

**Fatherhood in the Child Welfare System
FOURTH RESEARCH PROGRESS REPORT**

INCLUDING:

**Six Month Reviews, Group B, T2 (9/2003 – 2/2004)
Twelve Month Reviews, Group A, T3 (9/2003 – 2/2004)
Twelve Month Reviews, Group B, T3 (3/2004 – 8/2004)
Selected Outcomes**

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**Office of Children's Administration Research
Practice Improvement Division
Children's Administration
Department of Social and Health Services
Olympia, Washington**

RESEARCH STAFF:

**Carol Brandford, Acting Office Chief, Washington
Sherry Brummel, Research Supervisor, Washington
Jennifer Rodriguez, Research Analyst, Washington
Tim Clark, Information Technology Application Specialist, Washington
Jolene Skinner, Data Compiler, Washington
Jacqueline Bell, Data Compiler, California
Tom Schaffner, Data Compiler, California**

Overview

The Washington State Office of Children’s Administration Research (OCAR), in conjunction with the National Family Preservation Network, conducted a study to evaluate current policies and practices regarding inclusion of fathers in case plans and service delivery for their children. This study took place in the Child Welfare offices of San Mateo County, California and four offices in Region 6 of Washington State. The purpose of the study “Fatherhood in the Child Welfare System” was to develop a model plan for implementing father-friendly policies and practices in the child welfare system and to assess the success of that model. This is the fourth and final report in a series of evaluation reports on the results of that study.

The first report included the results of a process evaluation of father data already available from other research projects (but not yet analyzed from the fatherhood perspective), a review of all written policies in Washington State to determine if there are discernable differences in policies/practice for cases that have fathers involved, an agency self assessment and a survey of the social workers who provide direct service and case management on their beliefs about their work with fathers in child welfare.

Once implementation of the model was initiated, research staff began an initial review of agency case files in both study sites, for all children found to be dependent and placed under court supervision in either the biological family home or in relative or foster care. The second report provided brief descriptions of that group of children in each study site and efforts to include/engage the primary caregiver (PCG) and the non-primary caregiver (NPCG) in case planning and services. The data was collected separately in each study site for the first six months, beginning in September 2002 through February 2003 (Group A, T1).

For the third report both the *Agency Self Assessment* and the *Social Worker Survey* were re-administered and compared to the results from the first year of the study. The collection of initial data on new cases continued on all eligible cases (Group B, T1 3/03 – 8/03). Each eligible case reviewed for the second report was reviewed again at 6 months (Group A, T2). Any potential changes as a result of the implementation of the model are measured incrementally over time and include a measurement of all identified variables and outcomes of interest.

This fourth and final evaluation report includes data from the 12-month case information reviews for Group A (T3) as well as the 6-month and 12-month reviews for Group B (T2 and T3). Additionally, we will summarize any findings from the first three reports and identify areas of promising returns.

Methodology

Each study site used the established system for identification of eligible children and research staff reviewed case files and collected information on identified variables, using the data collection instrument developed by OCAR. These variables include child demographics, primary and non-primary caregiver demographics, case level characteristics, social worker demographics, and engagement activities for the primary and non-primary caregiver.

Sources for data collection varied slightly between the sites, with San Mateo staff using primarily electronic case records, court records and orders, and Washington State staff using a combination of electronic and hard copy case records, court records, as well as in-person or telephone interviews with the assigned social worker. Each site entered the data into an ACCESS database developed for the study. California staff removed all identifiers and then sent the database for the California children to Washington for OCAR staff to run preliminary frequencies. Where possible, the information on caregivers was unduplicated for each family and social worker. Content analysis was completed on the variables that required a narrative explanation and then the information was categorized into the most common themes for each variable.

The unit of measurement for this study is the child. But, because there were sibling groups with the same mother and/or father, we unduplicated those elements whenever possible and the total number of subjects or “N” for each section changes. Likewise, the information on the social workers was unduplicated so that each worker was only represented once in the total reporting. Table 1 indicates the “N” for each group (A and B) for each site (Washington and California) at all three times of data collection (T1, T2, T3).

The first year of the study primarily involved a process evaluation to provide both baseline information about pre-pilot status of policies and practices of interest and an evaluation of existing data available from management information systems at the agency level that could inform the development of the model. The process evaluation included an evaluation of father data already available from other research projects (but not yet analyzed from the fatherhood perspective), a review of all written policies to determine if there are discernable differences in policies/practice for cases that have fathers involved, an agency self assessment, and a survey of the social workers who provide direct service and case management.

The agency self-assessment and social worker survey explored organizational support of service delivery to fathers, policies and procedures regarding inclusion of fathers, services and resources available to fathers, agency friendliness toward fathers, staff attitudes and preparedness toward working with fathers, and staff perceptions of current practices and procedures regarding inclusion of fathers in case plans and service delivery for their children who are in dependency status.

Once implementation of the model was initiated, research staff began an initial review of agency case files in both study sites, for all children found to be dependent and placed under court supervision in either the biological family home or in relative or foster care. The second report provided brief descriptions of that group of children in each study site and efforts to include/engage the primary caregiver (PCG) and the non-primary caregiver (NPCG) in case planning and services. The data was collected separately in each study site for the first 6 months, beginning in September 2002 through February 2003 (Group A, T1).

Table 1

Study Site	Number of Children*	Number of Primary Caregivers*	Number of Non-primary Caregivers*
Region 6, WA Initial Reviews Group A, T1 (9/02 - 2/03)	136	73	81
Region 6, WA 6-Month Reviews Group A, T2 (3/03 - 8/03)	135	72	77
Region 6, WA 12-Month Reviews Group A, T3 (9/03 - 2/04)	121	62	68
Region 6, WA Initial Reviews Group B, T1 (3/03 - 8/03)	97	67	67
Region 6, WA 6-Month Reviews Group B, T2 (9/03 - 2/04)	94	64	64
Region 6, WA 12-Month Reviews Group B, T3 (3/04 - 8/04)	83	54	56
San Mateo, CA Initial Reviews Group A, T1 (9/02 - 2/03)	75	49	52
San Mateo, CA 6-Month Reviews Group A, T2 (3/03 - 8/03)	73	47	50
San Mateo, CA 12-Month Reviews Group A, T3 (9/03 - 2/04)	68	43	47
San Mateo, CA Initial Reviews Group B, T1 (3/03 - 8/03)	123	70	78
San Mateo, CA 6-Month Reviews Group B, T2 (9/03 - 2/04)	111	62	69
San Mateo, CA 12-Month Reviews Group B, T3 (3/04 - 8/04)	81	48	55

* Changes in numbers between T1, T2, and T3 are the result of data clean-up, death of caregivers, establishment of paternity, termination of parental rights, case transfers, and case closures. Information was not reported on the caregivers who were deceased, had parental rights terminated or whose identity was unknown.

Results

Region 6, Washington: Group A, T3 (12-Month Reviews 9/03 – 2/04)

(See Attachment A)

Child Demographics

There were 136 children identified as eligible for the initial Fatherhood Project data collection in Washington State. This report is for the review completed 12 months after initial out of home placement and/or dependency fact finding. Over one half of the children were less than 4 years old (N = 70) and fewer than 10% were teenagers (N = 11). The children were primarily Caucasian (71%), but the percentage of African Americans (10%), Hispanics (10%), and Native Americans (8%) was proportionate to that of the general population for the area. Females (49%) and males (51%) were equally represented. (Demographic data collected at Time 1.)

Primary Caregiver Demographics

There were 73 primary caregivers for the 136 identified children. The majority of the primary caregivers were female (94%), Caucasian (86%), or single (56%). One fourth of the primary caregivers were employed (25%) and over one third (37%) received some form of Public Assistance (included income assistance, housing, food stamps, SSI and/or SSA) at the time of the review. One fifth of the caregivers were unemployed with “no visible means of support” (20%). The family composition at the time of placement or dependency for the child included mostly homes with two adults (59%) and siblings (45%). (Demographic data collected at Time 1.)

Non-Primary Caregiver Demographics

There were 84 non-primary caregivers, but 10 non-primary caregivers were not identified and three were deceased so no information was recorded for them. The majority of the non-primary caregivers were male (96%), Caucasian (71%), or single (43%) although marital status was unknown for one fourth of them. Over one third of the non-primary caregivers were employed (38%), while employment status was unknown for almost one fourth (24%). Many of the non-primary caregivers lived with other adults (55%) and close to one third lived with children (32%). (Demographic data collected at Time 1.)

Case Characteristics

Fifteen children had accomplished permanent plans as of the 12-month review. Less than one half of the children were placed in foster care (40%), almost one fourth were placed with relatives (22%), while one third (33%) remained with a caregiver on an in-home dependency status. The current permanent plan for the majority of children was remaining in the home (41% in home dependency) or to be reunified with the primary caregiver (25%). The other permanent plans listed (but not yet accomplished) include adoption (28%), guardianship (4%), independent living (2%), and being reunified with the non-primary caregiver (1%).

Social Worker Demographics and Context Variables

There are 37 different social workers who worked with these children and families. Nearly three fourths of the social workers are female. These staff have all attained either bachelor degrees (51%) or master degrees (49%) and 68% have been working in the child welfare field for more than 5 years. A large majority of the social workers interviewed (84%) attended the Fatherhood Training when it was offered.

Engagement Activities – Primary Caregiver

The information on the level of participation and engagement of the primary caregivers was gathered primarily through interviews with the assigned social worker. For this group of children, social workers report that 71% of the primary caregivers agreed with the case plan. Over one third were reported to comply with the plan for services (37%) and one fourth (27%) complied with the plan for visitation. The primary reasons stated for why the caregiver did not participate, comply, or cooperate were that they could not be located, they were not responsive to attempted contacts, or they disagreed with specific elements of the overall case plan. Caregivers who only engaged “sometimes” were often inconsistent and sporadic in their involvement and follow-through.

Engagement Activities – Non-Primary Caregiver

The engagement and participation rate for the non-primary caregivers was less than that for the primary caregivers by most measures. Less than one half participated in case planning (42%) or agreed with the case plan (41%). Only about one fourth complied with the case plan for services (27%) and visitation (25%). Reasons stated as to why the non-primary caregiver did not participate or comply with case planning, services, and visitation included the inability to locate the caregiver, the caregiver chose not to be involved and/or discontinued contact, the caregiver was in prison for a long sentence, or they did not agree with a need for agency involvement.

While 90% of the children had their non-primary caregiver identified, 27% of those caregivers could not be located. Over one half of the non-primary caregivers were not identified as a possible resource for the child (59%). The reasons for non-consideration as a resource included that they were incarcerated, they had a history of abuse/neglect of children, had substance abuse issues, would not interact with the department, did not have a relationship or bond with their child, they were disabled, or they were a sex offender.

Almost one third of the non-primary caregivers had extended family members who were involved in the lives of the children (32%). Case plans included these extended family members 36% of the time.

Region 6, Washington: Group B, T2 (6-Month Reviews 9/03 – 2/04)

(See Attachment B)

Child Demographics

There were 94 children identified as eligible for the second set of initial data collection in the Washington Fatherhood Project. Fifty-two were female (54%) and 45 were male (46%). One half of the children were less than 4 years old (N = 49) and fewer than 10% were teenagers (N = 8). The children were primarily Caucasian (84%) and the percentage of African Americans (7%), Hispanics (2%), and Native Americans (8%) was somewhat disproportionate to that of the general population for the area. (Demographic data collected at Time 1.)

Primary Caregiver Demographics

There were 64 primary caregivers for the 94 identified children. The majority of these caregivers were female (91%), Caucasian (91%), or single (69%). One fourth of the m were employed (26%) and (22%) receiving some form of Public Assistance (included income assistance, housing, food stamps, SSI and/or SSA) at the time of the review. Over one fourth were unemployed with “no visible means of support” (26%). The family composition at the time of placement or dependency for the child most often included homes with two adults (46%) and siblings (41%). (Demographic data collected at Time 1.)

Non-Primary Caregiver Demographics

There were 64 non-primary caregivers, however eight were not identified and three were deceased so no information was recorded for them. The majority of the non-primary caregivers were male (93%), Caucasian (73%), or single (40%) although marital status was unknown for nearly one fourth of them. Employment status was unknown for one fourth of the non-primary caregivers but another 25% of them were known to be employed. While many of the non-primary caregivers lived with other adults (42%) only one fourth of them (26%) lived with children. (Demographic data collected at Time 1.)

Case Characteristics

Just over one half of the children were in foster care (52%) and nearly one third (30%) were placed with relatives. Sixteen percent remained with a caregiver on an in-home dependency status. The permanent plan for the majority of children was to be reunified with the primary caregiver (54%) or non-primary caregiver (4%), or to remain in the home (20%) while 17% of the plans changed to adoption and 4% to guardianship.

Social Worker Demographics and Context Variables

There are 34 different social workers that worked with these 94 children and their families during this review period. Eighty-seven percent of them are female and their race/ethnicity closely corresponds to that of the children. These staff have all attained either bachelor degrees (43%) or master degrees (57%) and 91% have worked in the child welfare field for more than 5 years. The majority of the social workers (83%) attended the Fatherhood Training when it was offered.

Engagement Activities – Primary Caregiver

Information regarding the level of participation and engagement of the primary caregivers was gathered primarily during interviews with the assigned social worker. For this group of children the social workers report that 72% of the primary caregivers agreed with the case plan. Over one third complied with the plan for services (39%) and with the plan for visitation (38%).

The primary reasons stated for why the caregiver did not participate, comply or cooperate were that they could not be located, continued to deny allegations or need for services, or they refused to interact with the agency. Those who only engaged “sometimes” disagreed with specific placement decisions or services.

Engagement Activities – Non-Primary Caregiver

Engagement and participation by the non-primary caregivers was considerably less than that of the primary caregivers. Only 34% participated in case planning, 36% agreed with the case plan, and 40% cooperated with the social worker. One fourth (22%) percent complied with the case plan for services and 30% complied with the plan for visitation. The same reasons were given for non-participation, i.e. unknown whereabouts, lack of interest by the non-primary caregivers, loss of contact with the agency, or incarceration. Those who were involved “sometimes” were sporadic, some starting out strong and later discontinuing, others becoming involved later in the plan.

While over 90% of the children had their non-primary caregiver identified, 36% of those caregivers could not be located. Almost one half (45%) of the non-primary caregivers were identified as a possible resource for the child. Reasons given for their not being a resource were inability to locate or engage in the process, long-term incarceration, and no contact orders.

Over one third (36%) of the non-primary caregivers had extended family members who were involved in the lives of these children, and case plans included these extended family members 39% of the time. Involvement was primarily for visitation or as a placement resource.

Region 6, Washington: Group B, T3 (12-Month Reviews 3/04 – 8/04)

(See Attachment C)

The demographics were not collected for Group B during Time 3 as there was little change from Time 1 and Time 2.

Case Characteristics

Fourteen children had accomplished permanent plans as of the 12-month review. Less than one half were still in foster care (42%) but nearly one third (30%) remained in placement with relatives. Twenty-five percent remained with a caregiver on an in-home dependency status. The permanent plan for the majority of children was to be reunified with the primary caregiver (23%) or to remain in the home (36%), but 35% had switched to adoption and 6% to guardianship.

