

chronic
neglect

An Evaluation of the Family Asset Builder:

A Child Protective Services Intervention
for Addressing Chronic Neglect

Phase II Evaluation

JANUARY 2012



Acknowledgments

We would like to thank Debra Gilmore, previously Child Protection Reform Manager at the American Humane Association, for her contributions to the development of the Family Asset Builder model. We are grateful to Dan Koziolk from Carver County and Brenda Mahoney from Stearns County for their contributions in planning this study and in advising on the preparation of this report. We would also like to thank the Family Asset Builder staff and supervisors for sharing their insights about the intervention model for the purposes of the evaluation. Special thanks to Peter Pecora, Managing Director of Research Services, and Pamela Maxwell, Constituency Research Advisory Team member, for their feedback on the report. Our thanks also goes to Susan Ault at Casey Family Programs for her ongoing leadership and support. Finally, we would like to acknowledge both counties' willingness, foresight, and leadership in taking on this innovative pilot project.

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Executive Summary

Neglect is the most common form of maltreatment; in 2010, over 78% of maltreated children experienced neglect (U.S. Department of Health and Human Services, 2011). Chronic neglect is defined as a parent or caregiver's "ongoing, serious pattern of deprivation of a child's basic physical, developmental, and/or emotional needs" necessary for healthy growth and development (Kaplan, Schene, DePanfilis, & Gilmore, 2009, p. 1). It is characterized by recurrence and duration. Neglected children are at greater risk of forming maladaptive relationships (both with their peers and families later in life), performing poorly academically, having cognitive developmental delays, and being diagnosed with mental health disorders (for a review, see Tyler, Allison, & Winsler, 2006).

In 2009, Casey Family Programs (Casey) and the American Humane Association (AHA) began a collaboration to design and implement a new response to cases of chronic neglect in the child welfare system. The new intervention model, developed by AHA, called the *Family Asset Builder*, was implemented in two Minnesota counties, Stearns County and Carver County, in February 2011. Casey collaborated with Wilder Research to conduct a process evaluation of this new intervention. The report summarizes results from the evaluation that examined the successes and challenges with the first nine months of the intervention from the perspective of the staff involved.

The Family Asset Builder (FAB) model is a staffing and structural intervention and systems approach for child welfare agencies to work with families experiencing chronic neglect. Common themes from focus groups with caseworkers and supervisors in the two Minnesota counties, data on neglect cases in Carver County, AHA's professional expertise in this area, and a review of the relevant literature informed the development of the FAB intervention. Families are deemed eligible for the FAB intervention if the following criteria are met: the current screened in (i.e., substantiated) report is for neglect, the family has at least two prior maltreatment reports (whether screened in or not) within the previous three years, at least one child in the household is under age 5, and at least one prior report resulted in a substantiated maltreatment or services-needed finding. The FAB model uses a strengths-based, solution-focused approach with dedicated chronic neglect workers (each carrying 6-8 families on their caseload) contacting an entire family at least once per week and contacting the primary caregiver at least twice per week (preferably face-to-face) over 18 months.

The Evaluation

The evaluation of the FAB implementation involves three phases, which will span several years. The first phase of the evaluation focused on the training in the intervention model. The second phase and current evaluation consisted of in-depth interviews with FAB workers, supervisors, and managers; descriptions of the characteristics of families provided by the FAB workers; and an analysis of the notes from seven monthly consultation calls. The final phase of the evaluation will obtain feedback from parents involved in the intervention on their experiences.

Key Findings

The results of this evaluation highlighted the successes and challenges associated with the first-time application of the FAB model. As such, it provides timely information for improving the model moving forward. Consultation calls revealed slow referral rates to the program and raised questions about expanding eligibility. Interviews revealed that while staff had a good understanding of the intervention, many of the required components of the FAB model were already standard practice at the two counties, raising the question about the difference between the FAB model and "business as usual." Similarly, staff expressed the need for more concrete tools, specific strategies, and training opportunities to enhance the model and their work with families.

The interviews and consultation calls revealed, however, that the frequency of contact with the family that the model required was unique and, while challenging to adhere to, resulted in an ability to establish better working relationships with families and to focus more productively on manageable goals. During interviews, staff noted that some of the tenets of the FAB model spilled over throughout the entire agency, including awareness of chronic neglect and the value of increased frequency of contacts with families. From the perspective of the supervisors, the FAB intervention fostered enthusiasm and consideration of agency-wide changes. FAB workers expressed a sense of pride and felt energized by participation in the pilot project; they also felt support and encouragement from their fellow workers. Additionally, FAB workers felt they were having a positive impact on families and that the families appreciated concrete support, manageable goals, and patience and persistence from the workers.

Considerations and Recommendations

The evaluation findings from the first nine months of implementing the FAB intervention point to some model development and implementation improvements that should be considered. In light of worker capacity and case flow for this intervention, the screening criteria (e.g., that the current report to child protective services must be for neglect) could be reconsidered to be more inclusive while still maintaining a focus on the target population. For new caseworkers delivering the FAB intervention, assigning cases slowly could be considered as workers get comfortable and familiar with the dedicated focus and requirements of the FAB intervention. Additionally, concrete tools for working with families experiencing chronic neglect, as well as ongoing training and coaching, could be supplements to the casework practice. Community partners could be engaged in the intervention approach around chronic neglect with the hopes of better supporting and engaging families comprehensively. Using evaluation efforts to document the aspects of the FAB intervention that distinguish it from business as usual could increase buy-in and enhance the intervention approach. As resources allow, FAB workers could work in teams on cases to share the intensity of the work and brainstorm solutions to challenging situations (e.g., working with families that are resistant to the intervention). Lastly, if maintaining small caseloads becomes infeasible, alternative strategies to addressing chronic neglect could be considered that preserve the essence of the FAB model.

Next Steps

Tracking the longer-term outcomes for the children and the families in the FAB pilot project will contribute to a better understanding of the intervention's effectiveness at reducing the number of re-reports of child maltreatment and out-of-home placements for the families. With these longer-term outcomes, the ultimate goal of the Family Asset Builder intervention may be demonstrated: breaking the cycle of chronic neglect among these families. The next phase of the evaluation will be to solicit feedback from the parents involved with this intervention and to synthesize the multi-year evaluation efforts into a set of concrete recommendations for the intervention moving forward with the goal of sharing the model with the field. Future research will need to assess the long-term sustainability of this model and resource requirements in relation to observed benefits

Introduction

In 2009, Casey Family Programs (Casey) and the American Humane Association (AHA) began a collaboration to design and implement a new response to cases of chronic neglect in the child welfare system. The new intervention model, developed by AHA, called Family Asset Builder (FAB), was implemented in two Minnesota counties, Stearns County and Carver County, in February 2011, following a series of three trainings on the intervention model in 2010. From the beginning of this pilot project, Casey collaborated with Wilder Research (Wilder) to conduct a process evaluation of this new intervention. The purpose of the ongoing evaluation is to test this intervention in its first application and to provide information to develop and refine the intervention model. To that end, Wilder conducted an evaluation of the initial training. (<http://www.casey.org/OurWork/Research/> and www.wilder.org/research/).

The current report summarizes the evaluation results of examining the successes and challenges during the first nine months of administering the intervention model from the perspective of the staff involved—one director, two supervisors, and one case worker from Carver County and one director, two supervisors, and two case managers from Stearns County. In addition, it provides background on chronic neglect and a detailed description of the model in order to provide context to these implementation challenges. The next phase of the evaluation will solicit feedback from the parents involved with this intervention and will synthesize the multi-year evaluation efforts into a set of concrete recommendations for the intervention moving forward with the goal of sharing the model with the field.

Background: Chronic Neglect

In 2010, child protective services (CPS) received over 3.3 million child maltreatment referrals involving approximately 5.9 million children (U.S. Department of Health and Human Services [USDHHS], 2011). Among these, neglect was the most common form of maltreatment; just over 78% of maltreated children experienced neglect (USDHHS, 2011). While rates of sexual and physical abuse have declined over recent years, rates of neglect have not drastically changed (Finklehor & Jones, 2006), and neglect is more likely than other forms of maltreatment to occur repeatedly in families who have a history of maltreatment (DePanfilis & Zuravin, 1999).

