**Receiving Centers and Informal Emergency
Assessment Settings in Child Welfare:
Child, Family, Service, and
Placement Characteristics**

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Report Brief

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Receiving centers are a new mode of service delivery in child welfare designed to improve the transition between a child's removal from his or her home and placement in foster care. Anecdotal evidence suggests that positive outcomes result from the use of receiving centers, however, the characteristics and outcomes of children who are served at receiving centers have not been systematically compared to children for whom no formal assessment setting existed. Prior to the existence of receiving centers in Contra Costa County children were placed in out-of-home care directly following removal from their homes. This mode of service delivery allowed for less than optimal child assessment by social workers forced to match children to foster homes while simultaneously transporting children in their cars.

The main purpose of this study was to examine outcomes for children involved in the child welfare system who are assessed at receiving centers compared to children for whom no formal assessment setting existed in Contra Costa County. A secondary purpose was to assist the County by providing information to improve receiving center operations. The study was guided by the following questions:

1. How are children's characteristics similar and different for those who are served at visit receiving centers and those who are not?

2. How are case services and outcomes similar and different for children who are served at receiving centers and children who are not?

3. What changes can be identified to improve the quality of care and services provided at receiving centers?

provided with receiving center services were conducted between May 3, 1999 and July 30, 1999 at the Antioch, Hercules, and Martinez offices. Elements of the case files used to complete the case extraction forms included face sheets, court reports, child abuse reports, AFDC eligibility and certification forms, out of home placement records, adoptability assessments, and case notes. Specific information collected by the case review process included case status, child characteristics, removal characteristics, parent and familial characteristics, and placement characteristics.

In addition to the case reviews, three focus groups and one interview were conducted with fifteen individuals across three areas of service delivery: receiving center staff, foster parents, and county social workers. The focus group and interview questions addressed the purpose of receiving centers, the nature of their operations, and the influence of the receiving center on children.

RESULTS

The case record reviews and focus groups revealed the following main findings:

I. CHARACTERISTICS OF CHILDREN IN CARE

- Children in the receiving center group had more behavioral and/or emotional special needs while children in the non-receiving center group had more "miscellaneous" special needs.

II. CHARACTERISTICS OF PARENTS & FAMILIES AT CHILD'S ENTRY INTO CARE

- Children in the receiving center group were more likely to have relatives involved in their cases while children in the non-receiving center group were more likely to have parents who expressed a desire to voluntarily relinquish parental rights and have relatives request that they be placed with them.
- Children in the receiving center group were more likely to have a mother with a history of physical abuse than the children in the non-receiving center group.

III. CASE SERVICES

- Children in the receiving center group received more services than those in the non-receiving center group.
- Adoptability assessments (DC 131) were completed less frequently for children who visited the receiving center than those who did not.

IV. CHILD PLACEMENTS & OUTCOMES

- Children in the receiving center group experienced more out-of-home placements than those in the non-receiving center group.
- Children in the receiving center group were more likely to have cases remain open six months after entry into care than those in the non-receiving center group.
- Children in the receiving center group were more likely to reunify with family than those in the non-receiving center group.

V. PERCEPTIONS OF THE RECEIVING CENTERS BY FOSTER PARENTS, SOCIAL WORKERS, AND CENTER STAFF

Receiving center staff and social workers seemed to have a clear understanding of the purposes of receiving centers and reported positive appraisals of the center's impact on the children who visit (e.g., children have fun there, transition into foster care is less traumatic, children are fed and bathed).

- Receiving center staff and social workers cited the center's convenience, safety, and beneficial role in de-traumatizing the children who are served there, and they believe that the center helps social workers make more thoughtful placements.
- Foster parents seemed less satisfied than social workers and receiving center staff with the services offered by the center due to their perceptions of the care children had received upon arrival to their homes
- Most participants identified the need to expand receiving center services and improve relations among the center's staff, social workers, and foster parents.

RECOMMENDATIONS

The following recommendations reflect the findings from focus group interviews with receiving center staff, county social workers, and foster parents. The recommendations also reflect findings obtained from the review of children's case files.

1. INCREASE RECEIVING CENTER UTILIZATION THROUGH EXPANSION OF SERVICES.

- Enforce the mandate that all children be brought to the receiving center (except for voluntary relinquishments and situations when there is an obvious relative caregiver available).
- Make CWS/CMS available to social workers at the receiving center. Social workers and receiving center staff reported that having CWS/CMS available to social workers would enhance the center's convenience and increase social worker's utilization of the receiving center. Access to the information management system at the receiving center would give social workers the opportunity to complete more work while at the center.
- Expand receiving center services to include respite care for foster and community parents. Across focus groups, participants mentioned the possibility of using the receiving center as a respite nursery for foster parents to seek relief from childcare responsibilities for brief periods. Respite services could contribute to the county's child abuse and neglect prevention efforts.
- Analyze the potential and tangible benefits of these services to children and social workers in light of the costs to the county of providing these expanded services.

2. STRENGTHEN COLLABORATIVE RELATIONSHIPS.

- Enhance communication between receiving center staff and social workers. The study revealed that receiving center staff formally and informally gather important information about children that may be helpful to the social workers (e.g., evidence of injury, children's self-disclosures, notable behaviors), but often have no formal opportunity for providing that information to social workers. Protocols or forms could be designed so that receiving center staff have opportunities to provide social workers with information about children before they leave the center.

- Consider sponsoring a reception for foster parents. Foster parents reported that they were never informed about the receiving center and how it would affect them or the children for whom they care. An open house or informal reception at the receiving center for foster parents could serve to introduce them to the purpose and service delivery methods used at the center. This type of event might decrease foster parent's sense of alienation from the center while increasing their understanding of its purpose and services. Additionally, an informational brochure from the receiving center could accompany children when they are delivered from the receiving center to out-of-home placements.
- Consider sponsoring an appreciation event for receiving center staff. Receiving center staff believe that their relationships with social workers could be improved. A county-sponsored appreciation event (e.g., reception, open house) would give social workers the opportunity to express their appreciation to receiving center staff for their valuable contributions to children's welfare.