Engagement Activities – Primary Caregiver

Information regarding the level of participation and engagement of the primary caregivers was gathered primarily during interviews with the assigned social worker. For this group of children the social workers report that 80% of the primary caregivers agreed with the case plan. However, only 43% of them complied with the plan for services and just over one third complied with the plan for visitation.

The reasons stated for why the primary caregiver did not agree, comply, or cooperate were that they could not be located, they had discontinued all contact with the agency, or they did not agree that there *were* any problems. Those who only engaged “sometimes” were often inconsistent and sporadic in their follow-through.

Engagement Activities – Non-Primary Caregiver

Engagement and participation by the non-primary caregivers continued to be less than that of the primary caregivers. Only 30% participated in case planning and 39% agreed with the case plan. Less than one fourth complied with the case plan for services (20%) or complied with the plan for visitation (18%). Reasons given for non-compliance included unknown whereabouts, refused contact with the agency, the non-primary caregiver chose not to be involved, or they relapsed or discontinued treatment.

While over 90% of the children had their non-primary caregiver identified, 32% of those caregivers could not be located in the 12-month review. Less than one fourth of the non-primary caregivers (21%) were still identified as a possible resource for the child because their histories included substance abuse, domestic violence, abuse/neglect of other children, mental health issues, legal problems including incarceration, sex offenses and criminal offenses, and deportation.

Almost one third of the non-primary caregivers had extended family members who were involved in the lives of these children and case plans included these extended family members 41% of the time.

San Mateo County, California: Group A, T3 (12-Month Reviews 09/03 – 02/04) (See Attachment D)

Child Demographics

This report includes 75 of the children who were initially identified as eligible for the Fatherhood Project data collection in San Mateo County, California. Just under one fourth of the children were under 1 year old (23%), 20% were teenagers, and the number in 2-year age ranges from 1 to 12 was between 11% and 16%. The children were predominately Hispanic (32%) and mixed Hispanic/Caucasian (5%), the largest subgroup being Mexican. Caucasian and African American children accounted for 21% and 16% respectively, Asian/Pacific Islanders and Native American/Caucasians for 12% each, and one child was Middle Eastern or Arab American. There were slightly more females (55%) than males (45%). (Demographic data collected at Time 1.)

Primary Caregiver Demographics

There were 49 primary caregivers for the 75 identified children. The majority of these caregivers were female (94%), Hispanic (38%), or Caucasian (40%). Over one third of primary caregivers were employed and nearly one fourth (23%) received some form of Public Assistance (included income assistance, housing, food stamps, SSI and/or SSA). Over one third were unemployed (35%). Information on marital status and family composition of primary caregivers was only collected at the time of the initial out-of-home placement and/or dependency action. (Demographic data collected at Time 1.)

Non-Primary Caregiver Demographics

There were 52 non-primary caregivers associated with the measurement, but information on five non-primary caregivers was not collected because one was deceased, one had relinquished parental rights, and three were not identified. The majority of the non-primary caregivers were male (94%) and Hispanic (38%). One fourth of the non-primary caregivers were Caucasian (25%) and 13% were African American, while other races comprised less than 5% each and 10% were unknown. Over one third of the non-primary caregivers were employed (37%), while employment status was unknown for another one third (35%). Information on marital status and family composition of non-primary caregivers was only collected at the time of the initial out-of-home placement and/or dependency action. (Demographic data collected at Time 1.)

Case Characteristics

Seven children had accomplished permanent plans by the 12-month review. Less than one third of the remaining children continued to be placed in foster care (28%) or with relatives (24%), while almost one half remained with a caregiver on an in-home dependency status (43%). The permanent plan for the majority of children was family maintenance (63%), followed by reunification with the primary caregiver (12%), adoption 12%, long term placement 10%, and reunification with the non-primary caregiver (3%).

Social Worker Demographics and Context Variables

There were 20 different social workers that worked with these 75 children and their families. Over three fourths of the social workers are female (80%), and the majority are Hispanic. Most of the social workers have a Master's degree (70%) while one fourth have a Bachelor's degree (25%). Over one half of the social workers have worked in the child welfare field for more than 6 years (55%), and a majority of them (70%) attended the Fatherhood Training when it was offered.

Engagement Activities – Primary Caregiver

The information on the level of participation and engagement of the primary caregivers was gathered primarily from case and court record reviews. For this group of children, social workers reported that 67% of the primary caregivers agreed with the case plan. One third complied with the case plan for visitation (33%), while just over one half complied with the plan for services (54%). The primary reasons stated for why the caregiver did not participate, comply, or cooperate were that they disagreed with placement decisions or termination of services, could not be located or refused contact with the agency, or did not follow through with treatment.

Engagement Activities – Non-Primary Caregiver

The engagement and participation rate for the non-primary caregivers was somewhat less than that for the primary caregivers. Just over one half participated in case planning (51%), while only one third agreed with the case plan (34%). About one fourth complied with the case plan for services (26%) or visitation (23%). Reasons given for lack of participation or non-compliance were either the non-primary caregiver was unable to be located, the caregiver discontinued contact, or they declined participation.

While 94% of the children had their non-primary caregiver identified, 21% of those caregivers were never located despite diligent attempts. Just over one half of the non-primary caregivers were identified as a possible resource for the child (53%).

Only a small percentage of non-primary caregivers had extended family members who were involved in the lives of these children (17%) and case plans included these extended family members 6% of the time.

San Mateo County, California: Group B, T2 (6- Month Reviews 9/03 – 2/04) (See Attachment E)

Child Demographics

There were 123 children identified as eligible for second group of initial case reviews in the California Fatherhood Project. Over one fourth of the children were less than four years old and just under one fourth were teenagers. The majority of the children were Hispanic (48%) with the largest subgroup being Mexican. Only 11% were Caucasian and 26% African American. About two thirds were female (63%) and one third were male (37%). (Demographic data collected at Time 1.)

Primary Caregiver Demographics

There were 70 primary caregivers for the 123 identified children. The majority of caregivers were female (93%), Hispanic (46%), or Caucasian (21%), while almost one half were single (43%). Almost one half of the primary caregivers were employed (44%) and only 21% received some form of Public Assistance (included income assistance, housing, food stamps, SSI and /or SSA). Only 20% were unemployed with “no visible means of support” at the time of the review. The family composition at the time of placement or dependency for the child included mostly homes with two adults and siblings (48%). (Demographic data collected at Time 1.)

Non-Primary Caregiver Demographics

There were 77 non-primary caregivers, but four were not identified, six were deceased, and one had parental rights terminated so no information was recorded for them. The majority of the non-primary care-givers were male (94%), Hispanic (42%), Caucasian (18%), or African-American (18%), while 40% were married although marital status was unknown for one third of them. Employment status was also unknown for one third of the non-primary caregivers (34%) and about the same percentage (36%) of them were employed. While many of the non-primary caregivers lived with other adults (54%) only 34% lived with any children. (Demographic data collected at Time 1.)

Case Characteristics

A little over one fourth of the children continued in foster care or group care (27%) and 17% were placed with relatives, while 54% remained with a caregiver on an in-home dependency/family maintenance status. The permanent plan for the majority of the children was to either remain in the home (60%) or to be reunified with the primary caregiver (28%). The plan for the remaining children was reunification with the non-primary caregiver (2%), adoption (4%), long-term placement (5%), or guardianship (1%).

Social Worker Demographics and Context Variables

Only 15 different social workers worked with the identified children and families during this review period. Twelve were female and just over one half (8) were Caucasian. These staff have all attained either bachelor degrees (27%) or master degrees (73%) and most (9) have worked in the child welfare field for more than 3 years. Nine of the social workers (60%) attended the Fatherhood Training when it was offered.

Engagement Activities – Primary Caregiver

The information on the level of participation and engagement of the primary caregivers was gathered from electronic and hard copy case files. For this group of children the social workers reported that 65% of the primary caregivers continued to agree with the case plan, but only 58% of them complied with the plan for services and even fewer (37%) complied with the plan for visitation. The primary reasons stated for why the caregiver did not participate, comply or cooperate were that they could not be located and had discontinued contact with the agency, did not agree with placement, or proceedings to terminate parental rights had begun. Those who only engaged “sometimes” were often inconsistent and did not follow through on substance abuse treatment, or had left the country.

Engagement Activities – Non-Primary Caregiver

The engagement and participation rate for the non-primary caregivers was considerably less than that for the primary caregivers. Forty-four percent participated in case planning and a little over one third agreed with the case plan (35%). Only one fourth complied with the case plan for services and even fewer (19%) complied with the visitation. Reasons for non-compliance included unknown whereabouts, discontinued contact, refusal to be involved, and incarceration.

While 95% of the children had their non-primary caregiver identified, 35% of those caregivers could not be located. Almost one half were identified as a possible resource for the child (48%).

Seventy-four percent of the non-primary caregivers lived with the child at some point. One fourth of the cases had documentation that the non-primary caregiver’s extended family members were involved in the lives of these children and case plans included these extended family members only 13% of the time. Involvement was primarily as a placement resource.

San Mateo County, California: Group B, T3 (12- Month Reviews 3/04 – 8/04)
(See Attachment F)

The demographics were not collected for Group B during Time 3 as there was little change from Time 1 and Time 2.

Case Characteristics

Over one third of the children (42) identified in Group B had accomplished permanent plans at the end of the review period. Half of the remaining children (49%) were in the family home on a family maintenance plan, one fourth continued in foster care (25%), 6% in group care and 17% were placed with relatives. The permanent plan for the majority of them was to either remain in the home (61%) or to be reunified with the primary caregiver (26%). The plan for the rest of the children was reunification with the non-primary caregiver (4%), adoption (3%), long-term placement (6%), or independent living (1%).

Engagement Activities – Primary Caregiver

For this group of children the social workers reported that 75% of the primary caregivers continued to agree with the case plan, while only 67% of them actually complied with the plan for services and 40% complied with the plan for visitation. The primary reasons stated for why the caregiver did not participate, comply, or cooperate were that they voluntarily chose to not be involved or did not agree with placement or treatment plans.

Engagement Activities – Non-Primary Caregiver

The engagement and participation rate for the non-primary caregivers continued to be less than that for the primary caregivers. Forty-four percent participated in case planning and one third agreed with the case plan. Only one fourth complied with the case plan for services and even fewer (19%) complied with the visitation. Reasons given for lack of involvement or compliance were the inability to locate, refusal to contact the agency, and incarceration. Those who complied “sometimes” were generally inconsistent and sporadic.

While 95% of the children had their non-primary caregiver identified, 29% of those caregivers were never located, in spite of due diligence. Almost one half of the non-primary caregivers were identified as a possible resource for the child (47%).

Seventy-four percent of the non-primary caregivers lived with the child at some point. One fourth of the cases had documentation that the non-primary caregiver’s extended family members were involved in the lives of these children and case plans included these extended family members only 13% of the time. Involvement was primarily as a placement resource.

Benchmarks

The Fatherhood Project site staff in Washington and California discussed achievable goals for the second year of the grant and agreed to the benchmarks listed in Tables 2 and 3 below. The goal was to increase each benchmark ten percentage points by August 2004. The changes in percentages are shown at the time of initial reviews which explore the details of the case through the establishment of dependency (T1) as well as at the reviews of the first 6-month period in dependency status (T2) and at the second 6 months of dependency or 12-month reviews (T3) for both Group A and Group B. Each site exceeded the goal in at least one area (shaded areas).

Table 2
Region 6, Washington

Objective	Initial Data Group A, T1 9/02 - 2/03	6 mo. Data Group A, T2 3/03 - 8/03	12 mo. Data Group A, T3 9/03 - 2/04	Initial Data Group B, T1 3/03 - 8/03	6 mo. Data Group B, T2 9/03 - 2/04	12 mo. Data Group B, T3 3/04 - 8/04	August 2004 Benchmark
Father identified as resource	33%	43%	41%	49%	45%	21%	43%
Father participates in case plan	38%	44%	38%	36%	34%	30%	48%
Father's extended family involved	30%	38%	32%	37%	36%	29%	40%
Case plan involves extended family	41%	41%	36%	41%	39%	36%	51%

For Washington Group A the percentage of cases in which the father was identified as a resource increased by the identified goal of 10% after the first 6-month review. They maintained and then actually improved upon that increase at the time of initial and 6-month reviews for Group B. While this is not definitive proof that the implementation of the model into these offices was responsible for the change, it does suggest and is consistent with the idea that training and increased focus on policies or practice to actively involve and engage fathers in the child welfare process has an impact. Although the benchmark goal was never met in the other three areas, there were some noticeable increases. It is important to keep in mind that there were other factors, such as inability to locate fathers, unwillingness of fathers to engage, etc., as well as federal timelines in which to achieve permanence for the child which may have impacted achievement of these goals. Fathers who were initially seen as resources could have chosen to no longer participate. The reverse is also true, i.e., fathers who were initially not identified as a resource could have chosen to become one.

Table 3
San Mateo County, California

Objective	Initial Data Group A, T1 9/02 - 2/03	6 mo. Data Group A, T2 3/03 - 8/03	12 mo. Data Group A, T3 9/03 - 2/04	Initial Data Group B, T1 3/03 - 8/03	6 mo. Data Group B, T2 9/03 - 2/04	12 mo. Data Group B, T3 3/04 - 8/04	August 2004 Benchmark
Father identified as resource	54%	60%	53%	60%	48%	47%	64%
Father participates in case plan	60%	54%	51%	60%	44%	44%	70%
Father's extended family involved	17%	22%	17%	32%	24%	12%	27%
Case plan involves extended family	11%	14%	6%	25%	13%	11%	21%

While California Group A did not realize any of the identified increases during the first 12 months of the review process, for Group B the percentage of cases where the father's extended family was involved in the child's life and or included in the agency case plan doubled. Again, it is important to note that even though this project has been going for 2 years, this data is still very preliminary and should continue to be considered as baseline. During the first 2 years of any project measuring change in agency culture and practice, one would not normally expect to see significant change. Furthermore, the number of eligible children and families may not be sufficient for generalization to the total placement population. There are many uncontrolled variables, e.g., individual family dynamics, the economy, services, staff and resource availability, etc. which could also impact the outcomes. Even though the California staff were slower to all receive training, for the second year the state focused on improving their practice in the area of involving the father's extended family and that did in fact occur.

To respond to possible objections about the obvious barriers created when the father can not be located and/or identified as a resource, we developed the following four tables for each of the two groups in Washington State and in California. The shaded areas illustrate that the sites met or exceeded the identified benchmark goals when only cases in which the father had been located were considered.

