized western county noted that grandparents and other relatives were more willing to take children who otherwise would have come into the custody of the agency. A medium sized east central county noted that more family meetings with extended relatives were occurring, and that there were more supportive services for relatives now than a few years ago.

Several supervisors and caseworkers reported that it was harder to recruit foster parents in their counties, making kinship care an even more important resource.

The Southeast, North Central, Northwest, and Central Regional Training Centers reported an increase in requests for training on working with relatives, kinship placements, and Family-Centered, Neighborhood-Based programs.

Additional Collaboration Efforts with Agencies and Organizations

As *Child Trends* (2002) reports:

“[There] is the need to recognize that child maltreatment is often only one part of children’s lives in households that experience poverty, substance abuse, mental health problems, physical disability, stress, or other forms of violence. These other disorders contribute to the conditions of children who are reported for abuse and neglect, and some of these effects may be significant.”

FINDINGS:

Collaboration as a result of family-centered, neighborhood-based practice and welfare reform represented only a fraction of the new collaborative activities the

counties reported. All sampled populations reported increases in collaboration between child welfare and other community agencies and organizations.

For instance, state laws mandate that child welfare agencies participate in local Family and Children First Councils and with multidisciplinary child fatality review teams, and several respondents reported their agencies had done so. ODJFS technical assistance specialists reported more interactions between child welfare agencies and juvenile courts, mental health providers, and the mental retardation and developmental disabilities system.

Individual county initiatives also brought service providers and agencies together within the community to work on specific issues. For example, the executive director of Montgomery County helped create an alliance with the Mental Health Board and the Metropolitan Housing Authority to provide temporary housing for victims of domestic violence.

Many caseworkers and supervisors reported participating in countywide domestic violence task forces. Task force members usually included probate or juvenile court judges, mental health professionals, law enforcement agencies, clergy, and probation/parole agencies. Many of these task forces developed protocols and policies to ensure a coordinated community response to domestic violence cases. Caseworkers and supervisors who represented their agencies on a domestic violence task force said they often brought specific issues to these meetings for discussion, such as the need for law enforcement to accompany caseworkers in the field.

Working with Schools

Schools were the most frequently mentioned organization with which child welfare agencies collaborated. Many focus group participants stated that schools worked well with child welfare and typically made appropriate referrals. Several child welfare agencies outstationed caseworkers in schools.

Caseworkers from agencies that had good working relationships with schools attributed their success to outreach efforts by the child welfare agency. For example, a medium sized central county reported child welfare staff had gone to schools and made themselves available to teachers (usually in the teachers' lounge) to answer questions about child welfare. During the course of the school year, the child welfare agency tried to visit every school in the county.

On the other hand, most focus group participants stated that school personnel did not understand the role and responsibilities of child welfare agencies, which resulted in inappropriate referrals, such as for head lice or dirty clothes. Supervisors reported that teachers expected children to be removed from their homes for family problems that child welfare did not consider abuse or neglect.

Understanding the Role of Child Welfare

Supervisors, caseworkers and TAMs reported that in many cases the community did not have a clear understanding of what could and could not be expected from child welfare. Several caseworkers reported that teachers and Guardians Ad Litem (GAL) expected families and children to live by the same standards they did. An executive director/designee from a small sized northeast county reported that GALs had unrealistic expectations for families, and that many GALs did not understand poverty and its implications for families. These misunderstandings with schools and GALs required caseworkers to spend more time correcting misconceptions and negotiating conflicts.

However, supervisors from a large sized central county reported the child welfare “agency credibility was higher among professionals and community groups.” A caseworker from a large sized southwest region county reported, “There seems to be more appreciation for what we do from other service providers.”

Within the past five years, Western Ohio and North Central Ohio RTCs reported an increase in requests for cross-system training.

Caseworker and Case Aide Safety

While the focus of the assessment was to obtain information about recent trends in practice and programs that affected the roles and responsibilities of child welfare staff, most caseworkers were very vocal about personal safety concerns. At the national level, the Child Welfare League of America recently reported that public agency staff across the country cite safety as their biggest concern. And the American Federation of State, County, and Municipal Employees recently reported that child welfare agencies were taking measures to increase worker safety.

In Ohio, many county child welfare agencies mandate that their staff attend safety training, which is often provided by the regional training centers. Some agencies offer safety training specific to their agency that includes agency safety policies and procedures.

The Public Children Services Association of Ohio lobbied for several years for a caseworker safety bill, and in April 2001 a caseworker safety law took effect that increased the criminal penalties for harassing or assaulting a child protection caseworker.