3. INCREASE INVESTMENTS IN A RESEARCH AGENDA DESIGNED TO IDENTIFY IMPROVEMENTS TO RECEIVING CENTER SERVICES.

- To what extent is the receiving center utilized or under-utilized? If under-utilized, why? Social workers and receiving center staff suggest that children are not brought to the center routinely, however, a direct analysis of receiving center utilization was beyond the scope of this study. Receiving center use rates could be studied and the effect of various strategies on increasing center utilization could be investigated directly.
- Why are some children brought to the receiving center, but not others? Children who have emotional and/or behavioral needs and those who receive medical attention were more likely to be brought to the receiving center. Do certain children's characteristics or needs impel social workers to bring them to the center? This question could be explored through a large-scale survey method or by conducting focus groups and interviews with social workers.
- What are the children's case and placement characteristics beyond the six-month period examined in this study? Future research could conduct additional case record reviews to examine longer-term placement outcomes for those who visited the center and those who did not. Adding case record reviews to this study's existing data set also could serve to strengthen the reliability of this study's findings.
- What factors influence enduring foster care placements? A study exploring permanency should include factors that may be considered antecedents to children's placements (e.g., familial characteristics, special needs) as well as characteristics of their case after they have entered foster care (e.g., number or type of services children receive after entering care). This research would help inform social services agencies so that they might make more efficient, effective allocations of resources to interventions aimed at achieving more permanent placements for children in foster care.
- How can CWS/CMS inform questions of interest to social services administrators? In order to overcome limitations related to gathering data from paper case files, future research could gather data from the CWS/CMS system instead of, or in addition to, the paper files. The implementation of this research strategy for administrative use depends on the accuracy and completeness of data entered into the system by social workers.

Receiving Centers and Informal Emergency Assessment Settings in Child Welfare: Child,

Family, Service, and Placement Characteristics

Receiving centers are a new mode of service delivery in child welfare designed to

improve the transition between a child's removal from his or her home and placement in foster

care. Receiving centers are designed to be safe, child-friendly environments where county staff

can conduct thorough assessments of children taken into protective custody and address their

basic needs. Receiving center staff are responsible for addressing each child's basic needs (i.e.

food, clothing, hygiene) while social workers focus on finding an appropriate foster care

placement or assess relatives for emergency placement. In the past, county staff assessed

children in emergency locations such as the scene of a traumatic event, a police car, or an

emergency shelter. In contrast, receiving centers provide calm, non-emergency environments

where social workers are able to make comprehensive assessments of a child's need for out-of-

home placement, minimize number of placement moves, and pursue permanency for children as

early as possible.

Receiving centers differ from other emergency facilities such as respite centers and

emergency shelters. Respite centers and crisis nurseries are designed to lower the incidence of

child abuse and neglect by providing parents with a brief rest from their child care

responsibilities (Roberts, 1990; Subramanian, 1985, Pardeck & Nolden, 1985). Emergency

shelters allow children to reside for up to three months while a more permanent solution to a

family's crisis is sought (Hurn, Dupper, Edwards, & Waldman, 1991). Children are typically

brought to a receiving center for the duration of time it takes to complete an assessment and

locate an emergency placement-- usually no more than 24 hours. Emergency shelters and

receiving centers are similar, however, in that both settings provide children with temporary care while their needs are determined and placement options are reviewed (Terpstra, 1986).

Contra Costa County contracts with Aspira Foster and Family Services in East County, the Family Stress Center in Central County, and Westwind Foster Family Agency in West County to operate receiving centers that serve as regional hubs of the county's emergency foster care system. County social workers may bring children to the receiving center 24 hours a day, seven days a week where they may assess the children's immediate needs and conduct foster care placement activities. Receiving center staff are in the centers from 10 a.m. to 7 p.m. and are "on call" at all other times.

By providing for children's immediate needs in a safe, welcoming environment, receiving center staff aim to reduce the amount of trauma experienced by children as a result of removal from their homes. In addition, the receiving center provides a comfortable location in which social workers can interview children. In addition, emergency medical and mental health assessments and services are provided on-site by staff from other county agencies (i.e., CHDP, Children's Mental Health) to the children who visit the center. These services allow serious health problems or injuries to be discovered and addressed early in a child's entry to foster care. Finally, the receiving center occasionally provides respite for foster parents and other care and supervision services, as requested by the Social Service Department.

Research suggests that the provision of emergency and protective services decrease a child's length of stay in foster care (Seaburg & Tolley, 1986). While multiple foster care placements and time spent in substitute care decrease the likelihood that a child will be reunited with his or her family (Goerge, 1990). Anecdotal evidence suggests that positive outcomes result from the use of receiving centers, however, the characteristics and outcomes of children who are

brought to receiving centers have not been systematically compared to those who are assessed in informal emergency settings (e.g., scene of trauma, social worker's automobile).

The purpose of this exploratory study was to examine outcomes for children involved in the child welfare system who are assessed at receiving centers and informal emergency settings in Contra Costa County. A additional purpose was to assist Contra Costa EHS by providing information to improve receiving center operations based on the perceptions of receiving center staff, social workers, and foster parents. The study was guided by the following research questions:

1. How are children's characteristics similar and different for children who are served at receiving centers and children who are not?

2. How are case services and outcomes similar and different for children who are served at receiving centers and children who are not?

3. What changes are suggested to improve the quality of care and services provided at receiving centers?

REVIEW OF LITERATURE

Because receiving centers are new in the child welfare system, little empirical knowledge about them has been generated. The literature review presented in this report describes the historical development of child welfare policy and methods of service delivery that led to the creation of receiving centers. The permanency planning movement, increased use of risk assessment instruments, knowledge generated about effective assessment techniques, and improved understanding of factors that affect social worker's placement decisions all have influenced the development of receiving centers.