Table 4
Region 6, Washington

Objective	Initial Data Group A, T1 (9/02 - 2/03)			6-Month Data Group A, T2 (3/03 - 8/03)			12-Month Data Group A, T3 (9/03 - 2/04)			August 2004
	All Identified NPCGs N = 81 ¹	Minus NPCGs Not Located N = 56 ¹	Minus NPCGs Not Located/ Not a Resource N = 27 ¹	All Identified NPCGs N = 77 ¹	Minus NPCGs Not Located N = 53 ¹	Minus NPCGs Not Located/ Not a Resource N = 32 ¹	All Identified NPCGs N = 68 ¹	Minus NPCGs Not Located N = 50 ¹	Minus NPCGs Not Located/ Not a Resource N = 26 ¹	
Father identified as resource	33%	48%	100%	43%	60%	100%	41%	52%	100%	43%
Father participates in case plan	38%	52%	70%	44%	62%	78%	38%	52%	70%	48%
	N = 84 ²	N = 56 ²	N = 27 ²	N = 81 ²	N = 53 ²	N = 32 ²	N = 72 ²	N = 50 ²	N = 26 ²	
Father's extended family involved	30%	39%	48%	38%	45%	50%	32%	38%	50%	40%
Case plan involves extended family	41%	48%	63%	41%	49%	59%	36%	40%	58%	51%
Objective	Initial Data Group B, T1 (3/03 - 8/03)			6-Month Data Group B, T2 (9/03 - 2/04)			12-Month Data Group B, T3 (3/04 - 8/04)			August 2004
	All Identified NPCGs N = 67 ¹	Minus NPCGs Not Located N = 38 ¹	Minus NPCGs Not Located/ Not a Resource N = 26 ¹	All Identified NPCGs N = 64 ¹	Minus NPCGs Not Located N = 41 ¹	Minus NPCGs Not Located/ Not a Resource N = 24 ¹	All Identified NPCGs N = 56 ¹	Minus NPCGs Not Located N = 38 ¹	Minus NPCGs Not Located/ Not a Resource N = 12 ¹	
Father identified as resource	49%	68%	100%	45%	58%	100%	21%	32%	100%	43%
Father participates in case plan	36%	55%	65%	34%	51%	67%	30%	42%	83%	48%
	N = 70 ²	N = 38 ²	N = 26 ²	N = 67 ²	N = 41 ²	N = 24 ²	N = 59 ²	N = 38 ²	N = 12 ²	
Father's extended family involved	37%	45%	50%	36%	46%	50%	29%	37%	50%	40%
Case plan involves extended family	41%	47%	58%	39%	51%	46%	36%	45%	50%	51%

¹ N does not include cases in which NPCG is deceased

² N includes deceased NPCGs

Table 5
San Mateo County, California

Objective	Initial Data Group A, T1 (9/02 - 2/03)			6-Month Data Group A, T2 (3/03 - 8/03)			12-Month Data Group A, T3 (9/03 - 2/04)			August 2004 Benchmark
	All Identified NPCGs N = 52 ¹	Minus NPCGs Not Located N = 40 ¹	Minus NPCGs Not Located/ Not a Resource N = 28 ¹	All Identified NPCGs N = 50 ¹	Minus NPCGs Not Located N = 33 ¹	Minus NPCGs Not Located/ Not a Resource N = 28 ¹	All Identified NPCGs N = 47 ¹	Minus NPCGs Not Located N = 37 ¹	Minus NPCGs Not Located/ Not a Resource N = 24 ¹	
Father identified as resource	54%	70%	100%	60%	85%	100%	53%	65%	100%	64%
Father participates in case plan	60%	78%	89%	54%	76%	86%	51%	62%	71%	70%
	N = 53 ²	N = 40 ²	N = 28 ²	N = 51 ²	N = 33 ²	N = 28 ²	N = 48 ²	N = 37 ²	N = 24 ²	
Father's extended family involved	17%	20%	19%	22%	27%	32%	17%	19%	25%	27%
Case plan involves extended family	11%	13%	18%	14%	15%	18%	6%	5%	8%	21%
Objective	Initial Data Group B, T1 (3/03 - 8/03)			6-Month Data Group B, T2 (9/03 - 2/04)			12-Month Data Group B, T3 (3/04 - 8/04)			August 2004 Benchmark
	All Identified NPCGs N = 78 ¹	Minus NPCGs Not Located N = 52 ¹	Minus NPCGs Not Located/ Not a Resource N = 43 ¹	All Identified NPCGs N = 69 ¹	Minus NPCGs Not Located N = 45 ¹	Minus NPCGs Not Located/ Not a Resource N = 31 ¹	All Identified NPCGs N = 55 ¹	Minus NPCGs Not Located N = 39 ¹	Minus NPCGs Not Located/ Not a Resource N = 26 ¹	
Father identified as resource	60%	83%	100%	48%	69%	100%	47%	67%	100%	64%
Father participates in case plan	60%	79%	88%	44%	64%	84%	44%	62%	89%	70%
	N = 84 ²	N = 52 ²	N = 43 ²	N = 75 ²	N = 45 ²	N = 31 ²	N = 57 ²	N = 40 ²	N = 26 ²	
Father's extended family involved	32%	39%	42%	24%	29%	29%	12%	15%	23%	27%
Case plan involves extended family	25%	27%	28%	13%	13%	13%	11%	13%	19%	21%

¹ N does not include cases in which NPCG is deceased

² N includes deceased NPCGs

Additional Analyses

An orientation and introduction to the Fatherhood in Child Welfare System study was presented to all staff in both study sites in August of 2002. At least two more specific trainings on working with and engaging fathers were provided to staff over the next 2 years. Additionally, staff in each site developed local projects to address the needs of fathers and the importance of their role in the lives of their children.

In an effort to determine the statistical significance of any potential changes as a result of the implementation of the model, additional bivariate analyses were conducted on the identified benchmark variables using all of the data collected (for both Group A and Group B). These changes are measured incrementally over time, looking both within each group (Group A, T1 to Group A, T2) and between groups (Group A, T1 to Group B, T1). The following tables reveal the results of these comparisons, identifying variables that are statistically significant ($p = .05$) or not significant (NS).

Table 6
Region 6, Washington

Objective	Group A, T1 Compared to Group A, T2	Group A, T1 Compared to Group B, T1
Father identified as resource	More likely to occur at 6-month review than at initial review ($p = .036$)	More likely to occur at initial review with Group B than with Group A ($p = .001$)
Father participates in case plan	NS	NS
Father's extended family involved	NS	NS
Case plan involves extended family	NS	NS

Table 7
San Mateo County, California

Objective	Group A, T1 Compared to Group A, T2	Group A, T1 Compared to Group B, T1
Father identified as resource	NS	NS
Father participates in case plan	NS	NS
Father's extended family involved	NS	NS
Case plan involves extended family	NS	More likely to occur at initial review with Group B than with Group A ($p = .040$)

The same basic changes identified earlier were confirmed with these analyses; that Washington workers increased the cases in which the father was identified as a resource and California workers increased cases where the plan involves the father's extended family.

Outcomes for Study Children

Region 6, Washington

During the 12-month period in which Group A was studied, 14 children had their dependencies dismissed. Their outcomes are listed below along with the outcomes of the Group A children who remained dependent throughout that study period. During Group B's 12-month study period another 14 children had their dependencies dismissed and their outcomes are listed below as well.

Table 8
Child's Location at 12-Month Review

	Group A N = 135		Group B N = 97	
	N	%	N	%
No Placement – Dependency Dismissed During Study	14	10%	14	14%
Foster Care	48	36%	35	36%
Group Care	1	1%	-	-
Maternal Relative Placement	20	15%	19	20%
Paternal Relative Placement	7	5%	7	7%
Other ³	5	4%	1	1%
IHD ⁴	40	30%	21	22%

Percentages may not add up to 100 due to rounding

At the time of dependency dismissal for Group A, six children were returned to their PCG (all mothers), one was returned to their NPCG (father), three were adopted (1 by maternal relative, 2 by foster parents), two were placed in the custody of maternal relatives, and two were placed into guardianships (1 with a maternal relative, 1 with a foster parent).

At the time of dependency dismissal for Group B, seven children were returned their non-primary caregivers (all fathers), three were returned to their primary caregivers (all mothers), and four were adopted (1 by a paternal relative, 3 by foster parents).

³ (Group A) One child was with PCG (mother) in foster care placement; four were in in-home dependencies with the maternal grandmother acting as the PCG and the mother also living in the home. (Group B) Child was placed with PCG (mother) in an inpatient drug treatment program.

⁴ These children were placed with either their PCG, NPCG or both in in-home dependencies.

Table 9
Permanent Plan at 12-Month Review

	Group A N = 135		Group B N = 97	
	N	%	N	%
Plan Completed – Dependency Dismissed During Study	14	10%	14	14%
Return to PCG	30	22%	19	20%
Return to NPCG	1	1%	-	-
Guardianship ⁵	5	4%	5	5%
Adoption ⁶	34	25%	29	30%
Long-Term Placement	2	1%	-	-
In-Home Dependency	43	32%	22	23%
3 rd Party Custody ⁷	6	4%	8	8%

Percentages may not add up to 100 due to rounding

Paternal Family Involvement - Washington

During Group A’s study period one child was returned to their father after dependency dismissal while during Group B’s study period seven children were placed with their fathers after dismissal and one was adopted by a paternal relative.

At the end of Group A’s study period, seven children were identified as being in placement with paternal relatives and four children had permanent plans involving placement with their fathers or paternal relatives. At the end of Group B’s study period, seven children were also in placement with paternal relatives and six children had permanent plans involving their fathers or paternal relatives.

While there is no baseline data regarding paternal family involvement, the implications are that fathers and their families are more often considered a resource.

⁵ (Group A) Three children had pending guardianships with maternal relatives and two with foster families. (Group B) One child had a pending guardianship with a paternal relative, two with maternal relatives, and two with foster families

⁶ (Group A) Two children were pending adoption by paternal relatives, three by maternal relatives, and 29 by foster families. (Group B) Three children were pending adoption by paternal relatives, five by maternal relatives, and 21 by foster families.

⁷ (Group A) One child was pending third party custody with a paternal relative and five with maternal relatives. (Group B) All eight children were pending third party custody with maternal relatives.

San Mateo County, California

During Group A’s 12-month study period, seven children had their dependencies dismissed. A surprising number of children (42) had their dependencies dismissed between the initial and 12-month reviews for Group B. The outcomes for each group are detailed below along with the outcomes of children who remained dependent throughout each study period.

Table 10
Child’s Location at 12-Month Review

	Group A N = 75		Group B N = 123	
	N	%	N	%
No Placement – Dependency Dismissed During Study	7	9%	42	34%
Foster Care	19	25%	20	16%
Group Care	2	3%	5	4%
Maternal Relative Placement	9	12%	8	7%
Paternal Relative Placement	3	4%	6	5%
Relative Placement with Adult Siblings	4	5%	-	-
Other ⁸	2	3%	2	2%
IHD (Family Maintenance) ⁹	29	39%	40	33%

Percentages may not add up to 100 due to rounding

At the time of dependency dismissal for Group A, four children were returned to both their PCG and NPCG, one was returned to their PCG (mother), and two were adopted by foster parents.

At the time of dependency dismissal for Group B, 30 children were returned home (10 to their PCG (mothers), one to their NPCG (father) and 19 children did not have a caregiver specified. Five children were adopted (2 by maternal relatives, 3 by foster parents), four were in long-term placement (1 with a paternal relative, 3 with foster parents), one was placed into guardianship with a maternal relative, and two children had unknown outcomes.

⁸ (Group A) One child was placed in shelter care due to abuse in foster placement and one was in residential treatment. (Group B) One child was in an independent living program and the other was in transitional housing.

⁹ These children were placed with their PCG, NPCG or both in an in-home dependency or Family Maintenance Plan.

Table 11
Permanent Plan at 12-Month Review

	Group A		Group B	
	N = 75		N = 123	
	N	%	N	%
Plan Completed – Dependency Dismissed During Study	7	9%	42	34%
Return to PCG	8	11%	21	17%
Return to NPCG	2	3%	3	2%
Adoption ¹⁰	8	11%	2	2%
Independent Living	-	-	1	1%
Long-term Placement ¹¹	7	9%	5	4%
IHD/Family Maintenance	20	27%	28	23%
Term Parental Rights	12	16%	8	7%
Dependency Dismissal	11	15%	13	11%

Percentages may not add up to 100 due to rounding

Paternal Family Involvement - California

During Group A’s study period no children were returned to their father or paternal relatives after dependency dismissal while during Group B’s study period one child was returned to their father and one was placed long-term with a paternal relative after dismissal.

At the end of Group A’s study period, three children were identified as being in placement with paternal relatives and two children had permanent plans of placement with their fathers. At the end of Group B’s study period, six children were in placement with paternal relatives and three children had permanent plans involving their fathers or paternal relatives.

¹⁰ (Group A) Three children were pending adoption by maternal relatives and five by foster families. (Group B) One child was pending adoption by a maternal relative and one by their foster family.

¹¹ (Group A) One child was expected to be in long-term placement with a maternal relative and six with foster families. (Group B) All five children were pending adoption by foster families.

Summary and Conclusions

The purpose of the grant “Fatherhood in the Child Welfare System” was to develop a model plan for implementing father-friendly policies and practices in the child welfare system. The development of this model included the assessment of barriers to the inclusion of fathers, training of child welfare staff in father friendly practices, and evaluation of the success of implementation of father friendly practices at a policy and practice level. Most fathers programs and resources are aimed specifically at service delivery to fathers, not to those who work with fathers. There has been little focus on changing how the child welfare system deals with fathers.

The first year of the study primarily involved a process evaluation to provide both baseline information about pre-pilot status of policies and practices of interest and an evaluation of existing data available from management information systems at the agency level that could inform the development of the model. The process evaluation included:

- an evaluation of father data already available from other research projects (but not yet analyzed from the fatherhood perspective)
- a review of all written policies to determine if there are discernable differences in policies/practice for cases that have fathers involved
- an agency self assessment
- a survey of the social workers who provide direct service and case management.

The agency self-assessment and social worker survey explored:

- organizational support of service delivery to fathers
- policies and procedures regarding inclusion of fathers
- services and resources available to fathers
- agency friendliness toward fathers
- staff attitudes and preparedness toward working with fathers
- staff perceptions of current practices and procedures regarding inclusion of fathers in case plans and service delivery for their children who are in dependency status

Once implementation of the model was initiated, research staff began an initial review of agency case files in both study sites, for all children found to be dependent and placed under court supervision in either the biological family home or in relative or foster care. The second report provided brief descriptions of that group of children in each study site and efforts to include/engage the primary caregiver (PCG) and the non-primary caregiver (NPCG) in case planning and services. The data was collected separately in each study site for the first 6 months, beginning in September 2002 through February 2003 (Group A, T1).

For the third report both the *Agency Self Assessment* and the *Social Worker Survey* were re-administered and compared to the results from the first year of the study. The collection of initial data on new cases continued on all eligible cases (Group B, T1 3/03 – 8/03). Each eligible case reviewed for the second report was reviewed again at 6 months (Group A, T2).

This is the fourth and final progress report on the Fatherhood in Child Welfare System project located in four offices in the southwestern region of Washington State (Region 6) and in the offices of San Mateo County, California. The report provides data collected at the 12-month reviews of the first group of children determined eligible for the project between September 2002 and February 2003 (Group A, T3). It also provides data from 6-month and 12-month reviews on the second set of children who were determined eligible between March 2003 and August 2003 (Group B, T2 and T3). Additional analyses suggesting changes in agency values and practice, actual outcomes for the children and families in the study as well as reviews of findings from earlier progress reports will also be included in this summary.

The reader should keep in mind that even though this project has been running for 2 years, this data is still very preliminary and should continue to be considered as baseline. During the first 2 years of any project measuring change in agency culture and practice, one would not normally expect to see significant change. Furthermore, the number of eligible children and families may not be sufficient to generalize to the total placement population. There are many uncontrolled variables, (e.g., individual family dynamics, the economy, services, staff and resource availability, etc.) which could also impact the outcomes.