A tragic event in October 2001 further heightened statewide awareness of caseworker safety. Nancy Fitzgivens, a wife, student, mother of three, and a caseworker with Franklin County Children Services, was murdered on October 16, 2001, by a man allegedly enraged that Franklin County Children Services was planning to take permanent custody of his children at an upcoming court hearing.

John Saros, Executive Director of Franklin County Children Services, said that Ms. Fitzgivens' death "is a moment in time that forever separates the past from the future for our agency, our profession, and our community." In helping to fund a scholarship in her name at the Ohio State University School of Social Work, John Mattingly, Senior Officer at the Annie E. Casey Foundation said:

"Most people know that fighting for abused and neglected children is difficult, but few recognize it can also be deadly . . . Children services caseworkers travel alone and unarmed. Each day, they visit private homes where they are typically not welcome. They regularly meet family members who are deeply troubled, in crisis and on the edge. But to protect children they must establish rapport and persuade reluctant, fearful, angry—even hostile—adults to accept help.

Most of the time, caseworkers succeed. What they routinely accomplish in protecting abused children is an important untold story . . . The task of making difficult, sometimes life-or-death, decisions about children's futures is always daunting, often heartbreaking, and sometimes dangerous."

FINDINGS:

Caseworker and case aide safety issues were discussed extensively by participants in 13 of the 16 caseworker focus groups and by staff from four of the five counties that participated in the case aide focus groups. Many executive directors/designees and supervisors also expressed concern for the safety of their staff.

Many caseworkers felt that it was a dangerous time to be a child welfare caseworker. They suggested this was due to drugs and an erosion of values in society. They believed that previously caseworkers had been afforded greater respect. One caseworker commented that now it was "just as dangerous walking to a house or an apartment as it was stepping inside."

Substance abuse and the production of drugs such as methamphetamines were some of the reasons caseworkers felt at risk on the job. Caseworkers talked about drugs that made people "crazy, violent, and unpredictable." A supervisor from a large sized central county noted there were "very angry, drugged-up

people who are potentially dangerous” and this had increased attention on caseworker safety.

Many caseworkers indicated they had sought educational materials and attended training on methamphetamine labs in order to understand the dangers to themselves and clients (see Chapter V, *Client Characteristics*).

Some counties had law enforcement officers available to them and stationed in their agencies. The agencies paid all or part of their salaries. In some counties, law enforcement officers were assigned to the child welfare agency, or were on call for child welfare workers.

Many caseworkers felt more in danger when they were unable to take another caseworker with them into the field. They cited the following reasons for this prohibition:

- in small agencies there was inadequate staff coverage if two caseworkers left the agency;
- some agencies would not pay overtime for two caseworkers to respond to a report after normal business hours; and,
- supervisors were not aware of the danger and would not approve a response by two caseworkers.

Cuyahoga County caseworkers discussed the fact that even though law enforcement was called, sometimes they never arrived, requiring the caseworker, most often a female, to enter a potentially dangerous situation alone. Case aides in Cuyahoga and Hamilton counties expressed concerns for their safety, especially after normal working hours.

A lack of cell phones, or being in an area with no cell phone coverage, was cited as another reason caseworkers felt vulnerable. And, a medium sized central county worker reported, "Since we have to use our own cars, people can get our license plate number and find out where we live."

All of the RTCs, except Southwest Ohio, reported an increase in requests for safety training within the past five years. Many caseworkers stated that the safety training they attended, either through the RTCs or elsewhere, was very useful. However, many caseworkers stated that safety training should be routinely provided to keep skills sharp and diminish the possibility of becoming complacent about their personal safety.

FINDINGS:

Many focus group participants reported a lack of substance abuse treatment services, residential placement options, mental health services, and domestic violence programs. Caseworkers from small rural counties reported that if these services were available, it was in neighboring larger counties, and many of their families did not have adequate transportation to travel outside of their county. A supervisor in a small sized southeast county reported that the lack of mental health services had been identified as a community issue that many agencies were working to resolve.

Given the dearth of foster caregivers, supervisors from a medium sized western county reported that they were shifting more resources toward foster caregiver recruitment.

On the other hand, child welfare clearly benefited from the PRC program that, as discussed earlier in this section, contributed over \$21 million to child welfare and family support services in SFY 2002, and the use of TANF funds to support kinship care initiatives, and alcohol and drug addiction services and treatment.

Additional Ohio Reforms

Other Ohio reforms that occurred in the last 10 years were identified from literature reviews. In all likelihood these initiatives have affected child welfare practice as well. These include:

Standards for Effective Practice

The PCSAO Standards for Effective Practice were developed to assist child welfare agencies in service delivery. First released in 1996, the Standards represented the culmination of two and a half years of work. The Standards cover the prevention of child abuse and neglect, intake/assessment/investigation, intensive family-based services, ongoing/protective services, out-of-home care, adoption, kinship care, independent living, and administration.