Background

The permanency planning movement began in the mid-1970's in response to problems recognized in the substitute care of children. The primary concern driving the permanency planning movement was the phenomenon called, "foster care drift." Social service agencies recognized that extended stays in foster care decrease the likelihood that children will ever reunify with their families. The passage of the Adoption Assistance and Child Welfare Act of 1980 (PL 96-272) created a legal mandate for permanency planning nationwide and reaffirmed the goal of reunification for children in foster care (Goerge, 1990). As a result, social workers are now expected to facilitate permanent placements, preferably by reunifying children with their families. When family reunification is not an option, permanency planning is intended to facilitate long-term relationships between children and their alternative caregivers.

The new emphasis on permanency planning, coupled with high caseloads, changed the roles of child protective workers from caseworkers to "case managers." Child protective workers were expected to develop competencies in a number of areas, including case assessment, psycho-social diagnosis, counseling, service brokerage, and advocacy (Terpstra, 1987). Due to the potential negative consequences of disrupted care, there is now increased emphasis on "getting it right the first time" with regard to children's foster care placements. It has been suggested that child welfare practitioners need professional training to complete thorough assessments and develop skills that streamline the process of placing children in substitute care (Terpstra & McFadden, 1993).

Child Assessment

Coinciding with the implementation of permanency planning policies, the use of risk assessment instruments to guide the decision-making processes of child protective workers has increased. Risk assessment tools attempt to use information that is known about a person or

situation to predict the likelihood that individuals will engage in a particular behavior in the future. According to Wald and Woolverton (1990), social workers should use risk assessment tools when deciding whether to intervene, close or refer a case, or choose home supervision versus foster care placement. Risk assessment measures have the following potential benefits: (1) they can help guide the decision-making of professionals in training; (2) they help professionals prioritize cases according to risk; and (3) they improve the accessibility of information in case records (DePanfilis, 1996).

Despite their widespread use, educators and researchers recently have been discouraged by the use of risk assessment instruments based on their lack of empirical testing, lack of predictive validity, lack of agreement on definitions, and improper implementation by case workers (English & Pecora, 1994; Lyons, Doueck, & Wodarski, 1996; Wald & Woolverton, 1990). However, Wald and Woolverton (1990) emphasize that risk assessment instruments should not be used as a substitute for clinical supervision and that increased training is necessary to avoid these potential pitfalls.

Parallel to the development of risk assessment instruments, the sophistication and understanding of proper assessment procedures for abused and neglected children has grown. With improvements in the practice knowledge base, researchers and child welfare practitioners have identified some characteristics of ideal assessment processes for determining children's placements.

Research suggests that the location of the interview is important in gathering information. In an examination of a random sample of 415 child abuse investigations, Smith, Sullivan and Cohen (1995) found a relationship between interviewing the victim of physical abuse at home and unsubstantiated outcomes. That is, when children were interviewed at home (typically the

scene of trauma), investigators were unlikely to find sufficient evidence to support the allegation due to a lack of resources to perform an adequate investigation. This finding suggests that careful site selection is imperative when interviewing victims of child abuse and neglect because it influences outcome decisions.

Leading professionals in child welfare have emphasized the necessity of employing appropriately sensitive interview techniques. In a practice manual issued by the National Center on Child Abuse and Neglect, Pence and Wilson (1992) urge practitioners to interview victims of sexual abuse "in a neutral setting... away from where the abuse may have occurred" (p. 9). They suggest that by selecting an appropriate interview location, trauma to the child may be reduced. In contrast to informal emergency assessment settings like a police car or the scene of abuse, receiving centers allow caseworkers to interview a child in a safe and neutral setting.

The type and number of professionals who conduct an assessment interview may be as important as the location of the interview. In a review of empirical evidence on service effectiveness, Smokowski and Wodarski (1996) suggest that an assessment of the causes of a family's problems should be conducted with a team of multiple service providers in order to develop the most comprehensive picture of the child and family possible. Skibinski (1995) also emphasizes the need for multidisciplinary review teams to gather assessment data during one interview session that is pertinent to their own needs (i.e., legal, criminal, therapeutic). He suggests that this allows the number of interviews required by the child to be reduced, thereby minimizing secondary trauma that has been a problem in traditional sexual abuse assessment. Thus, using a multi-disciplinary team in the interview process allows services to be enhanced, while reducing further trauma to the child being interviewed.

The value of completing a thorough assessment also has been emphasized. Terpstra (1987) suggests that an on-going responsibility of the child protective worker is to perform assessments, as new information on parent and family strengths may become apparent after the presenting crisis is abated. Research in the field of domestic violence suggests that more effective assessment mechanisms are necessary by both domestic violence and child welfare agencies. This literature emphasizes the importance of prolonging the assessment process in order for the caseworker to get a better sense of a battered mother's strengths (McKay, 1994). Smokowski and Wodarski (1996) also call for rigorous assessments to be given a more central role in child welfare services.

Receiving centers more closely resemble the ideal assessment site than informal locations by providing a safe location for interviews away from the scene of the trauma. They also allow for a more thorough and intensive assessment. While receiving center staff address the child's immediate needs, county social workers can focus on performing an individualized assessment and finding the most suitable placement for the child.

Factors Influencing Type and Length of Child Placements

In addition to the influence of policy and program developments on placement decisions, there is evidence to suggest the importance of making a prompt, appropriate, and individualized placement decision at the earliest point possible in a child's substitute stay. Using an event-history model to examine the foster care careers of a representative sample of 1,200 children who entered foster care in Illinois between 1976 and 1984, Goerge (1990) found "a great decline in the probability of reunification after the first few weeks in placement" (p. 422), and that, "as a child experiences more placements, the probability of a rapid reunification decreases" (p. 440). This finding underscores the importance of making early, thorough assessments that result in

better matches between children and their placements and, ultimately, more stable placement outcomes.