During the initial reviews for the first group of children identified for this study (Group A, found dependent 9/02 through 2/03) some interesting differences were found between the two sites. San Mateo County (SMC) had fewer children and fewer social workers than Washington State (WA). There were also fewer SMC social workers who attended the first Fatherhood training. Although there were similar percentages of infants in the two sites, there were more toddlers in SMC and more teens in WA. The ethnic compositions of the families was quite different with SMC having a majority of Hispanics and WA mostly Caucasian. More children in WA had physical abuse as a reason for the placement and/or dependency action. A much higher percentage of children in SMC were placed with relatives or in-home dependency while in WA the majority were in foster care. Although WA had a higher percentage of children who had a prior placement episode, the percentages of children and families that had prior CPS referrals is comparable.

When comparing the characteristics of the caregivers in both sites the majority of primary caregivers (PCG) are female and most non-primary caregivers (NPCG) are male. And, while the ethnicity of caregivers was very different between the sites, the marital status of both caregivers was similar. A comparable percentage of NPCGs were employed in WA and SMC, but a higher percentage of PCGs were employed in SMC.

The initial review of participation, agreement, compliance, and cooperation of the primary and non-primary caregivers showed all of those rates to be higher in SMC than in WA. Again, this is may be a result of source of information. In WA, the information came from a personal or telephone interview with the assigned social worker and so was reflective of their perceptions. The SMC review used the court records as the source of information and involvement was assumed if the caregiver did not contest or was otherwise noted.

The second set of children who received initial case reviews in Washington (Group B, T1) had fewer children, more female children and more Caucasian children compared to Group A. A greater percentage of the Primary Caregivers (PCGs) were on public assistance and/or unemployed. Fewer of the Non-Primary Caregivers (NPCGs) were employed or lived with any children at the time of dependency action. The same percentage of children had prior CPS complaints but fewer had prior placements. There were fewer sex abuse allegations, fewer foster care placements, a greater number of placements with relatives but fewer in-home dependencies.

The social workers for this group of Washington children had more experience, more education and more were female. More of the PCGs participated in case planning, agreed with the plans, and kept appointments. The reasons for non-compliance remained about the same as in Group A, i.e. unknown whereabouts, mental health and/or substance abuse issues or incarceration. There were fewer NPCGs that participated in case planning but a greater number kept appointments and participated in offered services and visitation with the child. Once again, the reasons for noncompliance were basically the same as before. A greater number of NPCGs were located, but about the same percentage was identified as a resource, had assessment of parenting skills and involvement of extended family members.

During the 6 month measurement of Washington (Group A, T2), the changes were more subtle. There were 12% of the identified children who had subsequent placements and 14% of the PCGs had a new CPS referral. This points out the possibility of failed reunifications and/or in-home dependencies. There was a movement of some children from foster care placements to relative homes and in-home dependencies. The change in permanent plans from a majority of reunification with caregivers to some now identified for adoptions illustrates the difficulty encountered by social workers the longer children are placed out of the home. Fewer of the PCGs were engaged and/or participated in services but a higher percentage of NPCGS participated during the second 6 months of dependency and had their parenting skills assessed.

The second set of children who received initial case reviews in California (Group B, T1) was larger than the first, had more young children, a continued increase of female children and fewer Caucasian children. A smaller percentage of the Primary Caregivers (PCGs) were Caucasian and/or single but a higher percentage was employed. Fewer of the Non-Primary Caregivers (NPCGs) were Caucasian, but more were employed and married at the time of dependency action. A smaller percentage of children had prior CPS complaints but a larger number had prior placements. There were more physical abuse allegations, fewer placements with relatives but more in-home dependencies or family maintenance plans.

More of the social workers for this group of California children attended the Fatherhood training and the majority of workers continue to be Caucasian. More of the PCGs participated in case planning, agreed with the plans, and kept appointments. The reasons for non-compliance remained unknown whereabouts, mental health and/or substance abuse issues, or incarceration. About the same percentage of NPCGs participated in case planning, participated in offered services and visitation with the child, but fewer actually agreed with the plan. Once again, the reasons for noncompliance remained the same. A greater number of NPCGs were not located. But of those that were located a higher percentage were identified as a resource and had extended family members involved in the case plan. Fewer had an assessment of their parenting skills.

During the 6 month measurement of California (Group A, T2), the changes were again more subtle. There were 4% of the identified children who were indicated as victims of subsequent CPS referrals and 6% of the PCGs had a new CPS referral; none of the children had a new placement episode. There was a movement of some children from foster care placements to relative homes and in-home dependencies. The change in permanent plans from a majority of reunifications with caregivers to more maintenance of family placements indicates the likelihood of successful reunifications. More of the PCGs were in agreement with the case plan but fewer of NPCGS participated in case planning or complied with services during the second 6 months of dependency.

At the time of the final 12-month review for Group A (T3), the majority of children for both sites were in foster placements or in-home dependencies. The permanent plan for Washington children was most often in-home dependency, followed by adoption and return to PCG. The permanent plan for most of the California children was also in-home dependency; however it is somewhat difficult to further compare permanent plans due to differences between the two states' classification systems.

At the end of the study period for the Washington State Group B, most of the children who were still dependent were in foster care, in-home dependencies, or placed with maternal relatives. The majority of them were pending adoption by foster families, with in-home dependency and return to PCG the two next most common permanent plans. For California's Group B, it is again difficult to compare outcomes to those of Washington children. Most of these children had their dependencies dismissed by the end of the study period and were returned to their PCGs; the remaining children were mostly in in-home dependencies and foster placements. Of the children whose dependencies had not yet been dismissed, in-home dependency and return to PCG were the most common permanent plans.

During the study period for Group A, Washington had one child returned to the care of their father, seven were placed with paternal relatives, and four had permanent plans involving placement with their fathers or paternal relatives. In California, three children were placed with paternal relatives and two had permanent plans of placement with their fathers.

During Group B's study period the number of Washington children returned to their father increased to seven. One child was adopted by a paternal relative, seven were in placement with paternal relatives and six had permanent plans involving fathers or paternal relatives. In California during this time period one child was returned to their father, seven children were in placement with paternal relatives and three children had permanent plans involving their fathers or paternal relatives.

The Fatherhood Project site staff in Washington and California discussed achievable goals for the second year of the grant and agreed to achieve an increase of 10 percentage points for selected benchmarks by August 2004.

For Washington Group A the percentage of cases in which the father was identified as a resource increased by the identified goal of 10% after the first 6-month review. They maintained and then actually improved upon that increase at the time of initial and 6-month reviews for Group B. While this is not definitive proof that the implementation of the model into these offices was responsible for the change, it does suggest and is consistent with the idea that the training and increased focus on policies or practice to actively involve and engage fathers in the child welfare process had an impact. Although the benchmark goal was never met in the other three areas, there were some noticeable increases. It is important to keep in mind that there were other factors, such as the inability to locate fathers, unwillingness of fathers to engage, father incarceration, or mental illness etc., as well as federal timelines in which to achieve permanence for the child which could also have impacted social workers' ability to achieve these goals. Fathers who were initially seen as resources could have dropped out and visa versa.

While California Group A did not realize any of the identified increases during the first 12 months of the review process, for Group B the percentage of cases where the father's extended family was involved in the child's life and or included in the agency case plan doubled. Although the staff in California were slower to all receive training, they chose to focus on improving their practice in the area of involving the father's extended family in the second year of the study and that did in fact occur.

To answer objections raised about the obvious barriers created when the father cannot be located and/or identified as a resource; the same benchmarks were reviewed, excluding those cases where the father's whereabouts were unknown. Both of the sites met or exceeded the identified benchmark goals when only cases in which the father had been located were considered.

An orientation and introduction to the Fatherhood in Child Welfare System study was presented to all staff in both study sites in August of 2002. At least two more specific trainings on working with and engaging fathers were provided to staff over the next 2 years. Additionally, staff in each site developed local projects to address the needs of fathers and the importance of their role in the lives of their children.

In an effort to determine the statistical significance of any potential changes as a result of the implementation of the model, additional bivariate analyses were conducted on the identified benchmark variables using all of the data collected (for both Group A and Group B). The same basic changes identified earlier were confirmed with these analyses; that Washington State workers increased the cases in which the father was identified as a resource and California workers increased cases where the plan involves the father's extended family.

Despite limitations regarding generalizability, this data provides some anecdotal information on the similarities and differences on these cases over time in each project site that will have important implications for future changes in agency policy and practice. In reviewing this descriptive data the reader should keep in mind that differences in policies and practices, as well as differences in how the data were collected in each site, affect our understanding of the meaning of these data. At the very least, these data raise some interesting questions about the involvement of father's in case planning for their children. For example, while the primary focus of this project is the engagement of the "father," the data on the primary caregivers (most often the mother) level of engagement in case planning raises interesting practice questions. Is there an issue of the ability of social workers to engage *either* of the caregivers when there is chronic mental health, substance abuse and criminal issues present? Is there a point in case planning when non-primary caregivers become a more viable option if the primary caregivers continue to fail to actively participate in case plans? A number of fathers who may not have even been considered as resources for their own children appear to be in potential parenting roles with children living in their households. Shouldn't these fathers be re-evaluated as potential resources, and/or more actively engaged in the planning process for their own children? There also appear to be at least two adults in many of the primary caregiver's homes; are there males acting as father figures for the children in this study, and if so, how does this influence case practice? Do workers avoid involvement of biological fathers so they do not become involved in custody disputes between the parents?

Does initial non-compliance by a caregiver always mean they will never comply? Do our case plans adequately address the issues preventing involvement or compliance? Even if a caregiver cannot be considered for placement, does that exclude involving them in the child's life in some other way? If a father is identified as a viable resource, but he initially indicates no desire to be involved, does that mean that the social worker should not continue attempts at engagement? More of the children are being placed with relatives in both sites, but these are not necessarily paternal relatives. Does this mean that once a relative resource is identified the worker should no longer attempt to find others or that if the father's family was not considered, the maternal family placement is bad? Are the very serious barriers initially identified always insurmountable such that the worker should discontinue any effort to utilize or develop that caregiver as resource?

And again shouldn't all of these decisions be made within the context of what is in the best interest of the child? Child welfare agencies need to consider these questions in addition to the ever present concerns about high workloads and insufficient resources.

Although information from project staff and this data indicate that some change is taking place, cultural changes, agency policy changes, and practice changes all take time. As this data is disseminated and discussed with administrators, researchers and practitioners, other questions will undoubtedly arise.

Agency Self Assessment and Social Worker Survey

The *Agency Self-Assessment* was mailed to each site with a request that it be completed by the local executive management group. Due to promised anonymity, it is unknown whether it was completed by the same people each time.

Since the number of respondents to the *Agency Self-Assessment* is small (CA = 5 and WA = 4), we only reported the average or mean response, showing those scores for both the 2002 survey and the 2003 survey for each state. Agency management in both sites appear to agree with most of the statements more than they disagree. It also appears that there has been a movement toward a higher level of agreement when comparing one year to the next. No statistical tests of significance changes were completed on this data. (See Attachment G for assessment).

The social worker surveys were administered twice at training sessions in both sites. It is designed to measure a change in the agency versus individual change. All responses are voluntary and anonymous. Initial analyses of responses to the *Social Worker Survey* are reported as averages for each State. (See Attachment H). Social workers in both sites agreed most strongly (mean score 6 or greater) about the importance of fathers and fathers' families in out-of-home placement cases and that fathers should be involved in case planning, that social workers needed to work with mothers to help them understand the importance of fathers in the child's life and to ameliorate any negativity that may exist between the mother and the father. California social workers also strongly agreed that fathers and mothers should be treated equally by child welfare workers when considering case plans for both visitation and services.

Social workers continued to disagree most strongly (mean score 2 or less) with some of the "myths" of fatherhood, i.e., it is more important that fathers be involved with sons than with daughters, fathers with criminal records can't parent, and biological mothers are easier to deal with than fathers. They also disagreed that unmarried fathers should have fewer rights, that social workers who had problems with their own fathers should not work with these fathers, that fathers are useful only for economic support, and that fathers should only be involved if the mother agrees (if she says no it is better not to insist). For the remaining statements social workers were mostly neutral in their agreement.

In addition to reporting basic frequency distributions and mean scores, we completed simple bivariate analyses to determine whether there were any significant differences to the *Social Worker Survey* questions when comparing Washington social workers in 2002 to Washington social workers in 2003 and California social workers in 2002 to California social workers in 2003. We also compared responses of male social workers to female social workers over both years. The following tables identify the variables that were significant ($p \leq .05$) and marginally significant ($p \leq .10$) between the 2 years measured for each State.

Table 12
SIGNIFICANT SHIFTS IN BELIEFS OF CALIFORNIA SOCIAL WORKERS
2002 to 2003

For the following questions, please use the scale below¹² to indicate how much you *agree or disagree* that each item describes your beliefs regarding your work.

Statement	2002 Mean ¹²	2003 Mean ¹²	<u>Direction of Significance</u> (Mann-Whitney U Test)	<u>Level of Significance</u> ¹³
4. Even though the policy says we should consider both biological parents and their extended families equally as placement resources, we don't do it that way in this office.	3.44	2.64	• CA SWs more likely to disagree in 2003 than 2002.	<i>p = .078</i>
11. Fathers who have a history of being violent towards others should not have access to children.	3.86	3.08	• CA SWs more likely to disagree in 2003 than 2002.	<i>p = .072</i>
15. Generally, in my experience, fathers don't want to be involved in the primary care of the children.	3.11	2.36	• CA SWs more likely to disagree in 2003 than 2002.	<i>p = .081</i>
22. This agency has a clear policy about the involvement of biological fathers in decision-making.	4.17	5.32	• CA SWs more likely to agree in 2003 than 2002.	p = .015
26. In general, mothers are helpful in finding biological fathers so they can be involved in the process.	4.03	4.79	• CA SWs more likely to agree in 2003 than 2002.	p = .032

¹² 7-Point scale where 1=Strongly Disagree; 4=Neither Agree nor Disagree; and 7=Strongly Agree

¹³ Bolded p values are significant. Italicized p values are marginally significant.

Table 13
SIGNIFICANT SHIFTS IN BELIEFS OF WASHINGTON SOCIAL WORKERS
2002 to 2003

For the following questions, please use the scale below¹² to indicate how much you *agree or disagree* that each item describes your beliefs regarding your work.

Statement	2002 Mean ¹²	2003 Mean ¹²	<u>Direction of Significance</u> (Mann-Whitney U Test)	<u>Level of Significance</u> ¹³
12. The service needs of fathers are different than mothers.	3.55	4.15	• WA SWs more likely to be neutral in 2003 than 2002.	p = .041
21. I would support training specifically on father involvement in case planning.	5.62	5.13	• WA SWs less likely to agree in 2003 and 2002.	<i>p = .082</i>
28. If a mother doesn't want the father involved it is better not to involve the father in the case.	2.21	1.75	• WA SWs more likely to disagree in 2003 than 2002.	<i>p = .07</i>
32. This agency does not view fathers as a resource if paternity has not already been established.	3.37	4.15	• WA SWs more likely to be neutral in 2003 than 2003.	<i>p = .053</i>
35. Biological fathers should have the same visitation rights as the biological mother.	6.02	6.39	• WA SWs more likely to agree in 2003 than 2002.	p = .03
36. A father's involvement with the child prior to agency involvement is an important predictor of how much the father should be involved in the care of and planning for their child.	3.98	3.15	• WA SWs more likely to disagree in 2003 than 2002.	p = .031
39. Non-resident fathers are identified and paternity is confirmed and/or established upon filing of a dependency petition.	5.02	4.46	• WA SWs less likely to agree in 2003 than 2002.	<i>p = .078</i>
46. Visitation by fathers should only be allowed when child support payments have been made.	1.93	1.36	• WA SWs more likely to disagree in 2003 than 2002.	p = .013

¹² 7-Point scale where 1=Strongly Disagree; 4=Neither Agree nor Disagree; and 7=Strongly Agree

¹³ Bolded p values are significant. Italicized p values are marginally significant.