A caseworker in southeast Ohio was the only person who discussed the Standards during the assessment process. He did so in the context of recommending the Standards to a new worker who reported receiving little “orientation” to child welfare. He told the new worker to read PCSAO’s Standards for Effective Practice in order to understand agency practices, and further

remarked that although counties don't implement all the standards, the document still provided good information about practice issues.

Child Protection Oversight and Evaluation (CPOE) Program

The Department has developed and implemented a statewide quality assurance system, the Child Protective Oversight and Evaluation (CPOE). The CPOE quality assurance system is based on modern quality methods, such as continuous quality improvement and the incorporation of automated child welfare process and outcome measures. The system is designed to improve the services and outcomes for families and children through a partnership between county PCSA and ODJFS personnel. Improvement opportunities for the PCSAs are supported through the provision of technical assistance by ODJFS staff.

Through this process the PCSA receives current and historical data that allows the agency to analyze its status in relation to 24 child welfare outcome indicators. The indicators address two outcomes for children and families: Child Safety and Permanency. With the help of ODJFS district staff, local meetings are convened and the PCSA forms and tests hypotheses to explain the data. ODJFS staff prepare a report documenting the entire process and findings. Acting on this information, the PCSA develops a quality improvement plan that, with the approval of ODJFS, is implemented and monitored. ODJFS provides continuing technical assistance. This process is repeated on an 18-month cycle.

AdoptOHIO

The AdoptOHIO program provides outcome-based financial incentives to more than 100 public and private agencies under contract to ODJFS to find adoptive homes for waiting children. Agencies are paid a fee each time they place a child who has been in the custody of a public agency into an adoptive home; another fee when that adoption has been finalized; and another fee nine months after the finalization, if that adoption has not disrupted. They also receive additional fees for children who are more difficult to place, including those who are older, are members of sibling groups, or who have been in placement for more than two years.

Protect Ohio

On February 14, 1997, Ohio was one of the first 10 states to receive approval from the U.S. Department of Health and Human Services (HHS) for the child

welfare five-year demonstration proposal under Section 1130 of the Social Security Act. Referred to as ProtectOHIO, Title IV-E funds for participating Public Children Services Agencies (PCSAs) became non-categorical, allowing expenditure of funds for any appropriate child welfare activity, including primary prevention, in-home and reunification services, and services to achieve permanency for children. Additionally, funds were pre-allocated to PCSAs, instead of being reimbursed based on placement expenditures to eligible families. Implementation of Protect OHIO officially started on October 1, 1997, when 14 counties, via agreements with the Ohio Department of Job and Family Services (ODJFS) placed a portion of their child welfare programs under the budget neutrality conditions of the demonstration agreement with HHS and received, in turn, waivers of certain federal regulatory and statutory requirements.

Through the demonstration's first four years, 11 of the 14 demonstration counties have saved a cumulative total of 561,195 placement days. Aggregate internal unit cost savings are valued at over \$23.4 million of the federal share for the same period. Expressed another way, these savings represent 1,540 fewer full-year-equivalent children in foster care resulting in funding flexibility to improve safety and permanency outcomes for children in the demonstration counties.

The waiver was scheduled to end on September 20, 2002, but ODJFS has requested a five-year extension. The Department's extension request for five years will be considered upon submittal of the state's final evaluation report, which is due to ODJFS by June 30, 2003. HHS will make a final decision on whether or not to provide a longer extension by October 31, 2003.

DISCUSSION:

The federal and state reforms described above represent only some of the changes with which child welfare agencies must contend. The child welfare system in Ohio experienced significant change during the past decade, as the system continued to focus on defining and achieving positive outcomes for children and families, while reacting to changes in other human services-related systems.

From the assessment participants and from literature reviews we learned that Ohio's child welfare agencies are:

- **Promoting and participating in more cross-agency collaboration** with a greater number and type of service providers, such as schools, alcohol and drug treatment providers, family violence task forces, county job and family services workers, multidisciplinary teams, mental health providers, law enforcement staff, housing agencies, and child fatality review teams;

- **Developing a broader continuum of services**, such as Family-Centered, Neighborhood-Based programs, supportive services for kinship caregivers, Kinship Care Navigator program, and PRC-funded services;
- **Implementing different practices for service delivery**, such as concurrent and team case planning, utilization of risk assessment, caseworker specialization, and outstationing of staff;
- **Using data for planning, implementation, and reporting on accountability measures**, including CPOE, federal Child and Family Services Reviews, caseload analysis, and performance standards; and,
- **Working with the state to improve services** by developing and implementing innovative programs, such as Protect Ohio and AdoptOHIO.