Research indicates that the provision of emergency services decreases the length of a child's stay in foster care. Seaburg and Tolley (1986) analyzed a national probability sample of 3,950 cases to determine predictors of length of stay in foster care. Among their findings were that emergency care services and protective services were associated with a decrease in a child's time in foster care. This finding suggests that children will spend less time in substitute care when emergency and protective services are provided to children and families. Receiving centers provide such services.

In addition to the importance of making placement decisions based on the individual needs of each child, some research suggests that situational factors and child characteristics also influence placement decisions. In their review of 424 case files at an emergency treatment center for abused children, Segal and Schwartz (1985) used discriminant function analysis to find that the most important factor affecting placement decisions was the type of residence from which the child was admitted, followed by length of time spent in treatment. Child characteristics that influenced placement decisions were age and ethnicity. African American children admitted to the treatment center from their birth families, children who spent less time in the treatment center, and younger children were more likely to return to their birth families. However, children who were white, spent more time in the treatment center, and/or were admitted to the center from a non-family setting were more likely to go from the center to a substitute care setting.

In a further examination of how the type of residence from which a child was admitted influences placement decisions, Segal and Schwartz (1987) completed a follow-up study of 510 case files of abused or neglected children admitted to the same emergency shelter. They found

that most children were returned to the setting from which they were admitted (e.g., biological family or foster care), and that children admitted from foster care were more likely to be sent to a residential group care facility.

Another situational characteristic that may influence placement decisions is the type of professional responding to a child abuse complaint. Through examination of three different random samples of child abuse investigations, Shireman, Miller and Brown (1981) found that when police responded to a complaint, there was a consistently higher rate of placement than when social workers investigated the complaint. This finding suggests that placement dispositions may be influenced by characteristics of the child protective services system, in addition to characteristics of the family.

In sum, the literature revealed that:

- As a child experiences more placements, his or her probability of a rapid reunification decreases.
- Receiving centers more closely resemble the ideal assessment site than informal locations by providing a safe location from interviews, away from the scene of the trauma.
- Receiving centers allow for the thorough and intensive assessments recommended by child welfare professionals and researchers.

METHODS

Data for this study were gathered through case record reviews and focus groups. Case reviews were conducted to extrapolate information about children's characteristics and children's familial characteristics, as well as services provided and placement encounters during a six-month period. Focus groups were conducted with receiving center staff, foster parents, and county social workers who were asked about their perceptions of the receiving center services and the impact of receiving centers on children.

Case Record Reviews

Sample selection. The case record review for the children who had been served at the receiving center consisted of 58 case files randomly selected from the population of all children (n=204) who had been served at the Antioch receiving center during its first year of operation, September 1, 1997 to September 30, 1998. Initially, 75 cases were drawn, however, 17 of these cases could not be reviewed because they were missing (e.g., could not be found across the four case file locations in time to be reviewed), incomplete (e.g., did not contain a court report or records concerning the time period of analyses), or unavailable because they were adoption cases. The sample of children's cases who had not been served at the receiving center was drawn from the population of children who had entered a first placement in care in Contra Costa County during the year preceding the opening of the receiving center (n=725) (September 1, 1996 to September 1, 1997). These cases were randomly selected from the Foster Care Information System (FCIS) housed at the Center for Social Services Research at the University of California, Berkeley. The researchers' goal was to review approximately 50 case files. In order to account for potentially incomplete or unavailable files, 75 cases were initially selected. The researchers completed case reviews on the first 54 of these files that were available and allowed for a complete review.

Procedure. Case reviews were conducted between May 3, 1999 and July 30, 1999, on site at the Antioch, Hercules, and Martinez county social services offices. The case files (on paper) were reviewed by a staff of trained graduate students in social welfare, utilizing case extraction forms that were designed by BASSC staff and approved by county staff (see the Appendix for information on obtaining a copy of the extraction form).

Prior to beginning the file reviews, each reviewer received training on how to interpret case files and accurately complete the case extraction forms. The researchers conducted an inter-rater reliability test by selecting two random case files from Contra Costa County to review. The initial inter-rater reliability rate was 92% indicating that the case reviewers agreed on their coding of information from the case files 92% of the time. As a result of the inter-rater reliability test, several items in the case extraction form were revised to make them clearer to case reviewers and reviewers were retrained. After the case extraction form was revised, the inter-rater reliability rate was re-tested, resulting in 98% agreement among the researchers. The reviewers met with the project director periodically throughout the case review process to discuss questions that arose and to clarify decision rules regarding the documentation of data. In addition, the case file reviewers were trained in the importance of maintaining the confidentiality of the children. Confidentiality was ensured by the following measures:

- All files were delivered to a designated area by county staff, and all files were accounted for to county staff upon completion of the file reviews. No files were removed from the designated site except by county staff.

- Cases were identified on the case extraction forms by case identification number, birth date and first name of the child, and date of entry into care or date of arrival at the receiving center.

- Completed case extraction forms were stored in a locked office at CSSR, to which only BASSC staff involved in the project had access.

Elements of the case files used to complete the case extraction forms included face sheets, court reports, child abuse reports, AFDC eligibility and certification forms, out of home

placement records, adoptability assessments, and case notes. Domains of information collected by the case review process included the following:

- Case status (open or closed and accompanying dates of removal or receiving center arrival)[1]

- Child characteristics (date of birth, gender, race/ethnicity, special needs)

- Removal characteristics (from whom the child was removed, primary perpetrator, allegation type)

- Parent and familial characteristics (marital status, date of birth, special needs, when parents' location was determined, whether other children had been removed, whether desired to voluntarily relinquish rights, other relative's involvement in case)

- Case characteristics (documented services to child, adoptability assessment, number and types of placements)[2]

Data Entry. Data from the case record reviews were entered into SPSS for Windows version 8.0. A coding manual was developed that assigned a variable name to each item in the case extraction form and documented data entry instructions and decision rules. Data entry was completed by graduate students who completed the case file reviews, along with two additional students. Once all the cases had been entered, several cases were chosen at random and the data entry was reviewed to check for any systematic errors.