ATTACHMENT A
Fatherhood in Child Welfare Project
Group A, T3 (12-Month Case Reviews 9/03 – 2/04)
Region 6, Washington

Section A. Child Demographics

This information was only collected at the time of initial and/or 6-month case reviews.

Section B. Primary Caregiver Demographics

This information was only collected at the time of initial and/or 6-month case reviews.

Section C. Non-Primary Caregiver Demographics

This information was only collected at the time of initial and/or 6-month case reviews.

Section D. Case Level Characteristics (N = 121)

The majority of this information was only collected at the time of the initial case review. The project staff agreed to collect updated information on the variables listed below.

D3. Current Type of Placement

	N	%
Foster Home	48	40%
Group Home	1	1%
Relative Placement*	27	22%
Other (1 Child in Foster Care with PCG, 4 in-home dependency with grandmother and mother in home)	5	4%
N/A – No Placement (In-home)	40	33%

* 12 were placed with maternal grandparents, 6 with maternal aunt/uncle, 5 with paternal aunt/uncle, 1 with paternal grandparents, 1 with step-paternal grandparents, and 2 with maternal cousin.

D4. Current Permanent Case Plan

	N	%
Return to PCG	30	25%
Return to NPCG	1	1%
Guardianship (3 Relative, 1 Foster Care)	5	4%
Adoption	34	28%
Long-Term Placement (Foster Care)	2	2%
In-home dependency	43	36%
Third Party Custody With Relatives (5 maternal, 1 paternal)	6	5%

Percentages may not add up to 100 due to rounding

Section E. Context Variables – Social Worker Demographics

This information was only collected at the time of initial and/or 6-month case reviews.

Section F. Engagement Activities – Primary Caregiver (N = 62)

The majority of this information was only collected at the time of the initial and 6-month case review. The project staff agreed to collect updated information on the variables listed below.

F2. Did the Primary Caregiver Agree with Case Plan?

	N	%
Yes	44	71%
No	13	21%
Sometimes	5	8%

For those cases where the response was “no” the primary explanation was that they did not know where the PCG was or the PCG was non-responsive to contact. A few did not agree that the children needed placement or that the return home plan should take so long. Those answering “sometimes” also did not agree with transition planning or follow-up services.

F4. Did the Primary Caregiver Comply with Case Plan for Services for Problems?

	N	%
Yes	23	37%
No	26	42%
Sometimes	13	21%

In cases where the PCG did not comply with services, most frequently the reason was the agency could not find them, PCG refused contact, parent just received assessment but would not follow through with treatment, or they just refused all services.

F5. Did the Primary Caregiver Comply with Case Plan for Visitation?

	N	%
Yes	16	26%
No	9	15%
Sometimes	15	24%
Not Applicable	22	35%

Those PCGs who did not comply with the visitation plan were either incarcerated, disappeared, or just did not show up. Those who complied “sometimes” were inconsistent and sporadic. For many of the primary caregivers there was not a visitation plan as the child lived with them on an in-home dependency or they could not be located.

**Section G. Engagement Activities – Non-Primary Caregiver (N = 68*)
(Unless otherwise specified)**

* 4 NPCGs were deceased and 11 were not identified so no information was recorded

The majority of this information was only collected at the time of the initial and 6-month case review. The project staff agreed to collect updated information on the variables listed below.

G2. Has the Non-Primary Caregiver been Located?

	N	%
Yes	50	74%
No	18	27%

Percentages may not add up to 100 due to rounding

G5. Is the Non-Primary Caregiver Identified as a Possible Resource for the Child?

	N	%
Yes	28	41%
No	40	59%

Fathers who were not identified as a resource were those who were incarcerated and/or had sexually abused a child, had discontinued contact with agency, indicated they did not want to be involved, or had serious drug, mental health, or disability issues.

G10. Did the Non-Primary Caregiver Participate in Case Planning?

	N	%
Yes	26	38%
No	38	56%
Sometimes	3	4%
Unknown	1	2%

NPCGs did not participate in case planning due to unknown whereabouts, incarceration, non-response to attempted contact by agency, or lived outside the area and chose to not be involved. Those who participated “sometimes” were out of state, a minor, or had restraining order filed.

G11. Did the Non-Primary Caregiver Agree with Case Plan?

	N	%
Yes	26	38%
No	40	59%
Sometimes	2	3%

Most NPCGs did not agree with case plan due to unknown whereabouts, non-response to agency, in jail, or disagreement with placement decision or need for services. Those who agreed “sometimes” disagreed with a particular point in the case plan.

G14. Did the Non-Primary Caregiver Comply with Case Plan for Services for Problems?

	N	%
Yes	18	27%
No	45	66%
Sometimes	5	7%

Again, non-compliance with the case plan by NPCGs was due to unknown whereabouts, lack of response to attempted engagement, conscious choice to not be involved, in jail, or denial that there was need for any/specific services. Those that complied “sometimes” missed appointments, quit going to treatment, or went, but did not engage.

G15. Did the Non-Primary Caregiver Comply with Case Plan for Visitation?

	N	%
Yes	17	25%
No	23	34%
Sometimes	5	7%
Not Applicable	23	34%

Lack of compliance with the visitation plan was due to NPCGs discontinued contact with agency, incarceration, or they chose not to be involved. Those who complied “sometimes” were inconsistent or chose to discontinue. “Not applicable” was due to the fact that the child lived in the same home or the agency was never able to locate NPCG.

Section H. Non-Primary Caregiver/Non-Primary Caregiver’s Family Relationship with Child (N = 72*)

* This section includes the 4 NPCGs who are deceased but continues to exclude the 11 NPCGs who were not identified

The majority of this information was only collected at the time of the initial and 6-month case review. The project staff agreed to collect updated information on the variables listed below.

H3. Are there Other Members of the Non-Primary Caregiver’s Extended Family that are Involved in the Child’s Life?

	N	%
Yes	23	32%
No	44	61%
Don’t Know	5	7%

H4. Does the Case Plan Include Involvement of the Non-Primary Caregiver’s Extended Family?

	N	%
Yes	26	36%
No	46	64%

ATTACHMENT B
Fatherhood in Child Welfare Project
Group B, T2 (6-Month Case Reviews 9/03 – 2/04)
Region 6, Washington

Section A. Child Demographics

This information was only collected at the time of the initial case review.

Section B. Primary Caregiver Demographics

This information was only collected at the time of the initial case review.

Section C. Non-Primary Caregiver Demographics

This information was only collected at the time of the initial case review.

Section D. Case Level Characteristics (N = 94)

The majority of this information was only collected at the time of the initial case review. The project staff agreed to collect updated information on the variables listed below.

D3. Current Type of Placement

	N	%
Foster Home	49	52%
Relative Placement*	28	30%
Other (not specified)	2	2%
N/A – No Placement (In-home)	15	16%

* 9 were placed with maternal grandparents, 6 with maternal great grandparents, 4 with maternal aunt/uncle, 5 with paternal grandparents, 2 with paternal aunt/uncle, 2 with bio-father

D4. Current Permanent Case Plan

	N	%
Return to PCG	51	54%
Return to NPCG	4	4%
Guardianship (2 Foster Care, 1 Relative)	4	4%
Adoption	16	17%
In-home dependency	15	16%
Third Party Custody With Maternal Relatives	4	4%

Percentages may not add up to 100 due to rounding

Section E. Context Variables – Social Worker Demographics

This information was only collected at the time of the initial case review.

Section F. Engagement Activities – Primary Caregiver (N = 64)

The majority of this information was only collected at the time of the initial case review. The project staff agreed to collect updated information on the variables listed below.

F2. Did the Primary Caregiver Agree with Case Plan?

	N	%
Yes	46	72%
No	13	20%
Sometimes	5	8%

For cases where the PCG did not agree with the plan, it was primarily due to the fact that they could not be found, were non-responsive to contact, or continued to deny allegations or need for services. Those who agreed “sometimes” disagreed with specific placement or service decisions.

F4. Did the Primary Caregiver Comply with Case Plan for Services for Problems?

	N	%
Yes	25	39%
No	25	39%
Sometimes	14	22%

The PCGs who did not comply with the service plan either could not be located, disappeared with out further contact, could not discontinue substance use/abuse, or attended treatment but did not engage. Those who complied “sometimes” would get assessment but not follow plan or would start treatment and then discontinue or relapse.

F5. Did the Primary Caregiver Comply with Case Plan for Visitation?

	N	%
Yes	24	38%
No	11	17%
Sometimes	10	16%
Not Applicable	19	30%

Percentages may not add up to 100 due to rounding

Most PCGs who did not comply with the visitation plan discontinued contact with the social worker or could not meet criteria of clean/sober. Those who “sometimes” complied were sporadic, or would start and then disappear. Many of the cases did not have a visitation plan as the child lived with the PCG on an in-home dependency or could not be located to make a plan.

**Section G. Engagement Activities – Non-Primary Caregiver (N = 64*)
(Unless otherwise specified)**

* 8 NPCGs were not identified and 3 were deceased so no information was recorded

The majority of this information was only collected at the time of the initial case review. The project staff agreed to collect updated information on the variables listed below.

G2. Has the Non-Primary Caregiver been Located?

	N	%
Yes	41	64%
No	23	36%

G5. Is the Non-Primary Caregiver Identified as a Possible Resource for the Child?

	N	%
Yes	29	45%
No	35	55%

Reasons given for a “no” answer included unknown whereabouts, long-term incarceration, desire by NPCG to not be involved, discontinued contact with agency and no contact orders.

G10. Did the Non-Primary Caregiver Participate in Case Planning?

	N	%
Yes	22	34%
No	35	55%
Sometimes	6	9%
Unknown	1	2%

NPCGs did not participate in case planning because they chose not to be involved, were non-responsive to attempted contact, their whereabouts was unknown, or they were in jail. Those involved “sometimes” started out strong and then disappeared or were not initially available and have just now shown an interest.

G11. Did the Non-Primary Caregiver Agree with Case Plan?

	N	%
Yes	23	36%
No	34	53%
Sometimes	7	11%

Disagreement with the case plan by the NPCGs was due to lack of contact or discontinued contact, incarceration, denial of particular problems or allegations, and disagreement with the placement decisions. Those who agreed “sometimes” started out in agreement but then changed their minds or would not agree to specific aspects of the plan.

G14. Did the Non-Primary Caregiver Comply with Case Plan for Services for Problems?

	N	%
Yes	14	22%
No	38	59%
Sometimes	12	19%

Reasons for non-compliance with plan for services include unknown whereabouts, not in contact with social worker, NPCG chose not to be involved, in prison, or just could not do it. Those who complied “sometimes” either started out and then quit, would complete assessments but not treatment, relapsed, or had issues with transportation and finances.

G15. Did the Non-Primary Caregiver Comply with Case Plan for Visitation?

	N	%
Yes	19	30%
No	15	23%
Sometimes	8	13%
Not Applicable	22	34%

“No” responses were due to the lack of contact with the social worker, they were in prison, or non-compliance with the treatment plan. They “sometimes” complied because visits began and either they disappeared, were incarcerated, or did not attend all scheduled visits. “Not applicable” represents those cases where the child lives with the NPCG on an in-home dependency or the NPCG was never located so no plan for visitation was set.

Section H. Non-Primary Caregiver/Non-Primary Caregiver’s Family Relationship with Child (N = 67*)

* This section includes the 3 NPCGs who are deceased, but continues to exclude the 8 NPCGs who were not identified

The majority of this information was only collected at the time of the initial and 6-month case review. The project staff agreed to collect updated information on the variables listed below.

H3. Are there Other Members of the Non-Primary Caregiver’s Extended Family that are Involved in the Child’s Life?

	N	%
Yes	24	36%
No	42	63%
Don’t Know	1	2%

Percentages may not add up to 100 due to rounding

H4. Does the Case Plan Include Involvement of the Non-Primary Caregiver’s Extended Family?

	N	%
Yes	26	39%
No	41	61%

ATTACHMENT C
Fatherhood in Child Welfare Project
Group B, T3 (12-Month Case Reviews 3/04 – 8/04)
Region 6, Washington

Section A. Child Demographics

This information was only collected at the time of initial and/or 6-month case reviews.

Section B. Primary Caregiver Demographics

This information was only collected at the time of initial and/or 6-month case reviews.

Section C. Non-Primary Caregiver Demographics

This information was only collected at the time of initial and/or 6-month case reviews.

Section D. Case Level Characteristics (N = 83)

The majority of this information was only collected at the time of the initial and 6-month case review. The project staff agreed to collect updated information on the variables listed below.

D3. Current Type of Placement

	N	%
Foster Home	35	42%
Relative Placement*	26	31%
Other (with mother in in-patient treatment program)	1	1%
N/A – No Placement (In-home)	21	25%

Percentages may not add up to 100 due to rounding

* 10 were placed with maternal grandparents, 6 with maternal great grandparents, 2 with maternal aunt/uncle, 1 with maternal great aunt, 5 with paternal grandparents, 2 with paternal aunt/uncle

D4. Current Permanent Case Plan

	N	%
Return to PCG	19	23%
Guardianship (2 Foster Care, 3 Relative)	5	6%
Adoption	29	35%
In-home dependency	22	27%
Third Party Custody With Maternal Relatives	8	10%

Percentages may not add up to 100 due to rounding

Section E. Context Variables – Social Worker Demographics

This information was only collected at the time of initial and/or 6-month case reviews.

Section F. Engagement Activities – Primary Caregiver (N = 54)

* 2 PCGs were deceased so no information was recorded

The majority of this information was only collected at the time of the initial and 6-month case review. The project staff agreed to collect updated information on the variables listed below.

F2. Did the Primary Caregiver Agree with Case Plan?

	N	%
Yes	43	80%
No	11	20%

For cases where the primary caregiver did not agree with the case plan, either they had discontinued contact and/or whereabouts were unknown, or they still did not agree that there was ever a problem that required intervention.

F4. Did the Primary Caregiver Comply with Case Plan for Services for Problems?

	N	%
Yes	23	43%
No	24	44%
Sometimes	7	13%

Reasons for non-compliance with services included unknown whereabouts, discontinued contact, relapse and/or continued use of drugs, denial of any need for services, and mental health issues. Those who complied “sometimes” also had relapses of substance abuse or mental health issues, or participated in part but not with all services.

F5. Did the Primary Caregiver Comply with Case Plan for Visitation?

	N	%
Yes	20	37%
No	11	20%
Sometimes	2	4%
Not Applicable	21	39%

Those PCGs who did not comply with visitation either disappeared, stopped contacting social worker, gave no reasons for not showing, or the child refused contact. Those visiting “sometimes” began early and then stopped or vice versa.

**Section G. Engagement Activities – Non-Primary Caregiver (N = 56*)
(Unless otherwise specified)**

* 6 NPCGs were not identified and 3 were deceased so no information was recorded

The majority of this information was only collected at the time of the initial and/or 6-month case review. The project staff agreed to collect updated information on the variables listed below.