Among the many challenges in effectively addressing chronic neglect is the lack of a consistent conceptualization of the issue (Hearn, 2011). While there is no single definition of chronic child neglect, AHA has defined *chronic child neglect* as a parent or caregiver's "ongoing, serious pattern of deprivation of a child's basic physical, developmental, and/or emotional needs" necessary for healthy growth and development (Kaplan, Schene, DePanfilis, & Gilmore, 2009, p. 1). Chronic neglect is characterized by recurrence and duration. As such, it is not just a culmination of specific incidences of maltreatment but a long-term developmental issue (Gilbert et al., 2009; Steib & Blome, 2009). Families reported to CPS for neglect tend to be repeatedly reported as new issues or problems arise (Kaplan et al., 2009), and these ongoing patterns of neglect can have deleterious effects on the lives and well-being of children.

Two-thirds of children who died as a result of child maltreatment suffered from neglect; over 35% of child fatalities resulted exclusively from child neglect (USDHHS, 2011). Caregivers of children reported to CPS often face challenges with drug abuse, mental health, alcohol abuse, and poverty; these challenges, in combination with neglectful parenting, contribute to the increased likelihood that children will be placed in out-of-home care (Walsh, 2010). Additionally, neglected children are at greater risk of forming maladaptive relationships (both with their peers and families later in life), performing poorly academically, having cognitive developmental delays, and being diagnosed with mental health disorders (for a review, see Tyler, Allison, & Winsler, 2006).

Chronic neglect can be especially devastating to a child's development when it occurs early in the child's life (Perry, 2001). The first few years of children's lives are crucial and sensitive periods for development. During these years, neural synapses are formed at a very high rate, and after the age of 3, synapses start to be 'pruned' (i.e., certain pathways that are not used may be discarded (Child Welfare Information Gateway, 2009). Research shows that neglected children suffer more issues in health, social functioning, and educational achievement than others (Smith & Fong, 2004). The risk for these negative outcomes for children may increase as well, with the increased exposure to neglect, making chronic neglect particularly harmful to children (Hildyard & Wolfe, 2002). The harmful impact of chronic neglect on children and the indirect costs to society are often overlooked despite increasing research that links chronic child neglect to long-term negative outcomes (Dubowitz, 2006; English, Widom, & Brandford, 2004; Erikson & Egeland, 2002; Felitti, 2002; Maxfield & Widom, 1996). The direct cost of services to families referred to CPS for ongoing neglect reports is estimated to be seven times that of non-chronic families (Loman & Siegel, 2004).

There is an undeniable need for more sustained and broad-ranging approaches to families whose problems often lie beyond immediate safety considerations and for more relevant research to provide a base of knowledge that informs our practices and policies. Despite a few intervention models highlighting effective responses for families with a history of chronic neglect (e.g., Family Connections, SafeCare, Healthy Families), child welfare agencies have struggled to use evidence-informed approaches. Just as families grapple with resource issues, so have child welfare agencies fought to hire sufficient professional staff; maintain flexibility within federal, state, and local funding guidelines; create adaptable organizational structures; sustain knowledgeable leadership; and satisfy stakeholders wary of programs that do not deliver immediate results (Steib & Blome, 2009). Existing intervention models for chronic neglect are holistic in nature (e.g., Family Connections) and require substantial investment for service delivery. Other models, while not designed specifically for neglect, have shown promise for reducing this form of maltreatment (e.g., Healthy Families, Nurturing Parenting Program). The Family Asset Builder (FAB) intervention model targets the chronic nature of neglect in families and recommends a structural and systems approach for child welfare agencies to work with families experiencing that chronic neglect. The FAB model takes an ecological perspective, meaning that the needs of each child must be understood not only in the context of his or her family but also in the context of the community in which he or she lives and the family's connections within that community. This report addresses what has been learned via this pilot project regarding the model as a viable intervention for a target population that has been previously categorized as intractable to treatment.

The Family Asset Builder Model

The Collaboration to Develop the Family Asset Builder Model

AHA and Casey collaborated to develop and test a new model for working with families experiencing chronic neglect, which has since been called the *Family Asset Builder*. AHA has been at the forefront of every major advancement in protecting children, pets, and farm animals from abuse and neglect since 1877. In 2007, AHA launched a National Initiative on Chronic Neglect to better understand the complex concepts of neglect, chronicity, and chronic neglect; to bring together key stakeholders to address the issues; and to help agencies and communities strengthen families that are impacted by or at risk of chronic neglect. AHA developed the model and Casey led the evaluation, with the support of Wilder.⁴ Casey is the nation's largest operating foundation dedicated entirely to foster care and improving the child welfare system. Casey's strategic goal is to safely reduce the number of children in foster care and improve the lives of those who remain in care. In order to achieve that goal, effectively supporting families experiencing chronic neglect is critical.

⁴ Wilder Research, a division of the Amherst H. Wilder Foundation, is one of the nation's largest nonprofit human services research and evaluation groups.

Using Casey's and AHA's partnerships with public child welfare jurisdictions across the state, two counties in Minnesota were identified as ready and willing to pilot the AHA-developed intervention model for addressing chronic neglect. Stearns and Carver Counties joined the collaboration and served as the testing ground for the FAB model.

Focus Groups to Inform Development of the Model

In support of the planning process for implementing and testing the model in Stearns and Carver Counties, AHA staff facilitated six focus groups in December 2009 including four caseworker groups and two supervisor groups. The focus groups addressed their experiences with chronic neglect in their counties and participants were asked to consider families impacted by chronic neglect in their county (defined as families that cycle in and out of the local child protection system due to reports of neglect or at least initially for neglect). Participants discussed their agency and individual strengths, challenges, and potential solutions in helping families impacted by chronic neglect, as well as the supervisory strengths and needs in working with this population of families. Several of the core components of the FAB model described below emerged from these focus groups.

Screening Criteria

For services to be most effective, it is advantageous to identify families experiencing chronic neglect earlier in their trajectory rather than later. With the use of relevant screening criteria, the possibility of early identification can be optimized. Data spanning from 2000 to 2010 from Carver County were analyzed to clarify what constitutes chronic neglect, to identify patterns in the timing of neglect reports, and to note whether there were distinguishing characteristics between children with more than one neglect report compared to children with other types of reports.

Based on this exploratory analysis of Carver County administrative data, a review of existing screening tools, and professional judgment, a third intake with neglect allegations at each allegation over a course of three years was determined as being a reasonable criterion for eligibility in the FAB intervention. This recommendation influenced the final FAB screening components. The final screening criteria for FAB included the following: families need to have three maltreatment reports over the course of three years, of which the most recent one is for neglect; one child younger than 5 years old in the household; and one prior report that resulted in a maltreatment determination or a need for services.

Description of the FAB Intervention Model

The common themes from the focus groups, AHA's professional expertise in this area, and a review of the relevant literature informed the development of the FAB intervention. It was built on the knowledge that families with long-term histories of cumulative problems and disadvantage cannot be expected to overcome what are often intractable difficulties in short timeframes. Effective intervention may take a year or more in families that are not functioning at a level that will secure their child's well-being (Kaplan et al., 2009). The intervention incorporates the use of strengths-based and community-centered approaches and is based on the core assumption that the quality of the relationships among the professionals and family members working together is at the heart of effective change (Bertacchi, 1996; Kalmanson & Seligman, 1992). A family-friendly overview of the FAB intervention is provided in Appendix A.

Based on the above-mentioned planning activities, this philosophical orientation, and an extensive literature review, FAB was designed to target families that have been reported to CPS for child maltreatment at least

three times in three years with the most recent report being for neglect, suggesting that prior CPS interventions have not been effective. FAB is composed of the core components listed in Table 1.