Data Analysis. The majority of the analyses presented here consist of descriptive statistics, with comparisons between children who had visited the receiving center and children

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[1] Date of child's removal from home for the non-receiving center sample was obtained from the CWS/CMS database because case reviewers were often unable to ascertain this information from information provided in the paper case files.

who had not. All statistical procedures were performed using SPSS for Windows, versions 8.0, 9.0, and 10.0.

Correlational analyses were performed for all continuous variables captured in the case reviews. Continuous variables have more than two values. Correlation analyses test the strength of the relationship between two variables. A positive correlation (relationship) means that as one variable's magnitude increases, the magnitude of the other variable also increases. A negative correlation means that as one of the variable's magnitude decreases, the magnitude of the other variable increases. Correlations between variables are significant (do not occur by chance) if the p value is ≤ 0.05.

Chi-square tests were then performed using all of the dichotomous variables (i.e., have only two possible values, such as 1 equals "yes" and 0 equals "no") from the case reviews. Chi-square values indicate the association between membership in groups, in this case, children's membership in the receiving center or non-receiving center group based on other information about their case. Values that are p ≤ 0.05 indicate a significant association between the two variables.

Independent samples t-tests also were performed on the continuous variables in the case reviews that were paired with categorical variables. An independent samples t-test is a statistical procedure that compares the means for two groups of cases (i.e., receiving center and non-receiving center groups) on another variable of interest. A low significance value for the t-test, less than 0.05, indicates that there is a significant difference between the two groups' means on the variable of interest.

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[2] Number and types of placements for the entire sample was obtained from the CWS/CMS database because case reviewers were often unable to ascertain this information from the paper case files.

Separate logistic regression analyses also were performed on each of the dichotomous variables for which significant findings were produced in the chi-square analyses. Logistic regression is a set of statistical procedures for exploring the relationship between a set of independent variables (such as child characteristics) and a binary response variable (such as visited the receiving center or did not visit the receiving center). These methods produce summary statistics in the form of odds ratios. These odds ratios allow the prediction of the likelihood of a potential outcome. If, for a particular variable or set of variables, the child is equally likely to belong to the receiving center and non-receiving group, regardless of the indicator variable, the odds ratio would equal 1.

Analyses also included developing multivariate logistic regression models to attempt to identify characteristics of children that predict their membership in either the receiving center or non-receiving center groups, as well as a model that predicts the child's likelihood of reunifying with family within the six month period. These regression models produce odds ratios that simultaneously adjust for all the variables in the model. The first regression analysis began with a saturated model using the following dichotomous independent variables: (1) case status still open at end of six months, (2) child received medical services during six months, (3) relatives requested placement, (4) adoptability assessment found in case file, (5) biological parents expressed a desire to voluntarily relinquish rights, (6) mother has history of physical abuse, (7) child has behavioral/emotional special needs, (8) child has other "miscellaneous" special needs, (9) child has developmental special needs, and (10) child reunified with family by end of six months. The dependent variable in the analysis was the child's membership in the receiving center group.

In the second model, the saturated model began with six dichotomous independent variables: (1) child membership in the receiving center group, (2) case status open at end of six months, (3) child received medical services during six months, (4) relatives requested placement, (5) adoptability assessment found in case file, and (6) biological parents expressed a desire to voluntarily relinquish rights. The dependent variable in this analysis was the child's reunification with family at the end of the six-month period.

In both models, independent variables that were not significant components of the model were eliminated from the analyses sequentially. As a result of this stepwise process of elimination, both final models included two variables.

<u>Focus Groups</u>

<u>Participants</u>. Focus groups were conducted with fifteen individuals representing three levels of service delivery: receiving center staff, foster parents, and county social workers. In the first focus group, receiving center staff were invited to describe the services provided at the center, as well as share their perceptions about the impact the center has on the children whom it serves, their families, and on the social workers who utilize it. After contacting the center's manager and explaining the purpose of the focus group, the program manager volunteered to participate, as well as to identify other focus group participants. One participant was the director of the center, one the program manager, and the other a child care worker. All three participants were female. The staff members' experience working in the child welfare field ranged from 3 months to 4 years.

In the next focus group, foster parents were asked to share their satisfaction with, and perceptions of, the receiving center's impact on the foster children for whom they care. An advertisement inviting all foster parents who have cared for a child that had been served at the

receiving center was included in a newsletter that is routinely mailed to all county foster parents. In addition, individual letters of invitation were sent to all 29 foster parents, identified by the county's Department of Social Services information management system who were known to have cared for children who were served at the receiving center. Foster parents were given two possible dates on which they could participate. On the first date, only one foster parent, a woman, was interviewed. On the next date, 5 foster parents, who were all female, participated. The foster parents' experience caring for foster children ranged from 3 to 18 ½ years.

The third focus group was comprised of six county social workers who were invited to share their satisfaction with, and perceptions of, the receiving center's impact on the county's foster children. Supervisors of county social workers were asked to tell their staff about the focus group and to pass on the introductory letter, supplied by the researchers, inviting the participation of those who had experience using the receiving center. The social workers' experience in child welfare ranged from 1 ½ to 6 ½ years.

Procedure. The overall goal of the focus groups was to develop a fuller understanding of staff and foster parents' perceptions of receiving centers and to identify changes in services that would improve the quality of care provided to children. Information obtained from the review of literature, as well as suggestions offered by the county, was incorporated into the focus group interview protocols. Interview questions reflected three areas of interest: the principles underlying the use of receiving centers, the receiving center's operations, and participants' perceptions of the center's impact on children. Specific questions included in the focus group protocols are summarized in Table 1.