We also found that, like the rest of the country, Ohio's child welfare system has become increasingly complex. Child welfare does not exist in a vacuum, and events in other human service and related systems have ripple effects that impact child welfare. For example, changes in the federal welfare reform law in 1996 left child welfare with the burdensome "look-back" requirement where agencies must determine if a child is eligible for Title IV-E funds based on Ohio's AFDC-eligibility standards as of July 16, 1996. On the other hand, child welfare has clearly benefited from Ohio's use of TANF funds and the creation of the Prevention, Retention, and Contingency program.

While identifying many positive changes within child welfare, child welfare staff continue to struggle with:

- caseworker and case aide personal safety issues;
- state and county paperwork requirements. Several caseworkers reported that they feel they have to choose between "paper and people" because documentation has taken precedence over working with families;
- a lack of needed services in their communities, hindering efforts to stabilize families and provide safety to children. In areas such as domestic violence, foster care, mental health, residential facilities, and drug and alcohol treatment, caseworkers struggle to keep families together without the resources required to achieve this goal; and,
- other service providers or organizations within the community that do not understand the role and responsibilities of child welfare agencies.

**DECISIONS OF THE OCWTP STEERING COMMITTEE REGARDING TRENDS
IN CHILD WELFARE**

1. **The OCWTP will collaborate with ODJFS and PCSAO to design and deliver training opportunities to public child welfare executive directors, social service administrators, and other management personnel on child welfare funding, state and federal laws, caseworker and case aide safety issues, management issues, county collaboration strategies, understanding the missions and pressures of other service systems, negotiating skills and strategies, and other needed content areas.** (This decision is also supported by assessment findings presented in Section VII, *Training Content*.)
2. **The OCWTP will incorporate competencies related to intra-agency and cross-system collaboration into OCWTP training for all target groups at all levels in the training sequence.** (This decision is also supported by assessment findings presented in Section IV, *Work Force Characteristics*, and Section VII, *Training Content*.)

Cross-agency collaboration is a trend that will continue. For example, some of the upcoming cross-agency collaboration initiatives include:

- In 2002, Ohio will implement the (John H. Chafee) Foster Care Independence Act of 1999. This federal program is directed at children who “age out” of foster care at 18. Child welfare agencies can help youth access or obtain a high school diploma, postsecondary education, housing, vocational training, job placement and retention, training in substance abuse prevention, nutrition, pregnancy prevention, and smoking avoidance.
- House Bill 38, the Youth Independent Living Bill, takes effect November 1, 2002. It mandates that youth in foster care ages 16 to 18 receive services to help facilitate their transition to self-sufficiency. The law allows for emancipated youth between 18 and 21 years of age to continue receiving services from a public children services agency after agency custody has been terminated. If the emancipated youth qualified for services from other programs, then other service providers, such as Family and Children First agencies, rehabilitation services, and area metropolitan housing authorities, must enter into an agreement with the youth to provide services. HB 38 also prioritizes Workforce Investment Act programs for Independent Living youth.

- In 2002, as part of their local Family and Children First Service Coordination Plan, each county will establish strategies to provide community-based diversion services for unruly youth.
3. **The OCWTP will engage in ongoing assessment activities and routinely review and utilize studies, reports, evaluations, compliance reviews, and feedback studies, to identify training issues.**

Most projects funded by federal or state governments are required to conduct evaluations to gauge whether projects meet anticipated goals and outcomes. During the past decade, Ohio has had many programs and initiatives evaluated, including: the Title IV-E Protect Ohio waiver project, Family-Centered, Neighborhood-Based programs, the Family Decision-Making Model, and AdoptOHIO. State law requires an evaluation of the Family and Children First Councils' community-based diversion services for unruly youth by 2003. In addition, results of Ohio's recent Federal Child and Family Services Review are soon to be released.

Information from these evaluations and compliance reviews provides OCWTP with an opportunity to identify how reforms and initiatives affect child welfare staff roles and responsibilities and how practice and services have changed.

OCWTP should consider establishing a process for the ongoing review of comprehensive child welfare program evaluations and compliance reviews to identify changing staff responsibilities and effective and ineffective child welfare practices, enabling OCWTP to expend training resources on the most effective practice methods for helping families and children.

A number of executive directors/designees reported that it would be helpful if OCWTP offered workshops specifically for executive directors, administrators, and upper-level managers covered funding issues and program trends. This training could include information on building community-level infrastructure to support cross-agency collaboration.