Table 1: Family Asset Builder Model Components⁵

Structural Components	
Staffing levels/ characteristics	Dedicated chronic neglect caseworkers ♦ Workers possess competency-based knowledge of chronic neglect and the skills needed to engage, support, and assist families that regularly neglect their children.
Caseload	Six to eight families per worker ♦ Worker is assigned to the family for the life of the case (report assignment through closure).
Supervisory structure	One supervisor dedicated to supervising chronic neglect case workers and oversight of chronic neglect cases
Intervention duration	Recommended 18 months of service provision with 3- and 6-month “boosters” (i.e., follow-up visits after closure to check on family well-being and service or supportive needs)
Number, frequency, and duration of contacts	Minimum of two contacts per week with the whole family ♦ Minimum of two contacts per week with primary caregivers (preferred contact method is face to face)
Process-Related Components	
Values	Believe that all families have strengths and resources ♦ Value the strengths and resources of families as tools that help families keep their children safe ♦ Strive to understand and work with families in the context of their culture and environment ♦ Treat family members as partners ♦ Recognize that services that meet child and family needs are based on safety concerns and risk of maltreatment ♦ Provide frequent, consistent, and long-term intervention to families impacted by chronic neglect to instill hope, systems of support and sustained change
Guiding principles	Child safety comes first. ♦ All policies and practice are child-centered, family-focused, and community-based. ♦ Intervention in the lives of families is commensurate with the family’s needs. ♦ Family engagement and partnership are core components of effective intervention with families in need of services and support. ♦ Families have the right to make their own decisions and choices unless the child’s safety is compromised.
Emotional climate of organization	Parallel process: strengths-based, solution-focused ♦ Transparency ♦ Flexibility ♦ Supportive/collaborative
Practice-Related Components	
Screening criteria (required for eligibility)	Current report screened in for neglect ♦ At least two prior reports (whether screened in or not) within past three years; reports must be at least one month apart to reflect separate incidents ♦ At least one child under age 5 in household ♦ At least one prior report resulted in a finding of substantiated maltreatment or services needed.
Staff-client interactions and decisions	Family interactions are strengths-based and solution focused. ♦ Worker-facilitated solution-building in partnership with the family to create small, measureable, and achievable goals ♦ Decision-making is driven by family choices and those decisions are honored unless the child’s safety is compromised.
Pathway	Family assessment or family investigation (which pathway is noted in the case record)
Voluntariness	Assigned families do <u>not</u> have the option to refuse CPS services, but service plan is family-led (hybrid of investigation and assessment).
Worker self-care	Identification of “red flags” that are indicative of burnout and/or secondary trauma ⁶

⁵ Table format adapted from James Bell Associates (2009).

⁶ *Secondary trauma*, often referred to as *vicarious trauma* or *compassion fatigue*, is defined as a physical and emotional stress response to working with a highly traumatized population. It is a psychological phenomenon in which the professional helper and/or caregiver experiences many of the common feelings and symptoms associated with victimization (McCann & Pearlman, 1990).

In addition to the above components, the two intervention sites were encouraged to consider the following factors: pattern of low risk but increasing frequency (e.g., child maltreatment reports regarding the caregiver's failure to adequately care for the child are now occurring every 4 months – for the last four months – when previously, comparable reports occurred about 6-7 months apart); diminishing time between events; adapting the model to meet the particular needs of families; integration with other agency practices, such as Signs of Safety; and community characteristics (e.g., urban/rural jurisdiction or environmental safety, opportunities, and resources) that influence the characteristics of the child welfare population. On several occasions, the intervention model was succinctly referred to by FAB staff as “lower [caseloads], longer, and more.”

Training in Preparation for the Launch of the FAB Model

In December 2010, AHA provided on-site workshops for (1) community stakeholders; (2) agency staff; and (3) the practitioners, supervisors, and administrators directly involved in the two counties. The counties' dedicated FAB workers and supervisors were expected to attend and participate in all three workshops. The workshops occurred over three consecutive days for the two counties and had three primary foci: to deliver a primer on chronic neglect including the state of knowledge, research, and practice; to promote inter-agency collaboration; and to prepare dedicated FAB workers to implement core components of the model to sustain a longer-term, more intensive worker-client relationship that builds target families' social, financial, and problem-solving assets in incremental steps over time. Two AHA staff experts in chronic neglect delivered the training workshops.

In addition to the training, AHA was responsible for the FAB pilot project oversight and served as active consultants, convening monthly consultation calls throughout the two-year pilot period (2011-2012). The initial training and coaching sessions were intended to be responsive to the needs of the individual county, its staff, the specialist workforce, and the community.

FAB Workshop Descriptions – Stearns and Carver Counties

Community Orientation/Stakeholder Overview

County-specific introductory half-day sessions targeted community, service, and/or agency staff stakeholders to increase awareness and knowledge of chronic neglect. Engagement of these populations is essential to support this work over time. These sessions addressed neglect and chronic neglect definitions, prevalence, the association of neglect and poverty, and characteristics of the families impacted by chronic neglect. In addition, the session provided a description of the intervention model to respond to this population as well as to provide an opportunity to raise questions and concerns. The FAB staff deferred to county leadership to identify which stakeholders should be invited to this session. Approximately 30 community stakeholders attended the Stearns County workshop and 15 community stakeholders attended the Carver County workshop.

Agency Staff Overview

These half-day workshops were open to all child welfare agency staff to increase awareness and knowledge of chronic neglect. Thirty-one Stearns County staff (> 80%) and 14 Carver County staff (74%) attended the agency staff training. The selected information from the primer provided greater depth of the subject matter and detailed the specific characteristics of screening, assessment, and intervention with this population of families. The FAB model was described, reviewed, and discussed.

FAB Specialists/Supervisors Overview

This full-day workshop detailed the procedural, practice, and supervisory aspects of the FAB model. Opportunities for application of the structural, process, and practice-related components were provided through case scenarios, consultation, and mapping. Collaborative case staffing, team leadership, supportive problem-solving, and monitoring burnout (secondary trauma) were described, reviewed, and discussed. The agendas for these trainings are in Appendix B.

Implementation in the Two Sites

On February 1, 2011, Stearns and Carver Counties launched the Family Asset Builder model. Stearns County Family and Children's Division and Carver County Community Services were expected to shift worker caseloads in order to permit specialized FAB workers to carry smaller caseloads of between 6-8 families per worker. Leadership of both Minnesota agencies was supportive of the FAB model and made a commitment to the fidelity of the specialized practice.

FAB workers were expected to use any/all safety, risk, and family assessment tools that are already in use under standard protocols. Assessment instruments include Structured Decision Making tools (safety assessment, family risk assessment of abuse and neglect, family assessment of needs and strengths), a child well-being tool (Ages and Stages Questionnaire), and a children's mental health screening tool (Pediatric Symptom Checklist). Signs of Safety is currently used in both counties and should bring added clarity to neglect cases concerning what actions need to be taken on behalf of families.⁷ The FAB intervention added two additional tools for workers to use: the Early Childhood Service Intensity Instrument and Parent and Rater Scaling Questions (aligned with the Signs of Safety scaling questions) for Targeted FAB Outcomes. FAB workers carried smaller caseloads of dedicated chronic neglect cases and received specialized training. However, other aspects of case work, such as procedures for case termination or referrals to services, remained unchanged. Generally speaking, the FAB workers and supervisors should know, to the best of their ability, that the family has reached a level of risk that is stable and acceptable.

Families who come to the attention of CPS via an intake report and who meet the screening criteria for child maltreatment and who have had two or more prior reports (i.e., this is at least the third report), regardless of whether the prior reports were screened in, qualify for the FAB intervention. To ensure the screening criteria were fully met, an additional measurement factor was added—prior reports must occur at least one month apart from each other to avoid multiple reports of the same incident. Families who meet the criteria for the intervention, who are recommended for case management, and who agree to receive services are enrolled in FAB. If a family refuses to cooperate with the child welfare investigation or refuses FAB services despite the recommendation for case management, court involvement may be necessary. Families are then briefed on the evaluation. They have the opportunity to review and sign a consent form so they are aware of what kind of information is being collected as part of the evaluation. If they want to decline this option, they may do so and still participate in FAB services.