Researchers elicited participants' perceptions of the principles underlying the use of receiving centers in order to explore the extent to which different stakeholders understand the

Table 1. Focus Group Protocol Questions

Focus Group Type	Questions
All Groups	▪ How would you describe the principles underlying the use of receiving centers?
	▪ How do you think children's needs are assessed at the receiving center?
	▪ What kinds of treatment or intervention are offered at the receiving center?
	▪ In your experience, how have receiving centers affected children and their families?
	▪ What are your suggestions for improving the flow of services in receiving centers in your county?
Foster Parents	▪ How do receiving centers affect the needs that children have when they come to you?
Receiving Center Staff	▪ How are placements determined?
	▪ How do county social workers and receiving center staff work together to assess children and address their critical needs?
Social Workers	▪ How are placements determined?
	▪ How do county social workers and receiving center staff work together to assess children and address their critical needs?
	▪ Could you describe a situation in which a child would be placed in an emergency shelter after being assessed at the receiving center?

receiving center's purpose and the role it plays in child welfare services. Researchers asked

participants to describe the operations of receiving centers to gain a clearer understanding of

assessments performed at receiving centers, as well as to identify specific services offered.

Finally, participants shared their perceptions of the center's impact and effectiveness in order to

provide the county with recommendations for improving receiving center operations.

The focus group with receiving center staff was conducted at the receiving center in its

private kitchenette. The focus group and individual interview with foster parents were held in a

meeting room at a local public library. Childcare was provided for the foster parents' children by

two "parent aides" who are employed by a respite childcare center in the county. The focus

group with county social workers was conducted in a meeting room in the building at which the social workers' have their offices. Focus groups lasted between one and two hours and refreshments were provided.

Analysis Strategy. For each focus group, researchers compiled field notes, documenting participants' responses. In addition, researchers recorded their own personal reflections about the culture of the group (e.g., individual's tone, perceived tension among participants). Researchers' personal reflections were recorded to make any researcher biases explicit, thereby creating the opportunity to incorporate them as sources of data that may influence the study's findings. Further, participants completed contact summary forms describing information about themselves relevant to the study, such as years of experience in child welfare.

Using the constant comparative method of qualitative data analysis (Glauser & Strauss, 1967; Goetz & LeCompte, 1984), researchers shared and discussed their observations of the groups, comparing them with previous findings and relevant literature, and finally, documented themes that emerged within, and across, the focus groups. The researchers' field notes were separately analyzed for themes and patterns by the each of the researchers who conducted the focus groups. Participants' responses were considered "themes" if they were mentioned at least twice during the focus group or if at least two participants provided similar information. Responses offered by only one of the participants, or mentioned only once during the focus group, were omitted unless they provided particular insight into the operations or impact of receiving centers. Themes that emerged from the data were coincided with the three major categories of the focus group protocols: principles underlying the use of receiving centers, operations of receiving centers (e.g., assessment and intervention methods), and evaluations of receiving centers (e.g., impact, recommendations). Each time a new theme was generated,

researchers reanalyzed all the data to determine if the new theme coincided with the data. This

process was repeated through several iterations, continuing until a saturation point was met and

no new themes emerged.

Finally, a procedure called a "member check" was utilized to be sure that key themes

identified by the researchers were corroborated by the focus group participants (Lincoln & Guba,

1985). A member check involves asking representative members from each focus group to

review preliminary findings so that their feedback may be incorporated into the final report.

CASE REVIEW FINDINGS

This section provides a description of the case review findings, with particular attention

to identifying any significant differences between the children who were served at the receiving

center and those who had not. This information, in combination with focus group findings,

provide the basis for recommendations to the county in further developing and improving

outcomes for children in the child welfare system. This section first presents characteristics of

all the children studied and then presents information describing the extent to which being served

at the receiving center is associated with children's case characteristics and placement outcomes.

Characteristics of Children in Care. The characteristics of the children in this study are

illustrated in Table 2. Approximately 56% of the children in the sample were female. Most

children (55%) were white, while 18% were African American. Approximately 14% of children

were of mixed ethnic heritage, 1% were Asian/Pacific Islander, and 1% of Native American

heritage. Information regarding the race or ethnicity of 4% of the children was not available.

The mean age at removal for both the receiving center and non-receiving center groups of

children was approximately 6.5 years.

The number of "special needs" experienced by children ranged from 0 to 4, with a mean of one special need. Thirty-three percent of children had miscellaneous, "other special needs," 33% of children had "behavioral/emotional problems," and 25% had "medical/physical problems." Approximately 13% of the children had "developmental problems," 5% were "on medication," and 3% had "low birth weight" indicated as a special need.

Most children were removed from home based on allegations of neglect (79%) or physical abuse (22%). Approximately 32% were removed because they were left without provisions for support. The percentages do not sum to 100% because children could have been removed for more than one allegation of abuse or neglect.

Table 2. Characteristics of Children in Care

Characteristic	Total		Receiving Center		Non Receiving Center	
	%	(n)	%	(n)	%	(n)
	100%	(112)	100%	(58)	100%	(54)
Gender						
Male	44%	48	47%	27	40%	21
Female	56%	62	53%	31	60%	31
Unable to Ascertain	2%	2	0%	0	4%	2
Race/Ethnicity						
White	55%	61	57%	33	53%	28
African American	18%	20	16%	9	20%	11
Mixed	14%	15	14%	8	13%	7
Hispanic	8%	9	7%	4	9%	3
Asian/Pacific Islander	1%	1	0%	0	2%	1
Native American	1%	1	0%	0	2%	1
Unable to Ascertain	4%	4	7%	4	2%	1
Mean Age	6.5 Years		6.4 Years		6.5 Years	
Special Needs						
Low Birth Rate	4%	4	2%	1	6%	3
Medical/Physical	25%	28	28%	16	22%	12
Behavioral/Emotional	31%	35	43%	25	19%	10
Developmental	13%	14	12%	7	13%	7
On Medication	5%	6	7%	4	4%	2
Other Special Needs	33%	37	9%	11	48%	26
Mean # of Special Needs						
Reason for Removal						
Physical Abuse	20%	22	22%	13	17%	9
Neglect	79%	88	76%	44	82%	44
Sexual Abuse	8%	9	14%	8	2%	1
Emotional Abuse	4%	4	3%	2	4%	2
No Provision for Support	32%	36	31%	18	33%	18
Cruelty	1%	1	2%	1	0%	0
Sibling Abused/Neglected	27%	30	24%	14	30%	16
Born Drug Exposed	2%	2	0%	0	4%	2
Other Allegation	5%	6	0%	0	11%	6
Primary Perpetrator						
Mother	83%	93	86%	50	80%	43
Father	31%	35	31%	18	32%	17
Other Relative	3%	3	3%	2	2%	1
Other	18%	21	24%	14	13%	7
None	1%	1	2%	1	0%	0
Unknown	2%	2	2%	1	2%	1