G2. Has the Non-Primary Caregiver been Located?

	N	%
Yes	38	68%
No	18	32%

G5. Is the Non-Primary Caregiver Identified as a Possible Resource for the Child?

	N	%
Yes	12	21%
No	44	79%

Some of the NPCGs were not identified as a resource due to unknown whereabouts, incarceration, NPCG chose not to be involved, untreated sex offender, domestic violence, or mental health issues; or parental rights were terminated.

G10. Did the Non-Primary Caregiver Participate in Case Planning?

	N	%
Yes	17	30%
No	37	66%
Unknown	2	4%

Most of the NPCGs did not participate in case planning because they could not be located, chose not to be involved, discontinued contact with the agency, or were in prison.

G11. Did the Non-Primary Caregiver Agree with Case Plan?

	N	%
Yes	22	39%
No	32	57%
Sometimes	2	4%

Reasons given for “no” answers were unknown whereabouts, refused contact with the agency, in prison, or they did not want to be involved. Those agreeing “sometimes” agreed to the services, but disagreed there was any need.

G14. Did the Non-Primary Caregiver Comply with Case Plan for Services for Problems?

	N	%
Yes	11	20%
No	40	71%
Sometimes	5	9%

Reasons for non-compliance were again, lack of contact with the agency, inability to locate NPCG, incarceration, and no desire to be involved. Compliance with the service plan “sometimes” included attending treatment but no follow-up, dirty UA’s, and non-completion of certain services.

G15. Did the Non-Primary Caregiver Comply with Case Plan for Visitation?

	N	%
Yes	10	18%
No	19	34%
Sometimes	4	7%
Not Applicable	23	41%

No compliance with the visitation plan included NPCGs who had discontinued contact with the agency and/or disappeared, those who did not comply with treatment necessary for visits, and those who indicated they did not want to be involved. Those who complied “sometimes” were sporadic and/or had discontinued by choice. For many, a visitation plan was “not applicable” because the child lived with the NPCG, there were orders for no contact, or their whereabouts were unknown so no plan was set.

Section H. Non-Primary Caregiver/Non-Primary Caregiver’s Family Relationship with Child (N = 59*)

* This section includes the 3 NPCGs who are deceased, but continues to exclude the 6 NPCGs who were not identified

The majority of this information was only collected at the time of the initial and 6-month case review. The project staff agreed to collect updated information on the variables listed below.

H3. Are there Other Members of the Non-Primary Caregiver’s Extended Family that are Involved in the Child’s Life?

	N	%
Yes	17	29%
No	42	71%

H4. Does the Case Plan Include Involvement of the Non-Primary Caregiver’s Extended Family?

	N	%
Yes	21	36%
No	38	64%

ATTACHMENT D
Fatherhood in Child Welfare Project
Group A, T3 (12-Month Case Reviews 9/03 – 2/04)
San Mateo County, California

Section A. Child Demographics

This information was only collected at the time of initial and/or 6-month case reviews.

Section B. Primary Caregiver Demographics

This information was only collected at the time of initial and/or 6-month case reviews.

Section C. Non-Primary Caregiver Demographics

This information was only collected at the time of initial and/or 6-month case reviews.

Section D. Case Level Characteristics (N = 68)

The majority of this information was only collected at the time of the initial and/or 6-month case review. The project staff agreed to collect updated information on the variables listed below.

D3. Current Type of Placement

	N	%
Foster Home	19	28%
Group Home	2	3%
Relative Placement*	16	24%
Other (1 in shelter care, 1 in residential treatment)	2	3%
N/A – No Placement (In-home)	29	43%

Percentages may not add up to 100 due to rounding

* 4 were placed with maternal grandparents, 5 with maternal aunt/uncle, 4 with adult sibling, and 3 with bio-father

D4. Current Permanent Case Plan

	N	%
Return to PCG	8	12%
Return to NPCG	2	3%
Adoption	8	12%
Long-Term Placement	7	10%
Family Maintenance	20	29%
Family Reunification Terminated/Set for TPR	12	18%
Dependency Dismissed	11	16%

Section E. Context Variables – Social Worker Demographics

This information was only collected at the time of initial and/or 6-month case reviews.

Section F. Engagement Activities – Primary Caregiver (N = 43*)

* 1 PCG was deceased so no information was recorded

The majority of this information was only collected at the time of the initial and/or 6-month case review. The project staff agreed to collect updated information on the variables listed below.

F2. Did the Primary Caregiver Agree with Case Plan?

	N	%
Yes	29	67%
No	12	28%
Sometimes	2	5%

For those responding “no,” reasons given were that they wanted continued services, but did not agree with placement and/or dependency decisions. A few had no contact with the agency during this review period. Those that answered “sometimes” wanted the child returned/dependency terminated, but agreed to proceed.

F4. Did the Primary Caregiver Comply with Case Plan for Services for Problems?

	N	%
Yes	23	54%
No	14	33%
Sometimes	6	14%

Percentages may not add up to 100 due to rounding

The majority of cases where the primary caregiver did not comply with the plan for services were ones that had discontinued contact with the agency. The rest had continued to use/abuse drugs, discontinued treatment, etc. If they complied “sometimes” the explanation was that they missed some drug testing, had relapsed, and discontinued treatment.

F5. Did the Primary Caregiver Comply with Case Plan for Visitation?

	N	%
Yes	14	33%
No	4	9%
Sometimes	8	19%
Not Applicable	17	40%

Percentages may not add up to 100 due to rounding

For those coded “not applicable” the child lived with the primary care-giver under a Family Maintenance Plan. For those who did not comply at all, they were no longer in contact with the agency social worker. Those who complied “sometime” with the visitation plan were sporadic, missing visits, showing up late, or visits suspended due to drug use or inappropriate behavior.

**Section G. Engagement Activities – Non-Primary Caregiver (N = 47*)
(Unless otherwise specified)**

* 1 NPCG was deceased and 3 were not identified so no information was recorded

The majority of this information was only collected at the time of the initial and/or 6-month case review. The project staff agreed to collect updated information on the variables listed below.

G2. Has the Non-Primary Caregiver been Located?

	N	%
Yes	37	79%
No	10	21%

G5. Is the Non-Primary Caregiver Identified as a Possible Resource for the Child?

	N	%
Yes	25	53%
No	22	47%

Reasons given for a “no” answer were primarily that the NPCGs whereabouts were unknown, or they were non-responsive to contact attempts, non-compliance with the services, or that they were in agreement with plan for adoption.

G10. Did the Non-Primary Caregiver Participate in Case Planning?

	N	%
Yes	24	51%
No	22	47%
Sometimes	1	2%

Those NPCGs who did not participate in case planning primarily their whereabouts were unknown, were non-responsive to attempted contacts, and/or had declined participation early in the case.

G11. Did the Non-Primary Caregiver Agree with Case Plan?

	N	%
Yes	16	34%
No	26	55%
Sometimes	5	11%

Again, the majority who did not agree with the case plan had never even been located or had declined participation after initial contact. A few wanted the child returned to him. Similarly those NPCGs who “sometimes” agreed usually were not in agreement with the placement decision.

G14. Did the Non-Primary Caregiver Comply with Case Plan for Services for Problems?

	N	%
Yes	12	26%
No	33	70%
Sometimes	2	4%

In cases of a “no” answer, NPCGs whereabouts were unknown, they discontinued contact with agency, the court did not order further services after initial, non-compliance, non-responsive, they refused all treatment, or relapsed or failed treatment programs.

G15. Did the Non-Primary Caregiver Comply with Case Plan for Visitation?

	N	%
Yes	11	23%
No	7	15%
Sometimes	1	2%
Not Applicable	28	60%

Those who did not comply with visitation plan usually had discontinued contact with the agency. For some NPCGs this was not applicable as the child was living with them, their whereabouts were unknown, or restraining orders were in place.

Section H. Non-Primary Caregiver/Non-Primary Caregiver’s Family Relationship with Child (N = 48*)

*This section includes the 1 NPCG who is deceased but continues to exclude the 3 NPCGs who were not identified

The majority of this information was only collected at the time of the initial and/or 6-month case review. The project staff agreed to collect updated information on the variables listed below.

H3. Are there Other Members of the Non-Primary Caregiver’s Extended Family that are Involved in the Child’s Life?

	N	%
Yes	8	17%
No	38	79%
Don’t Know	2	4%

H4. Does the Case Plan Include Involvement of the Non-Primary Caregiver’s Extended Family?

	N	%
Yes	3	6%
No	45	94%

ATTACHMENT E
Fatherhood in Child Welfare Project
Group B, T2 (6-Month Case Reviews 9/03 – 2/04)
San Mateo County, California

Section A. Child Demographics

This information was only collected at the time of the initial case review.

Section B. Primary Caregiver Demographics

This information was only collected at the time of the initial case review.

Section C. Non-Primary Caregiver Demographics

This information was only collected at the time of the initial case review.

Section D. Case Level Characteristics (N = 111)

The majority of this information was only collected at the time of the initial case review. The project staff agreed to collect updated information on the variables listed below.

D3. Type of Placement at Time of Review

	N	%
Foster Home	26	23%
Group Home	5	5%
Relative Placement*	19	17%
Other (1 independent living program)	1	1%
N/A – No Placement (In-home)	60	54%

* 8 were placed with maternal grandparents, 5 with maternal aunt/uncle, 1 with maternal relative (unspecified), 3 with paternal grandparents, 2 with paternal aunt/uncle

D4. Permanent Case Plan

	N	%
Return to PCG	31	28%
Return to NPCG	2	2%
Foster Guardianship	1	1%
Adoption	4	4%
Long-Term Placement	6	5%
Family Maintenance Plan	41	37%
Family Reunification Terminated/Set for TPR	8	7%
Dependency Dismissed	18	16%

D5. Number of Placement Episodes for Child

	N	%
None	109	98%
One	2	2%

D6. Number of Referrals for Child

	N	%
No Referrals	101	91%
1 – 3 Referrals	7	6%
4 – 6 Referrals	3	3%

D7. Number of Prior Referrals for Family (N = 62*)

	N	%
No Referrals	55	89%
1 – 3 Referrals	6	10%
4 – 6 Referrals	1	2%

Percentages may not add up to 100 due to rounding

* Information based on PCGs record.

Section E. Context Variables – Social Worker Demographics

This information was only collected at the time of the initial case review.

Section F. Engagement Activities – Primary Caregiver (N = 62*)

* 1 PCG was deceased so no information was recorded

The majority of this information was only collected at the time of the initial case review. The project staff agreed to collect updated information on the variables listed below.

F2. Did the Primary Caregiver Agree with Case Plan?

	N	%
Yes	40	65%
No	16	26%
Sometimes	6	10%

Percentages may not add up to 100 due to rounding

Reasons for “no” answers primarily include a disagreement specifically with the placement plan, or disagreement with plan to terminate parental rights. For those who agreed “sometimes” the disagreement usually was in regards to placement decision.

F4. Did the Primary Caregiver Comply with Case Plan for Services for Problems?

	N	%
Yes	36	58%
No	16	26%
Sometimes	10	16%

Reasons given for PCGs who did not comply with the service plan were loss of contact with the agency, court moving toward TPR, and drug use. Those who “sometimes” complied were inconsistent in attendance to therapy, refused services at first and then complied, or relapsed on drug use/abuse.

F5. Did the Primary Caregiver Comply with Case Plan for Visitation?

	N	%
Yes	23	37%
No	11	18%
Sometimes	3	5%
Not Applicable	25	40%

PCGs who did not comply with visitation plan did so by mutual consent or because the child refused visits or because they discontinued agency contact/involvement. Those who complied “sometimes” were sporadic and missed visits. For those where compliance with visitation plan was “not applicable” was due to child being home with parent on a Family Maintenance Plan or a hearing for TPR had been set.

**Section G. Engagement Activities – Non-Primary Caregiver (N = 69*)
(Unless otherwise specified)**

* 4 NPCGs were not identified, 6 were deceased, and 1 had parental rights terminated so no information was recorded

The majority of this information was only collected at the time of the initial case review. The project staff agreed to collect updated information on the variables listed below.

G1. Is There an Identified Non-Primary Caregiver for This Child? (N = 111)

	N	%
Yes	107	96%
No*	4	4%

* 3 were not identified and 1 PCG could only give a last name.

G2. Has the Non-Primary Caregiver been Located?

	N	%
Yes	45	65%
No	24	35%

G5. Is the Non-Primary Caregiver Identified as a Possible Resource for the Child?

	N	%
Yes	33	48%
No	36	52%

Reasons for “no” include fact that NPCGs could not be located or had discontinued contact, in jail, did not want contact, or TPR hearing had been set.

G10. Did the Non-Primary Caregiver Participate in Case Planning?

	N	%
Yes	30	44%
No	36	52%
Sometimes	1	2%
Unknown	2	3%

Percentages may not add up to 100 due to rounding

“No” responses were primarily due to the fact that NPCGs were never located, did not want to be involved and/or discontinued contact with the agency, or were in prison.

G11. Did the Non-Primary Caregiver Agree with Case Plan?

	N	%
Yes	24	35%
No	41	59%
Sometimes	3	4%
Unknown	1	2%

For those who said “no,” again the majority of NPCGs whereabouts were unknown or they did not want involvement and/or contact. A few also disagreed with placement decisions or the decision to discontinue service and move to TPR had been set.

G14. Did the Non-Primary Caregiver Comply with Case Plan for Services for Problems?

	N	%
Yes	17	25%
No	46	67%
Sometimes	5	7%
Unknown	1	2%

Percentages may not add up to 100 due to rounding

Reasons for non-compliance with the case plan for services were primarily that the NPCGs whereabouts were unknown or that they did not respond to attempted contact, they were incarcerated, or they chose not to be involved so no services were offered/ordered. For the NPCGs who “sometimes” complied with the plan, occasional non-compliance was due to denial of problems or inconsistency in participation.

G15. Did the Non-Primary Caregiver Comply with Case Plan for Visitation?

	N	%
Yes	13	19%
No	24	35%
Sometimes	4	6%
Not Applicable	27	39%
Unknown	1	2%

Percentages may not add up to 100 due to rounding

In cases where NPCGs did not comply with the case plan they usually indicated they did not want to be involved and/or did not respond to contacts while a few were incarcerated. Those who “sometimes” complied were inconsistent and missed visits. The majority of those “not applicable” were because their whereabouts were unknown, although in several cases the child lived in the same house as NPCG.

Section H. Non-Primary Caregiver/Non-Primary Caregiver's Family Relationship with Child (N = 75*)

* Includes the 6 deceased NPCGs, but still excludes the 4 unidentified

The majority of this information was only collected at the time of the initial case review. The project staff agreed to collect updated information on the variables listed below.

H3. Are there Other Members of the Non-Primary Caregiver's Extended Family that are Involved in the Child's Life?

	N	%
Yes	18	24%
No	52	69%
Don't Know	5	7%

H4. Does the Case Plan Include Involvement of the Non-Primary Caregiver's Extended Family?

	N	%
Yes	10	13%
No	65	87%

ATTACHMENT F
Fatherhood in Child Welfare Project
Group B, T3 (12-Month Case Reviews 3/04 – 8/04)
San Mateo County, California

Section A. Child Demographics

This information was only collected at the time of initial and/or 6-month case reviews.