Evaluation Approach

Staff from Casey, Wilder, AHA, and Stearns and Carver Counties partnered to design an evaluation plan to capture information from the first-year implementation of the model as part of the pilot project. The evaluation involved in-depth interviews with FAB workers, supervisors, and managers; description of characteristics of families provided by the FAB workers; analysis of case data; and an analysis of notes from monthly

⁷ The interaction between Signs of Safety and the FAB model is one important inquiry of this evaluation.

consultation calls. All data collection processes and instruments were reviewed and approved by Casey's Human Subjects Review committee prior to implementation.

Between February and October of 2011, seven consultation calls were held between AHA and FAB caseworkers, supervisors, and managers. Casey research staff participated in these calls, took detailed notes, and analyzed the notes as a source of evaluation data on model implementation. Each call lasted approximately one hour, and consistently almost all participants (caseworkers, supervisors, and agency managers) attended. In addition, in October of 2011, Wilder staff conducted telephone interviews with these agency staff (three caseworkers, three supervisors, and two managers). Interviews were semi-structured and lasted approximately one hour. The Wilder interviewer asked FAB staff a series of questions about their perceptions of the pilot project thus far, including their understanding of the model; benefits of and challenges working with families; impact on staff, families, and their organizations; and their hopes for the future. Caseworkers at each site were also asked to complete tracking logs for each of the families that they worked with; these logs included information on household and child demographics, case status with the FAB intervention, family history with CPS, re-reports of child maltreatment, and out-of-home placements for the children.

Findings

Characteristics of Families Served

Three FAB workers are currently working with 11 families in Stearns and Carver Counties (workers reported serving 16 families to date, although at least 5 of these families did not engage in the intervention after the assessment phase). According to case-tracking logs completed by workers, these families have the following characteristics:

- An average of 3 children living in the household (ranging from 1 child to 9 children)
- Children's average age of 6 years (ranging from 9 months to 16 years)
- At least one child under the age of 5 years per the screening criteria
- Most households have at least two adults
- Most primary caregivers are birth mothers
- All primary caregivers are white
- All but one family receives income-related public assistance (e.g., Minnesota Family Investment Program)

As stipulated by the screening criteria for the FAB intervention, the most recent CPS report has been for neglect; however, some families have had other types of reports (e.g., sexual abuse) in their history of maltreatment reports to CPS. The following is true of FAB-participating families' CPS history:

- The average number of prior reports is 6, ranging from 2 to 12
- All of the families' cases are still open
- The average case has been open for 143 days (about 4½ months), with durations ranging between 36 days and 8 months

Since the implementation of the pilot project, none of the children have been placed out-of-home; however, three children were placed in out-of-home care on the same date that they became FAB-eligible. Because it is likely the same investigation both referred the family to the FAB intervention and led to the children's removal, the placements were not counted as occurring while the intervention was underway. Re-reports of maltreatment have been made for more than 28 percent of the children (10 out of 35 children). In all:

- 18 re-reports of maltreatment were made on 10 children, with the majority (67%) for neglect⁸
- 6 of the re-reports were for physical abuse, sexual abuse, or threatening injury
- 4 of the 18 re-reports were substantiated (3 related to the same incident)
- 4 re-reports were screened out, 9 re-reports were unsubstantiated, and 1 re-report is yet to have a determination.

Interviews and Consultation Calls

The following sections describe key themes from the consultation calls and interviews. Details were changed throughout to protect the confidentiality of the FAB workers and families (e.g., the pronouns *she* and *her* are used interchangeably for all workers and supervisors, regardless of their gender). By and large, the responses given by FAB staff during the interviews and on the consultation calls were consistent. Where responses or themes were unique to either the interviews or consultation calls, indications of data source are given.

Assessment of Families Served

During the interviews, when staff were asked to describe families served through the intervention in their own words, FAB workers indicated that most of the families had limited financial resources and few informal supports. Although FAB workers noted that almost all families they serve struggled to meet their basic needs, workers did not agree that poverty was the primary reason for neglect across all cases. Workers described families as isolated and often lacking skills and knowledge related to parenting. Substance use and domestic violence were mentioned as risk factors for some families as well. These risk factors were also highlighted on the consultation calls as well as struggles related to single parenting and larger family size.

Understanding of the FAB Model

As evident from the interviews, in general, staff exhibited a common understanding of the Family Asset Builder model. Only FAB workers were explicitly asked during the interview to describe their understanding of the FAB model, yet all staff identified the core elements of the intervention model to be a) the eligibility criteria and, b) guidelines for frequency and intensity of the service intervention. Several staff also noted that the FAB model encourages workers to view their cases holistically and over the lifespan, rather than focusing on the individual incident that resulted in the child protection report.

Despite this common understanding, both the interviews and consultation calls raised some questions about the difference between this intervention and business as usual. During the interviews, all staff remarked that many of the required components of the FAB model are fairly standard practice at the two counties involved in this pilot project. Staff from one county noted that the primary difference between business as usual and the FAB model is the frequency of contact with families (two visits per week) and the duration of the case (18 months) required by FAB. Staff from the other county cited even fewer differences between the FAB model and business as usual, as they already have the flexibility within their agency to offer more frequent visits and to keep cases active for longer periods of time. Staff from this county indicated they have other workers who regularly maintain this level of intensive contact with other child protection cases, even though it is not required.

⁸ Nationally, 27 percent of all families with child welfare involvement have a re-report within three years (NSCAW Research Group, 2010).

Screening Criteria

During the consultation calls, FAB workers from both sites stated that finding appropriate families for the intervention is difficult, which caused the pilot project to move slowly at the outset, largely due to the eligibility criteria.⁹ Many of the families have had case assessments or received referrals to programs or classes, yet the prior substantiated maltreatment or need for services finding is not present.

We have a hard time telling a family that we've decided they are "chronic" if they have never had any intervention. Assessments have been done, but the families haven't been helped. It's tough to go back and tell them that...they now meet the criteria for being chronic, when so little has been done for them.

—Supervisor comment on consultation call

Another issue surrounding eligibility is that calls not screened in or calls leading to voluntary referrals to services (but not maltreatment determinations) do not meet the screening criteria for FAB participation. Furthermore, the current report for a family must be for neglect, and prior reports of maltreatment must have occurred within two years of the current report for which the family is being screened into FAB. Although child neglect within some families may be present and chronic, if the current report is for abuse, the family is screened out of the FAB intervention.

We have a family that was reported for neglect, but the prior was just a child welfare report, and other cases of neglect were previous to the two-year window. The criteria wouldn't allow this case into FAB, because the priors weren't for neglect, or the neglect priors were too long ago.

—Supervisor comment on consultation call

Concerns were also raised during the consultation calls about whether court-involved families could be part of the FAB intervention. Certainly, members of the FAB team agreed that if the best action regarding the safety of the child(ren) is court involvement for one or both parents, the necessary steps should be taken; however, the question of whether these families should continue with the FAB intervention was raised. For example, the Family Dependency Treatment Court (FDTC), which is a voluntary drug-court, brings together a judge, counselors, caseworkers, and families weekly to support and/or sanction family members who are struggling with chemical dependency. Because a case referred to FDTC would be transferred from the FAB worker to the FDTC worker, the case would fall out of the purview and eligibility for the FAB intervention. The intensity of court involvement or drug treatment for many families presents an additional eligibility restriction that can move cases away from FAB workers.

Additionally, during the implementation of the pilot project, there were families that did meet the criteria for entry into the FAB intervention but did not get assigned.

I wasn't comfortable taking on more families at the time because I wasn't confident in using FAB with the first case assigned...I wasn't going to take on more without knowing how the program worked first.