Characteristics of Parents and Families at Child's Entry into Care. Tables 3 and 4 summarize the characteristics of children's parents at the time the children entered care. About 85% of the children in the sample were removed from their mothers, while 32% were removed from their fathers. Three percent of children in the sample were removed from other relatives. Because some children were removed from both parents, these figures do not sum to 100 percent. Children were mostly abused and neglected by their mothers (83%), while 31% were abused or neglected by their fathers. Again, these percentages do not sum to 100% because some children were abused or neglected by both parents. Three percent of the children were abused or neglected by another relative and, in one case, no perpetrator was identified.

Most children came from single-parent homes. Over half (58%) of the children's parents were not living together at the time of the child's entry into care, with about one-third (34%) of the parents separated or divorced. While most of the children's mothers were located at the opening of the case (90%), far fewer fathers had been located at the opening of the case (65%). Six months later, only 5% of mothers were never located, but 20% of fathers still had not been located. In most of the cases (77%), other children had been removed, at some point, from the child's home.

Many children (55%) had mothers with substance abuse problems. About a third (35%) of the children had mothers who were victims of domestic violence. On average, the children's mothers had two special needs, although these needs varied across the sample. Over half of the children had fathers with either substance abuse problems (26%) or criminal histories (26%). On average, the children's fathers had one special need.

Table 3. Characteristics of Parents and Families at Child's Entry into Care

Characteristic	Total		Receiving Center		Non Receiving Center	
	%	(n)	%	(n)	%	(n)
	100%	(112)	100%	(58)	100%	(54)
Removed From						
Mother	85%	95	86%	50	83%	45
Father	32%	36	31%	18	33%	18
Other Relative	3%	3	3%	2	2%	1
Other	11%	12	16%	9	6%	3
Mother at Birth	1%	1	2%	1	0%	0
Relationship of Birth Parents						
Married	13%	15	12%	7	15%	8
Separated/Divorced	34%	38	59%	34	7%	4
Living Together	18%	20	16%	9	20%	11
Not Living Together	58%	65	79%	46	35%	19
Other	8%	9	0%	0	17%	9
Unknown/Missing	10%	11	0%	0	20%	11
Mother's Location Determined						
At Opening of Case	90%	100	90%	52	91%	48
At 6 Month Review	2%	2	2%	1	2%	1
Has Not Been Located	5%	6	9%	5	2%	1
Deceased	1%	1	0%	0	2%	1
Unable to Ascertain	2%	2	0%	0	4%	2
Missing	1%	1	0%	0	2%	1
Father's Location Determined						
At Opening of Case	65%	71	71%	41	58%	30
At 6 Month Review	5%	5	7%	4	2%	1
Has Not Been Located	18%	20	22%	13	14%	7
Deceased	2%	2	0%	0	4%	2
Unable to Ascertain	11%	12	0%	0	23%	12
Missing	2%	2	0%	0	4%	2
Other Children Removed						
Yes	77%	85	85%	49	68%	36
No	17%	19	12%	7	23%	12
Unable to Ascertain	6%	7	3%	3	9%	5
Missing	1%	1	0%	0	2%	1

Table 4. Parents' Special Needs

Special Need	Total		Receiving Center		Non Receiving Center	
	%	(n)	%	(n)	%	(n)
	100%	(112)	100%	(58)	100%	(54)
Mother						
Unemployed	5%	6	5%	3	6%	3
Substance Abuse	55%	61	47%	27	63%	34
Criminal History	12%	13	19%	11	4%	2
Incarcerated during Case	8%	9	3%	2	13%	7
Mental Health Problems	11%	12	12%	7	9%	5
Physical Health Problems	10%	11	12%	7	7%	4
Domestic Violence Victim	35%	39	38%	22	32%	17
History of Physical Abuse	6%	7	12%	7	0%	0
History of Sexual Abuse	5%	6	7%	4	4%	2
Homelessness	19%	21	17%	10	20%	11
Poverty	11%	12	12%	7	9%	5
Other Special Needs	12%	13	7%	4	17%	9
Mean # of Special Needs	2 Special Needs		2 Special Needs		2 Special Needs	
Father						
Unemployed	3%	3	5%	3	0%	0
Substance Abuse	26%	27	24%	14	24%	13
Criminal History	26%	27	40%	23	7%	4
Incarcerated during Case	15%	16	10%	6	19%	10
Mental Health Problems	3%	3	3%	2	2%	1
Physical Health Problems	1%	1	2%	1	0%	0
Domestic Violence Victim	4%	4	5%	3	2%	1
History of Physical Abuse	5%	5	2%	1	7%	4
History of Sexual Abuse	1%	1	0%	0	2%	1
Homelessness	7%	7	3%	2	9%	5
Poverty	3%	3	2%	1	4%	2
Other Special Needs	9%	9	7%	4	9%	5
Mean # of Special Needs	1 Special Need		1 Special Need		1 Special Need	

Case Characteristics. Characteristics of the children's cases are summarized in Table 5.