Section B. Primary Caregiver Demographics

This information was only collected at the time of initial and/or 6-month case reviews.

Section C. Non-Primary Caregiver Demographics

This information was only collected at the time of initial and/or 6-month case reviews.

Section D. Case Level Characteristics (N = 81)

The majority of this information was only collected at the time of the initial and/or 6-month case review. The project staff agreed to collect updated information on the variables listed below.

D3. Current Type of Placement

	N	%
Foster Home	20	25%
Group Home	5	6%
Relative Placement*	14	17%
Other (1 independent living program, 1 in transitional housing)	2	3%
N/A – No Placement (In-home)	40	49%

* 5 were placed with maternal grandparents, 4 with paternal grandparents, 3 with maternal aunt/uncle, 1 with paternal aunt/uncle, 1 with bio-father

D4. Current Permanent Case Plan

	N	%
Return to PCG	21	26%
Return to NPCG	3	4%
Adoption	2	3%
Independent Living	1	1%
Long-Term Placement	5	6%
Family Maintenance	28	35%
Family Reunification Terminated/Set for TPR	8	10%
Dependency Dismissed	13	16%

Percentages may not add up to 100 due to rounding

Section E. Context Variables – Social Worker Demographics

This information was only collected at the time of initial and/or 6-month case reviews.

Section F. Engagement Activities – Primary Caregiver (N = 48*)

* 1 PCG was deceased so no information was recorded

The majority of this information was only collected at the time of the initial and/or 6-month case review. The project staff agreed to collect updated information on the variables listed below.

F2. Did the Primary Caregiver Agree with Case Plan?

	N	%
Yes	36	75%
No	12	25%

For those cases where the response was “no” the primary explanation was that the PCG did not have any contact with the agency and/or disagreed with the need for any agency involvement.

F4. Did the Primary Caregiver Comply with Case Plan for Services for Problems?

	N	%
Yes	32	67%
No	15	31%
Sometimes	1	2%

Again, those PCGs who did not comply with the service plan usually had discontinued contact with the agency and/or were in denial as to specific treatment plans.

F5. Did the Primary Caregiver Comply with Case Plan for Visitation?

	N	%
Yes	19	40%
No	7	15%
Sometimes	2	4%
Not Applicable	20	42%

Percentages may not add up to 100 due to rounding

The primary caregivers who did not comply with the visitation plan had discontinued all contact with the agency or did not visit by mutual consent. Those complying “sometimes” visited sporadically. In situations where the child lived with the PCG, the visitation plan was “not applicable.”

**Section G. Engagement Activities – Non-Primary Caregiver (N = 55*)
(Unless otherwise specified)**

* 2 NPCGs were deceased and 2 were not identified so no information was recorded

The majority of this information was only collected at the time of the initial and/or 6-month case review. The project staff agreed to collect updated information on the variables listed below.

G2. Has the Non-Primary Caregiver been Located?

	N	%
Yes	39	71%
No	16	29%

G5. Is the Non-Primary Caregiver Identified as a Possible Resource for the Child?

	N	%
Yes	26	47%
No	29	53%

Fourteen of the NPCGs whereabouts had never been determined. The remaining NPCGs were not identified due to fact that they refused contact with the agency, were in prison, out of the country, had a no contact order, or TPR.

G10. Did the Non-Primary Caregiver Participate in Case Planning?

	N	%
Yes	24	44%
No	30	55%
Sometimes	1	2%

Percentages may not add up to 100 due to rounding

Again, the non-primary caregivers did not participate in case planning due to a refusal to contact the agency, incarceration, or inability of agency to locate them. The one NPCG who attempted participation was inconsistent in attending meetings.

G11. Did the Non-Primary Caregiver Agree with Case Plan?

	N	%
Yes	18	33%
No	35	64%
Sometimes	2	4%

Percentages may not add up to 100 due to rounding

There was no agreement with the case plan for those NPCGs who could not be located or who had discontinued contact with the agency. A few did not agree with the placement decision or the no contact order. Those who agreed “sometimes” specifically wanted the child placed with him.

G14. Did the Non-Primary Caregiver Comply with Case Plan for Services for Problems?

	N	%
Yes	11	20%
No	40	73%
Sometimes	4	7%

The majority of the NPCGs did not comply with the plan for services due to unknown whereabouts or indicated choice of non-involvement while a few were in prison. Those who “sometimes” complied had inconsistent attendance to treatment or denied need for certain services.

G15. Did the Non-Primary Caregiver Comply with Case Plan for Visitation?

	N	%
Yes	14	26%
No	13	24%
Sometimes	2	4%
Not Applicable	26	47%

Percentages may not add up to 100 due to rounding

Those who did not comply with the visitation plan usually were non-responsive to agency contacts or incarcerated. Those who “sometimes” complied were sporadic or decided to discontinue visits. The rest were “not applicable” because the child lived with the NPCG, the court had ordered no contact, or their whereabouts were unknown.

Section H. Non-Primary Caregiver/Non-Primary Caregiver’s Family Relationship with Child (N = 57*)

*This section includes the 2 NPCGs who are deceased but continues to exclude the 2 NPCGs who were not identified

The majority of this information was only collected at the time of the initial and/or 6-month case review. The project staff agreed to collect updated information on the variables listed below.

H3. Are there Other Members of the Non-Primary Caregiver’s Extended Family that are Involved in the Child’s Life?

	N	%
Yes	7	12%
No	49	86%
Don’t Know	1	2%

H4. Does the Case Plan Include Involvement of the Non-Primary Caregiver’s Extended Family?

	N	%
Yes	6	11%
No	51	90%

Percentages may not add up to 100 due to rounding

ATTACHMENT G

Fatherhood in the Child Welfare System Project

WASHINGTON AGENCY SELF ASSESSMENT – COMPARISON OF YEAR 1 MEANS TO YEAR 2 MEANS

The following statements describe how “father friendly” an agency is. Please read each item carefully and use the scale below to describe how much you *agree or disagree* that the statement describes your agency.

	Statement	Year 1 Mean ¹²	Year 2 Mean ¹²
1.	Community partnerships and collaborations concerned with providing services to fathers are available in my community.	3.6	4.75
2.	Fathers in the community would view this agency as a place they can come to for assistance.	3.4	4.38
3.	Agency procedures have been assessed to determine if the interests of fathers are uniformly represented.	4.0	5.0
4.	Case documents are standardized for both parents rather than just modified from forms that emphasize mothers as the primary caregiver.	4.0	5.0
5.	Service hours are scheduled to accommodate the time constraints of working mothers and fathers.	4.0	4.5
6.	Policies have been instituted to facilitate male involvement.	3.0	5.0
7.	This agency has clear expectation that fathers of children should and will participate.	4.4	5.75
8.	Agency policy allows services to be provided to both parents regardless of how the other parent feels about that involvement. (possible exclusions)	5.2	6.5
9.	The Social Work staff have received training on the issue of working with men in general and on fatherhood specifically.	3.8	6.75
10.	Staff are aware of issues faced by low-income fathers.	5.4	5.88
11.	Staff are aware of issues faced by low-income mothers.	6.4	6.25
12.	The majority of frontline program staff are open and receptive to the idea of providing services to fathers.	5.4	5.75
13.	The inclusion of fathers in case planning (when appropriate) is included as an evaluation component in performance appraisals of all key staff.	3.2	3.5
14.	Female and male staff in this agency work as a team.	6.6	6.25
15.	In this agency staff are comfortable working with fathers.	4.8	5.25
16.	Case plans are inclusive of fathers.	4.8	5.0
17.	Counseling with mothers includes a consistent focus on encouraging her to work cooperatively with the father of her child(ren). (if possible/if father available)	3.4	5.25
18.	When mothers don't want the fathers of their children involved, efforts are still made to gain her support and to work with that father (except in DV and abusive situations?)	4.6	5.25

¹² 7-Point scale where 1=Strongly Disagree; 4=Neither Agree nor Disagree; and 7=Strongly Agree

	Statement	Year 1 Mean¹²	Year 2 Mean¹²
19.	Fathers have opportunities to help design/feel ownership of the services being provided to them.	4.2	5.38
20.	Mothers have opportunities to help design/feel ownership of the services being provided to them.	5.6	5.63
21.	Parenting groups designed to deal with father issues are available in our community.	3.4	6.0
22.	Information about community services for fathers has been collected and are available in our office.	3.2	5.25
23.	Focus groups or individual fathers (from target population) have been invited to the agency to assess father-friendliness and make suggestions for making the space more welcoming to them.	3.4	6.5
24.	The physical environment has a general feel that is inviting to men/fathers.	3.6	4.88
25.	Positive and diverse images of men and fathers are displayed.	3.2	4.5
26.	Literature available for parents to pick up and read is appealing to fathers and reflects services or programs that they might participate in.	3.2	4.75
27.	Men are present in the agency and it doesn't appear like a place just for women and children.	5.5	6.25
28.	The message is given to fathers that their role as active parents is critical to their children's development.	4.6	5.75
29.	Input is sought from fathers about what they want and need from the agency.	4.6	5.13
30.	Positive comments about men are expressed in both formal and informal settings.	4.2	5.13
31.	The term "parent" in agency policies, in practice, really refers to the mother.	3.2	3.25
32.	This agency has an active focus on fathers' involvement with their children in:		
a.	Open CPS – Non-placement	4.6	5.0
b.	Open CPS – Placement	4.6	5.67
c.	Ongoing CWS – In-home	4.6	5.0
d.	Ongoing CWS – Out-of-home	4.6	5.67
33.	This agency has formal policies about father involvement in any case involving out-of-home placement of a child.	5.2	3.75
34.	Even though the policy says we should consider both biological parents and their extended families equally as placement resources, we don't do it that way in this office.	3.4	3.0
35.	If we can't locate the father, the next best thing is locating the father's family.	5.8	6.75

¹² 7-Point scale where 1=Strongly Disagree; 4=Neither Agree nor Disagree; and 7=Strongly Agree

	Statement	Year 1 Mean¹²	Year 2 Mean¹²
36.	This agency has a clear policy about the involvement of biological fathers in decision-making.	4.8	5.25
37.	This agency does not view fathers as a resource if paternity has not already been established.	4.6	3.75
38.	Informal policies in our agency are more influential in how we deal with fathers than formal policies.	4.2	5.0
39.	Resources and funding for fatherhood are part of the agency's planning and budget process.	2.6	5.75
40.	Colleges and universities have been contacted to discuss the need for courses on fatherhood.	2.2	5.5

¹² 7-Point scale where 1=Strongly Disagree; 4=Neither Agree nor Disagree; and 7=Strongly Agree

Fatherhood in the Child Welfare System Project

CALIFORNIA AGENCY SELF ASSESSMENT – COMPARISON OF YEAR 1 MEANS TO YEAR 2 MEANS

The following statements describe how “father friendly” an agency is. Please read each item carefully and use the scale below to describe how much you *agree or disagree* that the statement describes your agency.

	Statement	Year 1 Mean¹²	Year 2 Mean¹²
1.	Community partnerships and collaborations concerned with providing services to fathers are available in my community.	5.3	4.2
2.	Fathers in the community would view this agency as a place they can come to for assistance.	2.8	4.2
3.	Agency procedures have been assessed to determine if the interests of fathers are uniformly represented.	3.3	5.2
4.	Case documents are standardized for both parents rather than just modified from forms that emphasize mothers as the primary caregiver.	4.7	4.6
5.	Service hours are scheduled to accommodate the time constraints of working mothers and fathers.	5.2	5.2
6.	Policies have been instituted to facilitate male involvement.	4.3	5.4
7.	This agency has clear expectation that fathers of children should and will participate.	4.5	5.8
8.	Agency policy allows services to be provided to both parents regardless of how the other parent feels about that involvement. (possible exclusions)	5.2	5.4
9.	The Social Work staff have received training on the issue of working with men in general and on fatherhood specifically.	3.7	6.4
10.	Staff are aware of issues faced by low-income fathers.	5.2	5.8
11.	Staff are aware of issues faced by low-income mothers.	5.5	6.4
12.	The majority of frontline program staff are open and receptive to the idea of providing services to fathers.	5.2	5.4
13.	The inclusion of fathers in case planning (when appropriate) is included as an evaluation component in performance appraisals of all key staff.	3.7	3.2
14.	Female and male staff in this agency work as a team.	6.0	6.4
15.	In this agency staff are comfortable working with fathers.	5.5	5.6
16.	Case plans are inclusive of fathers.	5.2	5.6
17.	Counseling with mothers includes a consistent focus on encouraging her to work cooperatively with the father of her child (ren). (if possible/if father available)	4.0	4.4
18.	When mothers don't want the fathers of their children involved, efforts are still made to gain her support and to work with that father (except in DV and abusive situations?)	4.8	4.8

¹² 7-Point scale where 1=Strongly Disagree; 4=Neither Agree nor Disagree; and 7=Strongly Agree

	Statement	Year 1 Mean¹²	Year 2 Mean¹²
19.	Fathers have opportunities to help design/feel ownership of the services being provided to them.	4.2	4.0
20.	Mothers have opportunities to help design/feel ownership of the services being provided to them.	5.3	5.2
21.	Parenting groups designed to deal with father issues are available in our community.	5.0	5.0
22.	Information about community services for fathers has been collected and are available in our office.	3.7	4.4
23.	Focus groups or individual fathers (from target population) have been invited to the agency to assess father-friendliness and make suggestions for making the space more welcoming to them.	3.2	4.2
24.	The physical environment has a general feel that is inviting to men/fathers.	4.0	4.2
25.	Positive and diverse images of men and fathers are displayed.	3.7	4.6
26.	Literature available for parents to pick up and read is appealing to fathers and reflects services or programs that they might participate in.	3.8	3.8
27.	Men are present in the agency and it doesn't appear like a place just for women and children.	6.0	5.6
28.	The message is given to fathers that their role as active parents is critical to their children's development.	4.8	5.4
29.	Input is sought from fathers about what they want and need from the agency.	3.5	5.0
30.	Positive comments about men are expressed in both formal and informal settings.	4.7	5.2
31.	The term "parent" in agency policies, in practice, really refers to the mother.	3.8	4.0
32.	This agency has an active focus on fathers' involvement with their children in:		
a.	Open CPS – Non-placement	4.4	4.8
b.	Open CPS – Placement	4.2	4.2
c.	Ongoing CWS – In-home	4.4	4.8
d.	Ongoing CWS – Out-of-home	4.2	4.2
33.	This agency has formal policies about father involvement in any case involving out-of-home placement of a child.	4.5	5.0
34.	Even though the policy says we should consider both biological parents and their extended families equally as placement resources, we don't do it that way in this office.	2.8	3.8
35.	If we can't locate the father, the next best thing is locating the father's family.	6.0	5.2

¹² 7-Point scale where 1=Strongly Disagree; 4=Neither Agree nor Disagree; and 7=Strongly Agree

	Statement	Year 1 Mean¹²	Year 2 Mean¹²
36.	This agency has a clear policy about the involvement of biological fathers in decision-making.	5.2	4.4
37.	This agency does not view fathers as a resource if paternity has not already been established.	3.3	4.6
38.	Informal policies in our agency are more influential in how we deal with fathers than formal policies.	3.7	4.4
39.	Resources and funding for fatherhood are part of the agency's planning and budget process.	4.7	4.8
40.	Colleges and universities have been contacted to discuss the need for courses on fatherhood.	3.5	3.2