—FAB worker comment on consultation call

⁹ Criteria for eligibility for the FAB require the family to have a current report screened in for neglect, at least two prior reports (whether screened in or not) within past three years, at least one child under age 5 years in the household, and at least one prior report that resulted in a finding of substantiated maltreatment or services needed.

Despite the entry criteria limiting the number of families participating in the intervention, because the cases require a significant amount of upfront work, some supervisors noted that the addition of about one family per month seems manageable for the FAB workers. Currently, there are 11 families being served through the FAB intervention (across three workers), and no single FAB worker is carrying a complete caseload of FAB-involved families (6-8 families).

Services and Referrals for FAB Families

During the interviews, FAB workers reported providing families with a variety of service referrals based on their individual needs. Services and referrals identified by workers included chemical dependency treatment; referrals for in-home, family skills workers; individual therapy; parenting education and support groups; sexual assault advocacy; medical and dental care; housing resources; and basic needs such as cleaning supplies, gas cards, or safety items. In general, FAB workers agreed that the services they offer families through the FAB intervention are the same services they offer other families receiving child protection case management. However, they may have more opportunities to offer these services and referrals due to more frequent contact with families. In addition, they may have more time to help clients follow through with referrals, rather than simply providing them with a list of phone numbers.

In addition, the consultation calls and interviews revealed integration of this intervention with other practice models. Signs of Safety is the primary case work model being used with CPS families in these two counties. During the interviews, all staff reported that they continue to use Signs of Safety and Structured Decision Making with FAB cases. One FAB worker noted that the use of scales in Signs of Safety is especially valuable with FAB cases because it allows the worker and family to better measure incremental change and progress.

Signs of Safety provides us with the practice tools to do the work. We map cases and discuss them as a team. We are developing worry and concern statements as an agency.
—Interview with FAB worker

Intervention Length and Intensity

Staff from one county noted on a consultation call that even though they aren't interacting with the families any differently than they do with the Signs of Safety model, maintaining the frequency of contact with families as recommended by the FAB model is difficult. (The FAB model recommends a minimum of one contact per week with the entire family and two contacts per week with the primary caregiver, preferably face to face.) Specifically, meeting cancellations and limited telephone access for some families presented barriers to contacting the families more than once per week. These barriers were also highlighted in the interviews as well as the difficulty of contacting families face to face in large geographic counties where a family might live several hours away from the worker's office. Many of the families experience additional stressors that contribute to the difficulty of maintaining the frequency of contacts with caseworkers, such as substance abuse, incarcerated family members, financial concerns, family illness, irregular employment hours, finding affordable daycare, obtaining health insurance coverage, and children already placed in out-of-home care.

Meeting with an entire family is more difficult...meeting with the primary caregiver and the non-school-aged kids is easier. When there are many children in a household, there is so much chaos. Normally, I have to choose one thing to focus on, usually particular to one child.
—FAB worker comment on consultation call

Where families are receptive to the frequency of meetings, FAB workers can find it hard to maintain the frequency of contact because of trainings, conferences, and commitments to the other families on their

caseloads. Workers remarked on several of the consultation calls that they were often unable to contact their families twice per week. When FAB workers are able to meet with families more than once per week, it is important that they receive guidance regarding how to use the meeting time with families effectively, to avoid multiple weekly meetings becoming redundant. This potential for redundancy was an expressed concern of one FAB worker during the consultation calls and interviews.

Initially, there was some concern on the part of FAB workers about how to broach the subject of the intervention length and intensity to the families. After all, two or more contacts per week for an 18-month period may seem too much for many families. However, workers reported the frequency of the visits allowed families to manage a few goals at a time (e.g., making a medical appointment or addressing a child's school needs), rather than attempting to accomplish a laundry list of changes in the home and their lives during the month between worker visits. Additionally, because of the intervention length, and the more holistic approach taken by the FAB model, workers may need to address a broader spectrum of issues with families (as opposed to primarily addressing the issue for which a family was referred to child protective services, for example), which is critical with neglect cases as families' needs are complex and multifaceted. For example, one worker described a case that was reported due to inadequate supervision of the children. The worker initially worked with the family on appropriate supervision, but she eventually helped this family seek substance abuse treatment for one parent, and she also addressed education and health concerns related to the children. These other needs may not have emerged in a typical child welfare case where the worker is primarily focused on educating this family on appropriate supervision of the children.

In a typical case, the way child welfare works is we are looking at a very short period. We have workers that work on very specialized functions, and if a case isn't successful there, they might transfer to another area. So systemically we think short term, because cases usually transition. But for FAB cases, we know we'll be with the family for the life of the case, so we have to do more planning for different types of outcomes.

—Interview with supervisor

Breaking out long-term goals for the families into more manageable tasks that can be accomplished one at a time slows things down for the families so that they can focus on smaller goals each week (e.g., baby-proofing one room of the house) and maybe experience more success. With typical CPS services, the FAB worker would check up on the family once or twice per month, but because worker-client interactions are more frequent with the FAB intervention, the worker can ensure that goals are being met and help families progress.

I don't offer these families anything different than I would other case management families. We can just pace it better. The client has shorter-term goals, so it is less overwhelming for them.

—Interview with FAB worker

Workers have been able to schedule regular appointments with some families and give them realistic timelines for accomplishing goals because, as one FAB worker tells the families, "I'll be back in a week." Some workers expressed that the increased contact between themselves and families helped establish better working relationships, which keeps families engaged in the intervention and progressing toward their goals.

[With regular services,] I would normally have two visits per month with case assessment. With FAB, I have 6-10 visits per month...A lot of what we do is dissecting and slowing things down. I think I've created a good partnership with the families.

—FAB worker comment on consultation call

It has been difficult with some families, however, to discuss long-term goals when there are immediate crises that need to be addressed, even on a weekly basis. However, such re-prioritizing is common practice in child welfare given the quantity and nature of the volatile circumstances many families experience. Especially notable in homes with more children, discussions around long-term goals (e.g., reunification, case closure) are often set aside temporarily when immediate needs (e.g., clothing for the children, safety concerns) must be addressed first. While the intensity and frequency of the contacts with families helps goal-setting and accomplishment overall, this sidetracking by immediate crises still persists with some families.

FAB staff were also asked whether it is more difficult to maintain appropriate boundaries when working intensively with families over an extended period of time. While increasing the frequency of contacts between FAB workers and families is a major component of the intervention, such increased contact created some concerns about boundaries between them. FAB workers often expressed concerns with being pulled into the middle of arguments between caregivers (especially if child custody or visitation is involved), creating tensions and adversarial relationships. While some staff felt boundaries were no more difficult to maintain for FAB cases, others mentioned that it may be more difficult because FAB workers witness more of the family's behavior and know their history and context. For example, a worker who has a long-term relationship with the family may not be able to make an objective decision as to whether to file a new child protection report. The worker may be aware that the circumstances are significant enough to justify a report, but she may be influenced by positive changes she has observed in the family. To alleviate some of these tensions and potential biases, FAB workers tried to be clear about their role with CPS, to refrain from taking sides in domestic disputes, and to consult with a larger team when making decisions about a family.

Supervisors also commented, with regard to how they should communicate issues related to fidelity to the model to FAB workers, that the focus should be more on how to work intensively with the families. In other words, when supervisors address model fidelity with FAB workers, emphasis should be placed on building relationships with the families and using strengths-based approaches to keep families from returning to CPS rather than ensuring two successful contacts are made each week with each family. Along with this comes keeping the workers aware of what they are trying to accomplish and systematic changes involved with the FAB intervention.

Community Supports

According to the model description, one distinction between FAB and typical child protection case management services is that in addition to focusing on child safety, FAB workers are encouraged to make immediate efforts to engage and involve community partners to meet the family's concrete needs. However, during the interviews workers reported no difference with regard to how they engage with other professionals both within and outside their agency. They reported that they were already engaging other professionals to better support families, and the FAB model did not affect their ability to do this. FAB workers did not identify anything in the model that guides workers to do this differently, so it may not be realistic to expect differences in this area.

While they may be no more likely to increase a family's connections to formal sources of community support, FAB workers may be better able to help the family establish informal networks of support. During both the interviews and consultation calls, workers noted that the frequency of contact with the family increases their exposure to family members, friends, and neighbors who might be a resource for the family.

[We've] been able to grow the network of support for these families. This has led to access to additional services, outlets in the community for support, things they can get involved with during the holidays.

—FAB worker comment on consultation call

FAB workers may be better able to help families identify people who can support them simply by being a more regular presence in the family's home. One worker reported in an interview that they were more likely to "think outside the box" with regard to a family's informal support network, and this was likely due to the model's emphasis on planning for long-term involvement with families. Additionally, one supervisor reported in an interview that workers may be more successful in connecting families to resources because they are in the home more and can ensure that families follow through with referrals.

Using a Strengths-Based Approach

FAB workers expressed on the consultation calls that their interactions with families were largely solution-focused and strengths-based. Using less "problem talk" and more "solution talk" has allowed workers to build better rapport with the families. For example, workers noted asking families about periods in their lives when they were sober (and what those times were like) or if their experience with CPS looked different, what it would look like. In using this approach, FAB workers have noticed that (at least for certain families) they have been able to create a greater comfort level with the families, even when some families may have had negative and adversarial relationships with social workers in the past.

[She] was very clear about the things in the house that needed to be better. She walked from room to room and expressed her safety concerns. When she returned to the house, all of those things had been taken care of (despite her difficulties with the family). She was able to see that immediate difference, and the family has kept the house up since.

—Supervisor comment (describing a FAB worker) on consultation call

Some difficulty was noted on the consultation calls, however, in maintaining a strengths-based approach when there are so many questionnaires assessing family functioning, often focused on specific incidences, that need to be completed (in addition to various safety and risk questionnaires, workers were trained in and used a mental health assessment tool). Some FAB workers mentioned feeling overburdened by the combination of responsibilities including having to navigate assessment questionnaires, perform investigations, and meet families, often late in the day. The intensity of the work for the workers may lead to some frustration that makes maintaining a strengths-based approach difficult.

FAB Worker Skills and Characteristics

During the interviews, all staff were asked to comment on what skills they thought were necessary in order for a FAB worker to be successful in working with chronic neglect cases. The most common skills and attributes noted were the ability to develop relationships and think creatively, as well as patience, compassion, perseverance, tolerance, and flexibility. Several staff noted that FAB workers should be individuals who are not easily discouraged and who are comfortable with slow, incremental change. Many staff also noted that successful workers must have a solid knowledge of available community resources. All staff agreed that while some of these skills can be taught, some are more innate personality characteristics, such as those listed above. As one FAB worker stated, "Not everyone could do this work."

Similarly, the interviews also revealed that participating in the FAB pilot project required both county agencies to make some adjustments in how they assign work and manage cases. In particular, both counties needed to

train FAB workers in additional tasks to fulfill the requirement that the same worker maintain a case for its entire lifespan. In one county, this requirement meant that the FAB worker had to learn how to conduct assessments, something not typically part of her job. In the other county, this requirement meant the FAB workers needed to maintain cases even after an out-of-home placement occurred, a circumstance that would typically result in a case being transferred to a different worker. In both cases, workers requested additional training and supervision in order to carry out these new tasks associated with their role in the FAB intervention. Supervisors indicated during the interviews that informal training on these new tasks was provided to FAB workers as needed.

Secondary Trauma for FAB Workers

At the beginning of the pilot project, there was some concern about the possibility of increased burnout, frustration, and secondary trauma for the FAB workers because of the increased frequency and intensity of interactions with families. While there was particular concern in the county where only one worker was assigned to the FAB pilot project (because this worker, strictly-speaking, had no “peer”), the worker in this county stated during the consultation calls that she did feel support, from both the FAB workers in the other county and other caseworkers within her own county. These feelings of support, however, were largely expressed during the initial consultation calls, and over time, some FAB workers expressed difficulties with the intervention’s intensity. Not unlike other CPS caseworkers, in general, the intervention has since experienced the exit of one FAB caseworker.

One open question is whether a caseload could be composed entirely of FAB families (6-8 families per worker as recommended by the model); however, to this point, all FAB workers are still carrying mixed caseloads with both FAB-participating and non-FAB families. When at least one of the FAB workers has transitioned to an entirely FAB intervention caseload, it may clarify the viability of having an “FAB specialist” who carries a caseload of only FAB families. Currently, however, as evident from some of the consultation calls commitments (e.g., court dates, visitations), managing caseloads comprised of both FAB families and non-FAB families seems to be stretching some workers a little thin.

I have eight cases; only four are for chronic neglect. Just yesterday, I was on the phone for hours with a family that is not for chronic neglect. It gets hard when you spend too much time with one family, then you realize that you need to contact all these other families. I don't think I could do much more. With all of the assessments for chronic neglect families as well, it is harder to see the [non-FAB] families more than once per month. [Also], seeing the families twice per week is really difficult, which adds to my stress.

—FAB worker comment on consultation call

Additional Considerations

While issues have arisen during the consultation calls around the eligibility criteria for the FAB intervention and adherence to the model, FAB workers have attempted to maintain the frequency of contact with their families using a strengths-based approach. Because of the many additional challenges child welfare-involved families often face, it should not be surprising that maintaining two contacts per week has been difficult; however, many of the families are demonstrating progress and establishing positive working relationships with the FAB workers. That said, several families involved in the FAB pilot project have had multiple reports of neglect filed against them since the intervention’s start, and many of the families have exhibited behaviors that inhibit their progress. In particular, during the consultation calls, FAB workers mentioned families pushing back against their recommendations, making it difficult to establish working relationships, being dishonest about substance abuse and other risk behaviors, and not showing up for appointments. In order to combat

these behaviors, supervisors and AHA representatives made concrete recommendations to the FAB workers during the consultation calls such as dealing with dishonesty in real time, spending time discussing a family's past experience with child welfare, expressing the stake/investments that FAB workers have in families, and more. These issues, while crucial to any worker-family interaction, are not specific to the FAB intervention.

Perceived Impact of FAB

During the interviews, staff reflected on observed effects of the FAB intervention. These findings are presented below.

Agency-level. Many staff noted that the presence of the FAB intervention in their agency has had a “spillover effect” by raising all staff members’ awareness about chronic neglect. Managers and supervisors remarked that other workers in the department have been asking more questions about chronic neglect cases, implementing some of the frequency and intensity guidelines of the FAB model with their own cases, and requesting more information about how to better serve these families. Staff from one county indicated that their department has benefited from the FAB pilot project in that it has required all staff to take on additional or different responsibilities, and it has also encouraged a spirit of support for the workers involved in the FAB intervention.

Supervisor-level. FAB supervisors expressed excitement and enthusiasm about their agency’s involvement in the FAB pilot project. All supervisors noted that their participation in the intervention had encouraged them to think critically about how they do their work and consider ways to improve services to families. They valued the information they had received about chronic neglect, as well as time spent on FAB consultation calls. In various ways, participation in the FAB pilot project inspired each supervisor to consider implementing other changes in her unit. For example, one county supervisor asked other workers in her unit to consider taking cases from intake to closing, as is required by the FAB model, rather than transferring cases after the assessment phase. This supervisor cited research that suggests that the time a case is transferred from one social worker to another is the riskiest time for the child in a child protection case, so it makes sense to maintain one worker throughout the life of the case.

Supervisors generally noted that while their involvement in FAB does not require significantly more time from them, they are using their time differently. They noted that FAB workers have requested more training, both formal and informal, in order to carry out the new functions of their job required by FAB. Workers have also sought more opportunities to discuss and problem-solve challenging cases. Supervisors felt the extra time FAB workers require for case consultation on individual cases is balanced by their smaller caseloads.