¹² 7-Point scale where 1=Strongly Disagree; 4=Neither Agree nor Disagree; and 7=Strongly Agree

¹² 7-Point scale where 1=Strongly Disagree; 4=Neither Agree nor Disagree; and 7=Strongly Agree

ATTACHMENT H
Fatherhood in the Child Welfare System
SOCIAL WORKER SURVEY
(Washington and California Data)

<p>WASHINGTON 2002 BACKGROUND INFORMATION (N = 57)</p> <p>Current Program (could be more than one)</p> <table> <tr><td>Child Protective Services</td><td>51%</td></tr> <tr><td>Child Welfare Services</td><td>58%</td></tr> <tr><td>Family Reconciliation Services</td><td>14%</td></tr> </table> <p>Length of Time Worked in Children's Services</p> <table> <tr><td>0 – 5 years</td><td>49%</td></tr> <tr><td>5 – 10 years</td><td>18%</td></tr> <tr><td>> 10 years</td><td>33%</td></tr> </table> <p>Gender</p> <table> <tr><td>Female</td><td>67%</td></tr> <tr><td>Male</td><td>33%</td></tr> </table>	Child Protective Services	51%	Child Welfare Services	58%	Family Reconciliation Services	14%	0 – 5 years	49%	5 – 10 years	18%	> 10 years	33%	Female	67%	Male	33%	<p>CALIFORNIA 2002 BACKGROUND INFORMATION (N = 38)</p> <p>Current Program (could be more than one)</p> <table> <tr><td>Child Protective Services</td><td>82%</td></tr> <tr><td>Child Welfare Services</td><td>42%</td></tr> <tr><td>Family Reconciliation Services</td><td>16%</td></tr> </table> <p>Length of Time Worked in Children's services</p> <table> <tr><td>0 – 5 years</td><td>32%</td></tr> <tr><td>5 – 10 years</td><td>13%</td></tr> <tr><td>> 10 years</td><td>55%</td></tr> </table> <p>Gender</p> <table> <tr><td>Female</td><td>73.7%</td></tr> <tr><td>Male</td><td>23.7%</td></tr> <tr><td>Unknown</td><td>2.6%</td></tr> </table>	Child Protective Services	82%	Child Welfare Services	42%	Family Reconciliation Services	16%	0 – 5 years	32%	5 – 10 years	13%	> 10 years	55%	Female	73.7%	Male	23.7%	Unknown	2.6%						
Child Protective Services	51%																																								
Child Welfare Services	58%																																								
Family Reconciliation Services	14%																																								
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> 10 years	33%																																								
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0 – 5 years	32%																																								
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> 10 years	55%																																								
Female	73.7%																																								
Male	23.7%																																								
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<p>WASHINGTON 2003 BACKGROUND INFORMATION (N = 40)</p> <p>Current Program (could be more than one)</p> <table> <tr><td>Child Protective Services</td><td>42.5%</td></tr> <tr><td>Child Welfare Services</td><td>60%</td></tr> <tr><td>Family Reconciliation Services</td><td>12.5%</td></tr> <tr><td>Other</td><td>12.5%</td></tr> </table> <p>Length of Time Worked in Children's Services</p> <table> <tr><td>0 – 5 years</td><td>57.5%</td></tr> <tr><td>5 – 10 years</td><td>20%</td></tr> <tr><td>> 10 years</td><td>22.5%</td></tr> </table> <p>Gender</p> <table> <tr><td>Female</td><td>67.5%</td></tr> <tr><td>Male</td><td>32.5%</td></tr> </table>	Child Protective Services	42.5%	Child Welfare Services	60%	Family Reconciliation Services	12.5%	Other	12.5%	0 – 5 years	57.5%	5 – 10 years	20%	> 10 years	22.5%	Female	67.5%	Male	32.5%	<p>CALIFORNIA 2003 BACKGROUND INFORMATION (N = 25)</p> <p>Current Program (could be more than one)</p> <table> <tr><td>Child Protective Services</td><td>84%</td></tr> <tr><td>Child Welfare Services</td><td>24%</td></tr> <tr><td>Family Reconciliation Services</td><td>4%</td></tr> <tr><td>Other</td><td>12%</td></tr> </table> <p>Length of Time Worked in Children's services</p> <table> <tr><td>0 – 5 years</td><td>44%</td></tr> <tr><td>5 – 10 years</td><td>0%</td></tr> <tr><td>> 10 years</td><td>52%</td></tr> <tr><td>Unknown</td><td>4%</td></tr> </table> <p>Gender</p> <table> <tr><td>Female</td><td>80%</td></tr> <tr><td>Male</td><td>16%</td></tr> <tr><td>Unknown</td><td>4%</td></tr> </table>	Child Protective Services	84%	Child Welfare Services	24%	Family Reconciliation Services	4%	Other	12%	0 – 5 years	44%	5 – 10 years	0%	> 10 years	52%	Unknown	4%	Female	80%	Male	16%	Unknown	4%
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For the following questions, please use the scale below¹² to indicate how much you *agree or disagree* that each item describes your beliefs regarding your work.

Statement	WA 2002 Mean ¹² N = 57	WA 2003 Mean ¹² N = 40	CA 2002 Mean ¹² N = 38	CA 2003 Mean ¹² N = 25	Direction of Significance (Mann-Whitney U Test)	Level of Significance ¹³
1. The term "parent" in Children's Administration policies, in practice, really refers to the mother.	2.98	2.74	2.95	2.56		
2. This agency has an active focus on fathers' involvement with their children in:						
Open CPS – Non-placement	4.00	4.36	4.58	4.52		
Open CPS – Placement	4.59	4.72	4.76	4.78		
Ongoing CWS – In-home	4.60	4.64	4.47	4.23		
Ongoing CWS – Out-of-home	4.51	4.81	4.72	4.36		
3. This agency has clear formal policies about father involvement in any case involving out-of-home placement of a child	4.22	4.17	4.57	4.79		
4. Even though the policy says we should consider both biological parents and their extended families equally as placement resources, we don't do it that way in this office.	2.47	2.79	3.44	2.64	<ul style="list-style-type: none"> • In 2002, WA SWs more likely than CA SWs to disagree. • CA SWs more likely to disagree in 2003 than 2002. 	<p>p = .013</p> <p><i>p = .078</i></p>
5. If we can't locate the father, the next best thing is locating the father's family.	5.73	6.10	5.73	5.35	<ul style="list-style-type: none"> • In 2003, WA SWs more likely than CA SWs to agree. 	<p>p = .015</p>
6. A father's involvement in their children's life is important.	6.44	6.63	6.76	6.84		
7. A father's primary role in their children's life is to provide economic support.	1.96	2.20	2.33	1.96		
8. Fathers are seen as placement resources only as a last resort.	2.40	2.03	2.47	2.44		
9. It's more important for fathers to be involved with their sons than with their daughters.	1.65	1.53	1.58	2.12		
10. Fathers who have criminal records cannot effectively parent their child.	2.15	2.33	2.36	1.92		
11. Fathers who have a history of being violent towards others should not have access to children.	3.51	3.15	3.86	3.08	<ul style="list-style-type: none"> • CA SWs more likely to disagree in 2003 than 2002. 	<p><i>p = .072</i></p>
12. The service needs of fathers are different than mothers.	3.55	4.15	4.33	4.24	<ul style="list-style-type: none"> • In 2002, WA SWs more likely than CA SWs to disagree. • WA SWs more likely to be neutral in 2003 than 2002. 	<p>p = .012</p> <p>p = .041</p>
13. All things being equal, the primary service goal for fathers should be employment services so they can support their children.	2.47	2.63	2.75	2.24		
14. Different skills are required to engage fathers than those needed for mothers.	4.36	4.90	4.36	4.80		

¹² 7-Point scale where 1=Strongly Disagree; 4=Neither Agree nor Disagree; and 7=Strongly Agree

¹³ Bolded p values are significant. Italicized p values are marginally significant.

For the following questions, please use the scale below¹² to indicate how much you *agree or disagree* that each item describes your beliefs regarding your work.

Statement	WA 2002 Mean ¹² N = 57	WA 2003 Mean ¹² N = 40	CA 2002 Mean ¹² N = 38	CA 2003 Mean ¹² N = 25	Direction of Significance (Mann-Whitney U Test)	Level of Significance ¹³
15. Generally, in my experience, fathers don't want to be involved in the primary care of the children.	3.22	3.08	3.11	2.36	<ul style="list-style-type: none"> In 2003, CA SWs more likely than WA SWs to disagree. CA SWs more likely to disagree in 2003 than 2002. 	<p><i>p</i> = .067</p> <p><i>p</i> = .081</p>
16. Biological mothers are easier to deal with than biological fathers are.	2.53	2.23	2.08	1.76		
17. Social workers who have a history of poor relations with their own father should not do casework with fathers.	2.00	1.75	2.19	1.64		
18. Unmarried fathers should have fewer rights than married fathers.	1.58	1.39	1.71	1.63		
19. Fathers have fewer parenting skills than mothers.	2.18	2.08	2.81	2.16	<ul style="list-style-type: none"> In 2002, WA SWs more likely than CA SWs to disagree. 	<i>p</i> = .081
20. My community has father-focused services.	3.27	3.79	3.50	3.64		
21. I would support training specifically on father involvement in case planning.	5.62	5.13	5.25	5.84	<ul style="list-style-type: none"> In 2003, CA SWs more likely than WA SWs to agree. WA SWs less likely to agree in 2003 and 2002. 	<p><i>p</i> = .055</p> <p><i>p</i> = .082</p>
22. This agency has a clear policy about the involvement of biological fathers in decision-making.	4.50	4.17	4.17	5.32	<ul style="list-style-type: none"> In 2003, WA SWs more likely than CA SWs to be neutral. CA SWs more likely to agree in 2003 than 2002. 	<p>p = .002</p> <p>p = .015</p>
23. In my experience, biological fathers rarely want to be involved with their children.	2.67	2.58	2.36	2.20		
24. The primary purpose of establishing paternity is to obtain financial support for a dependent child.	2.58	2.60	2.61	2.13		
25. I put as much effort into engaging biological fathers in the decision-making process as I do biological mothers.	5.39	5.17	6.00	5.92	<ul style="list-style-type: none"> In 2002, CA SWs more likely than WA SWs to agree. In 2003, CA SWs more likely than WA SWs to agree. 	<p>p = .049</p> <p><i>p</i> = .055</p>
26. In general, mothers are helpful in finding biological fathers so they can be involved in the process.	3.71	3.68	4.03	4.79	<ul style="list-style-type: none"> In 2003, CA SWs more likely than WA SWs to agree. CA SWs more likely to agree in 2003 than 2002. 	<p>p = .002</p> <p>p = .032</p>
27. Fathers' roles in the lives of their children are the same regardless of culture.	3.30	3.18	3.36	2.92		

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Statement	WA 2002 Mean ¹² N = 57	WA 2003 Mean ¹² N = 40	CA 2002 Mean ¹² N = 38	CA 2003 Mean ¹² N = 25	Direction of Significance (Mann-Whitney U Test)	Level of Significance ¹³
28. If a mother doesn't want the father involved it is better not to involve the father in the case.	2.21	1.75	1.56	1.67	<ul style="list-style-type: none"> In 2002, CA SWs more likely than WA SWs to disagree. WA SWs more likely to disagree in 2003 than 2002. 	<p>p = .004</p> <p><i>p = .07</i></p>
29. Mothers who are hostile to the child's father should receive counseling regarding the effects on their children.	5.82	5.65	5.83	6.08		
30. It is important to help mothers understand the emotional as well as financial support father can provide.	6.13	6.10	6.31	6.67	<ul style="list-style-type: none"> In 2003, CA SWs more likely than WA SWs to agree. 	p = .029
31. The standards applied to fathers should be the same for mothers.	6.11	5.95	6.03	6.25		
32. This agency does not view fathers as a resource if paternity has not already been established.	3.37	4.15	4.09	3.60	<ul style="list-style-type: none"> In 2002, CA SWs more likely than WA SWs to be neutral. WA SWs more likely to be neutral in 2003 than 2003. 	<p><i>p = .084</i></p> <p><i>p = .053</i></p>
33. Involvement of a father should be dependent on the willingness of the mother.	1.73	1.83	1.50	1.88		
34. Informal policies in our office are more influential in how we deal with fathers than formal policies	4.35	4.63	3.47	3.25	<ul style="list-style-type: none"> In 2003, CA SWs more likely than WA SWs to disagree. In 2003, CA SWs more likely than WA SWs to disagree. 	<p>p = .039</p> <p>p = .01</p>
35. Biological fathers should have the same visitation rights as the biological mother.	6.02	6.39	6.11	6.00	<ul style="list-style-type: none"> WA SWs more likely to agree in 2003 than 2002. 	p = .03
36. A father's involvement with the child prior to agency involvement is an important predictor of how much the father should be involved in the care of and planning for their child.	3.98	3.15	4.11	4.29	<ul style="list-style-type: none"> In 2003, WA SWs more likely than CA SWs to disagree. WA SWs more likely to disagree in 2003 than 2002. 	<p>p = .013</p> <p>p = .031</p>
37. Fathers should be provided with the same level of service as mothers.	6.26	6.54	6.25	6.50		
38. Non-resident biological fathers are included in case plans whenever a child is placed out-of-home.	5.09	4.90	4.74	5.13		
39. Non-resident fathers are identified and paternity is confirmed and/or established upon filing of a dependency petition.	5.02	4.46	4.53	4.74	<ul style="list-style-type: none"> WA SWs less likely to agree in 2003 than 2002. 	<i>p = .078</i>
40. Employment training should be available as a part of a service plan for fathers.	5.23	5.10	5.44	5.70		
41. Fathers who are already involved in their children's lives are easier to work with.	4.74	4.95	5.31	4.83		

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42. If a father indicates he does not want to be involved with his child, no further effort to engage him should be attempted.	2.70	2.67	3.37	3.25	• In 2003, WA SWs more likely than CA SWs to disagree.	<i>p</i> = .085
43. I am more likely to be successful engaging mothers than fathers.	3.47	3.23	3.28	3.38		
44. My workload prohibits me from spending too much time working on separate plans for the mother and father.	3.33	3.49	3.50	3.21		
45. I use the same approach to engage mothers as I do fathers.	4.61	4.23	4.22	4.38		
46. Visitation by fathers should only be allowed when child support payments have been made.	1.93	1.36	2.17	1.54	• WA SWs more likely to disagree in 2003 than 2002.	p = .013

Please rank the following in terms of what you feel is the most important role of the biological father (1 = Most important, 2 = Second most important ... etc.)

RANKED BY WA 2002

1. Nurturing
2. Role Model
3. Care Giving
4. Teaching
5. Setting Limits
6. Financial Support
7. Parental Authority
8. Enforcing Discipline

RANKED BY WA 2003

1. Nurturing
2. Role Model
3. Care Giving
4. Teaching
5. Setting Limits
6. Financial Support
7. Parental Authority
8. Enforcing Discipline

RANKED BY CA 2002

1. Nurturing
2. Role Model
3. Care Giving
4. Teaching
5. Setting Limits
6. Financial Support
7. Parental Authority
8. Enforcing Discipline

RANKED BY CA 2003

1. Nurturing
2. Care Giving
3. Role Model
4. Teaching
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