FAB worker-level. Staff noted both positive and potentially negative impacts for FAB workers implementing the FAB model. Supervisors and managers said they had observed a sense of pride among the FAB workers, stating that they seemed to be energized by being involved with something new and innovative. One supervisor also felt that their agency’s participation in the intervention was encouraging workers to try new things and think more creatively about helping families find solutions. However, FAB workers themselves did not note this as a difference. Several staff felt that FAB workers were encouraged by the modest but measurable differences they were observing in families as a result of their work. Finally, all staff noted that FAB workers were receiving additional support and encouragement from other workers, which they appreciated.

There was not agreement as to whether FAB cases were more intense than workers’ previous caseloads. However, the level of intensity of the cases or the required elements of the FAB model may have influenced

one FAB worker to seek a different position within her agency. Other workers said that their job satisfaction had not been affected by their participation in the FAB intervention.

Family-level. Overall, staff felt the FAB intervention was having a positive impact on families who were willing to engage in services. During interviews, FAB workers were asked to describe their first case and their most difficult case, and share what they felt the family would say was most helpful about their work. Workers felt that families appreciated the concrete support but also their persistence and patience. Staff felt that the frequency of contact encouraged FAB workers and families to set short, measurable goals that are more manageable for families. Staff from one county felt that were it not for the intensive time one particular case was given because of the FAB model, the children would have likely ended up in out-of-home placement. Another benefit noted was that workers have more time with families and thus can accomplish more, which lessens the need for families to rely on other professionals coming into their home to provide services.

Reflections from the **Intervention Developer**

Reasons for Hope

Results of this Family Asset Builder (FAB) model evaluation indicate that a specialized chronic neglect intervention may benefit the self-efficacy of child protection agency staff, the outcomes of these families who repeatedly come to the attention of the agency, and the child welfare field in providing a model of how to successfully work with this population.

After a two-year period of planning and development, in which the FAB model criteria, practice protocol, evaluation approach, and roles and responsibilities of the collaborators were defined, the FAB Intervention was launched on February 1, 2011 in two public child welfare agencies. What is most notable to me at this juncture is that with minimal consultation and technical assistance (two days of training prior to launch and one-hour consultation team meetings each month for 11 months), early results are promising.

While FAB workers struggled with adherence to specific model fidelity and, in particular, were frequently unable to have the required two contacts per week with the primary caregiver, the increased frequency and enduring nature of contact with the family consistently provided additional opportunities for FAB workers to (1) break down issues into manageable and less complex tasks (small, measurable, achievable goals); (2) slow the process down so that goals were less overwhelming to family members; and (3) build relationships with families. This is significant given that preeminent characteristics of families experiencing chronic neglect include chaotic life circumstances, an inability to make decisions that can respond to life challenges, and social isolation.

After this year's initial experiences, several screening criteria warrant re-examination based on their perceived utility. The knowledge gained during this pilot period and the flexibility to modify the structural, process, and practice components based on this knowledge and on the literature in chronic neglect bode well for the iterative development of a feasible model that yields positive outcomes.

The eagerness of FAB workers and supervisors to know more and enhance their competencies in working with this population is compelling. Should consultation support to FAB staff be expanded, I expect that much can be accomplished to enhance the workers'/supervisors' skill sets when working with these families that are frequently reported and served by the child protection agency.

While all structural, process, and practice FAB model components (see Table 1) were initially proposed by myself and Debra Gilmore (former AHA Child Protection Reform Manager), the final determinations as to if and how these components were accepted by and operationalized in the two Minnesota counties were collaborative decisions. This collaborative process with agency partners is essential as the model's structural elements (e.g., staffing changes to allow for dedicated chronic-neglect specialists, type and size of caseload, duration of involvement, etc.) must be accommodated within the existing agency structure/operations. Thus, several components were amended or excluded as they were not feasible in the current sites. One of these proposed components that could not be accommodated by either jurisdiction is a two-practitioner team for each family impacted by chronicity. While the current economic realities in which child welfare agencies operate make this implausible, such a staffing structure has the potential to mitigate staff burnout in these intensive cases, allow for immediate access to resources when one worker needs to brainstorm and/or needs immediate assistance with decision-making, and provide opportunities for more work to be accomplished with multiple family members at each contact. At some point in the exploration of this intervention, I would like to see this component adopted and evaluated so its merits can be examined.

It is my hope that continued discovery will provide reasons for optimism regarding successfully working with families that, quite frankly, have eluded child welfare to date.

Caren Kaplan, MSW

Director, Child Protection Reform
American Humane Association

reasons for hope

Expectations and Challenges for the FAB Intervention

Staff generally agreed during the interviews and consultation calls that their best hope for the FAB intervention is that it will prevent families from coming back into the child protection system. Some respondents offered more detail, stating that they hoped the intervention would help connect families to more community resources, build their safety networks, learn parenting skills, and improve child safety. Staff also remarked, however, that these are the same best hopes they have for all child protection cases; they are not unique to FAB. In addition to positive outcomes for families, FAB staff also identified other outcomes they hoped would result from their participation in the FAB pilot project. In particular, some staff expressed hope they would learn new techniques for managing these cases that would be generalizable across their practice. Other staff hoped that the pilot project would bring more attention to the issue of chronic neglect, and would encourage state officials to recognize that these cases are different and may require a different set of services or resources.

During the interviews, most staff said that they were hopeful that the FAB intervention would positively affect CPS-involved families, but that they would be relying on the evaluation data to help them understand the impact of the intervention, which this evaluation is not yet designed to do. (The next phase of the evaluation is to continue to track the outcomes of the families involved and to interview the parents themselves about perceived impact, but with a small number of cases still in progress, the impact of the FAB intervention will be difficult to determine definitively.) They were grateful to be involved in the pilot because it provided them with the opportunity to test the model to see whether more intensive efforts make a difference for families. The most common challenge with the FAB intervention discussed in the interviews, and described earlier in this report, is the lack of a clear intervention. Staff stated that the FAB model has made them more aware of the issue of chronic neglect but has not provided them with any additional tools to serve these families. Staff would like concrete tools and guidance about how to engage and support families experiencing chronic neglect.

Also during the interviews, several FAB staff noted that while they believe this model could benefit all families experiencing chronic neglect, it may not be effective if a family is resistant or refuses to participate. Staff noted that this is especially difficult if the client is not court-ordered to receive services or at risk of court involvement because he or she may not feel compelled to engage, and the worker may not be able to convince him or her of the value of the services. It is, perhaps, not surprising that unless a family is mandated to receive services, it may be reluctant to sign up for an intervention that requires worker visits twice a week for 18 months. Another challenge raised by staff during the interviews was related to the needs of families served. One staff member reported that in order to address chronic neglect, child protection agencies must face the issue of poverty. While this has often been cast aside as only a complicating factor in a family's case, it may be contributing significantly to a parent's chronic neglect of his or her child. Child protection agencies do not typically focus on addressing a family's financial circumstances, but this may become necessary if it is affecting child safety. Another staff person identified a similar concern and stated that a primary challenge in implementing the FAB model has been the lack of discretionary funds to assist families with things that would improve their circumstances but may not be explicitly linked to child safety.

Finally, several FAB workers identified challenges related to logistics and staffing during the consultation calls and interviews. For example, supervisors noted that they did not know what the volume of FAB cases would be, which has made it difficult to maintain an appropriate balance of cases among workers. Another challenge has been training workers to do new tasks required of them through the FAB model, including completing case plan assessments in Carver county and working with families with court involvement in Stearns, since the FAB model requires one worker through the life of the case. Finally, not unexpected given the high rates of turnover among CPS workers, the pilot project experienced its first turnover. The job change of one case

FAB worker was identified as a challenge as it will mean hiring and training a new worker and transferring cases.

Considerations, Recommendations, and Next Steps

The evaluation findings, which focused on the challenges, successes, and perceived impact of the first nine months of implementing the FAB intervention model, point to some model development and implementation improvements that should be considered. Such use of an evaluation for program improvement purposes is critical, and the need for “corrections” is common to the infancy of an intervention such as this. The following recommendations are for consideration moving forward:

- In light of worker capacity and case flow for this intervention, consider making the screening criteria used for the intervention more inclusive while still maintaining a focus on the target population. Particularly if there exists a family history of neglect reports, consider removing the requirements that the current report must be for neglect and that at least one prior maltreatment incident was substantiated. If this change is made, examine whether this has an impact on the type of families screened in, their needs, and the relevance of this intervention.
- Given that assessment tools are intended to guide workers’ decision making based on the identification of a family’s most salient needs, challenges, and strengths, carefully examine the quantity and quality of different assessment tools and their alignment with the FAB intervention.
- For new caseworkers delivering the FAB intervention, consider assigning cases incrementally as workers get comfortable and familiar with the dedicated focus and requirements of the FAB intervention.
- The FAB intervention focuses on changes to agency structure, process, and practice. Opportunities exist to add supportive resources to the family, like practical tips around family engagement principles or the use of motivational interviewing. Identify and test the use of concrete tools for working with families experiencing chronic neglect as supplements to the casework practice, and examine whether the value of the intervention is enhanced. Engage community partners in the intervention approach and education around chronic neglect with the hopes of better supporting and engaging families comprehensively.
- Provide ongoing training, on-site coaching, and field observations in order to support and bolster the skills, confidence, and expertise of FAB workers, supervisors, and managers.
- Using the evaluation results and ongoing efforts, identify and document aspects of the intervention that distinguish it and its impact on families from business as usual to increase buy-in and to further enhance the intervention approach.
- Respond to and develop or provide the additional training on topics requested by staff as supplements to the consultation calls or as additional training opportunities. Topics could include working with demoralized parents, maintaining hope, balancing the family’s long-term goals with immediate crisis management, identifying secondary trauma among workers, or maintaining effective boundaries. These trainings could be delivered via webinars and could involve both discussion and outside experts.

- As resources allow, consider teaming workers on cases to share the intensity of the work, brainstorm solutions to challenging situations, and provide ongoing social and clinical support.
- Consider enhancing the model by involving parent advocates (former child protective services consumers) to assist with family engagement and support.
- Assist the FAB workers in developing the capacity and strategies to work with families that are categorized as resistant or uncooperative. Workers can increase their skills in addressing behaviors that get in the way of a family's progress.
- Once the model is more established, carefully evaluate its feasibility and sustainability given the smaller caseloads, increased amount of contact with families, and longer duration of the service period in relationship to observed outcomes over time. Cost analyses can be very helpful in putting the up-front investments in context to possible savings. If maintaining small caseloads becomes infeasible, consider alternatives to preserve the essence of the model in order to sustain a targeted/specialized intervention to successfully address the needs of families who repeatedly come to the attention of the child welfare agency.

Conclusion

The Family Asset Builder model is an intensive intervention designed to address chronic neglect. This evaluation has shown that nine months into the intervention, staff remain excited about their role in the FAB intervention and hopeful that it will have a positive outcome for families. They are grateful for the education they have received about families experiencing chronic neglect as well as the consultation time they have received through FAB consultation calls and staff supervision. Going forward, staff would like more information about strategies to engage families who are not mandated to participate in the intervention as well as concrete tools they could use to effectively work with families once they are engaged. FAB staff will be looking to the evaluation of the FAB model to help them understand family outcomes, to the extent possible, and to learn what elements of the model might be applicable in other areas of their practice.

Tracking the longer-term outcomes for the children and the families in the FAB intervention will contribute to a better understanding of the intervention's effectiveness at reducing the number of re-reports of child maltreatment and out-of-home placements for the families. This evaluation has provided a review of the successes and challenges with respect to the first-time implementation of the FAB intervention. While some difficulties were faced concerning the eligibility criteria for families, strict adherence to the model, the intensity (frequency of contacts) of the model, and the potential secondary trauma for FAB workers, by and large, this evaluation demonstrated that the FAB intervention has great promise to foster healthy and productive worker-client relationships, build informal networks, promote worker skills through increased training, and spotlight some of the unique challenges faced by families experiencing chronic neglect. With longer-term outcomes tracked for FAB families, evidence about whether the Family Asset Builder intervention model is reaching its goal to break the cycle of chronic neglect among these families will be available.

Appendix A: Frequently Asked Questions about FAB

What is Family Asset Builder (FAB)?

Young children need others to meet their basic needs for food, shelter, clothing, love, attention, and supervision. When these basic needs aren't always met, children don't grow as well and don't learn as much or as quickly as they could. Family Asset Builder (FAB) is a pilot project in Carver and Stearns Counties, Minnesota, for caseworkers to work differently with families of young children when child abuse or neglect has been reported three or more times within 3 years. The intervention serves families with one or more children younger than age 5 years. Social workers work more intensely with families to help them identify their strengths and find solutions that work for them, using their family and community resources to build long-term safety and stability for their children.

What are the goals of FAB?

- Help families provide safe and nurturing homes for their children through building their family and community assets.
- Reduce the need for out-of-home placement of children by building the capacity of parents to consistently meet their children's needs.
- Study the immediate and long-term results from working more intensely with families for a longer time.
- Document the intervention model and provide recommendations for changes in the child welfare system that will improve outcomes for children around the country.

Who is involved in FAB?

FAB is a joint project involving eligible families, Carver County Community Social Services, Stearns County Human Services, American Humane Association, Casey Family Programs, and Wilder Research. A family is identified by Carver County Community Social Services or Stearns County Human Services as eligible for FAB at the time a child maltreatment report is received. Most importantly, FAB puts an individualized team around the family. This team includes the family (parents and children), an FAB social worker, and a supervisor, together with informal and formal community supports identified by the family.

What makes FAB different?

- A family enrolled in FAB generally receives services and support from an FAB social worker for a minimum of 18 months.
- Beyond child safety, involving community partners to help meet concrete family needs is an immediate focus.
- The parent, child, and FAB caseworker develop a relationship through frequent, consistent, and longer-term connection.
- The parent, child, and FAB caseworker develop solutions through small, measurable, achievable steps.

- The parent, child, and FAB caseworker build and strengthen formal and informal family support networks.
- The FAB caseworker provides families with 3- and 6-month “boosters” (follow-ups) after the case is closed.
- Wilder and Casey will evaluate the intervention outcomes, including possible conversations with families on a voluntary basis and interviews with staff, to examine the developmental process, successes, and challenges of this intervention.

What stays the same with FAB?

The FAB caseworker’s primary focus remains on child safety; the worker uses existing tools and approaches, including Signs of Safety and Structured Decision Making, to help determine whether a child is safe in his or her living situation.

Family engagement and partnership are core components of the work with families.

Appendix B: FAB Training Agendas

Day 1: Agency Staff Overview

- Welcome and Introductions
- Chronic Neglect Overview
 - 4 Cs of chronic neglect
 - Prevalence, poverty, and impact
 - 3 tiers of chronic neglect
 - Rate your agency
- Family Asset Builder Overview
 - Screening and assessment
 - Intervention strategies
- Wrap-Up and Q & A

Handouts include Chronic Neglect Primer, Responding to Chronic Neglect Logic Model, Risk and Protective Factors, Levels and Types of Listening

Day 2: FAB Specialist/Supervisor Workshop Agenda

- Observations of/Reactions to Day 1
 - What did you observe?
 - What, if anything, do we need to do in response to these observations?
 - Who does this impact?
 - What is the desired end result(s)?
- Role of Communication
 - Being a messenger
 - Being a champion
- Chronic Neglect Practice Specifics
 - Screening
 - Assessment
 - Intervention
- Detail Intervention Model
- Other Roles and Responsibilities
- Secondary Trauma/Peer Support/Self-Care
- Training Activities:
 - Case scenario – group discussion
 - Case consultation (one per worker)
 - Present case/what happened
 - Present what would/could be different with dedicated chronic neglect intervention
 - How could this impact the course of events/the outcome?
 - Solicit reactions by the other county

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