At the time of the case reviews, over half (57%) of the children still had open cases. Most

children's case files did not suggest that the children were receiving many services during their

first six months of care. Approximately one-third of children had received counseling or

psychotherapy within the six months following their entry into care and about one-quarter

received medical attention (28%) or some other type of service (26%). The adoptability of most

children had not been assessed. That is, the county form, DC 131, was not found in the case files of most children (87%). It is important to note, however, that adoptability assessments are often conducted as ten to eleven months after children have entered foster care.

Relatives were involved in most children's cases at least once during the first six months that the children were in care. While the case records may not have documented that a relative placement was actually made, many of the children did have relatives who requested that children be placed with them (40%). Seventeen percent of the children had relatives who had stated that they would be willing to make a permanent commitment to keep the child in their care. In almost half (48%) of the children's cases, relatives were either contacted about the possibility of placing the child in their home or were home studied to be considered for the child's placement. Only a small number of the children (8%) had relatives appear at their court hearings. Finally, 14% of children had relatives who were involved in their cases in some other manner.

Table 5. Case Characteristics

Characteristic	Total		Receiving Center		Non Receiving Center	
	%	(n)	%	(n)	%	(n)
	100%	(112)	100%	(58)	100%	(54)
Status of Case						
Open	57%	64	76%	44	37%	20
Closed	43%	48	24%	14	63%	34
Documented Services to Child						
Counseling/Psychotherapy	36%	40	45%	26	26%	14
Medical Attention	28%	31	38%	22	17%	9
Other Services	26%	29	31%	18	20%	11
Relinquishment of Rights						
Parent Desire to Relinquish	10%	11	0%	0	21%	11
Parent Voluntarily Relinquish	6%	7	0%	0	14%	7
Unable to Ascertain/Missing	3%	3	2%	1	4%	2
Adoptability Assessed: DC131						
Yes	13%	14	4%	2	23%	12
None in File	87%	96	97%	55	77%	41
Unable to Ascertain/Missing	2%	2	2%	1	2%	1
Relatives Involved in Case						
Requested Placement	40%	45	29%	41	52%	28
Contacted for Placement	21%	23	36%	21	4%	2
Home Studied	27%	30	45%	26	7%	4
Appeared at Court Hearing	8%	9	5%	3	11%	6
Commitment to Keep Child	17%	19	26%	15	7%	4
Other Involvement	14%	16	12%	7	17%	9
Mean # of Involvements	1 Involvement		2 Involvements		1 Involvement	

Characteristics of Placements and Time in Care. The placement characteristics of

children in the study are summarized in Table 6. Six months from the time they entered foster

care, one-third (30%) of the children were placed with kin. The next most common

circumstances in which children were living at six months were county foster homes (21%) and

reunification with either their mothers, both parents, or other relatives (21%). During the entire

six-month duration, children had experienced, on average, two out-of-home placements.

However, about one-third (34%) had only one out-of-home placement during the six-month

period. Finally, 17% of the children had 3 or more out-of-home placements.

Table 6. Placement Characteristics

Characteristic	Total		Receiving Center		Non-Receiving Center	
	%	(n)	%	(n)	%	(n)
	100%	(112)	100%	(58)	100%	(54)
Placement Outcome at 6 mos.						
Reunified: Mother	16%	18	22%	13	9%	5
Reunified: Both Parents	4%	4	7%	4	0%	0
Reunified: Other Relative	1%	1	0%	0	2%	1
With Non-Custodial Parent	7%	7	7%	4	6%	3
Guardianship	2%	2	0%	0	4%	2
Adoptive Placement	3%	3	2%	1	4%	2
Kin Foster Care	30%	30	26%	15	35%	19
County Foster Home	21%	23	22%	13	19%	10
FFA Home	4%	4	7%	4	0%	0
Group Foster Home	6%	7	3%	2	9%	5
Other Non-Kin Care	2%	2	2%	1	2%	1
Unable to Ascertain	6%	7	2%	1	11%	6
Total # Placements at 6 mos.						
Child Never Placed	6%	7*	0%	0	13%	7
1 Placement	30%	34	24%	14	37%	20
2 Placements	48%	54	53%	31	43%	23
3 Placements	19%	10	16%	90	2%	1
4 Placements	5%	5	5%	3	4%	2
5 Placements	1%	1	2%	1	0%	0
7 Placements	1%	1	0%	0	2%	1
Mean # of Placements	2 Placements		2 Placements		2 Placements	

*2 cases: case reviewer was unable to ascertain any of the child's placements during the 6 month period
  3 cases: child never removed from home
  2 cases: child never placed in foster care placement. As soon as removed, placed with custodial parent.

Correlational analyses were conducted to ascertain relations among continuous variables.

A summary of the findings is presented in Table 7. Younger children were more likely to have

mothers with more documented special needs, and children whose mothers had many special

needs were likely also to have fathers who had many special needs. Children with many special

needs were likely to have more out-of-home placements than children with fewer special needs,

however, children who received more "miscellaneous" services (i.e., services other than medical

or counseling/psychotherapy) were likely to have experienced fewer out-of-home placements

than children who received fewer miscellaneous services.

Children's levels of placement "permanency" also were related to some case characteristics. "Permanency" was artificially computed by assigning values to the different types of placements in which children were living as documented at their six month hearing. Specifically, researchers constructed an ordinal variable wherein the most "permanent" placement types were: reunified with primary caregiver, placed with previously non-custodial parent, adopted, and guardianship. Adoptive placement and kin foster care were designated as the next level of permanency. Finally, non-kin foster care was considered the least permanent type of placement (i.e., county foster home, FFA home, group home, or other non-kin foster care).

Children with many special needs, and those whose mothers had many special needs, were more likely to have higher levels of permanency at their six month hearing. However, children who had experienced many out-of-home placements were more likely to be living in less permanent placements at the of six month hearing.

Table 7. Significant Relationships between Variables for all Children Studied

Variable Name	Child age at entry to foster care	Number of mother's special needs	Number of father's special needs	Total number of all child's placements in 6 mos.	Number of "other" services offered to child in 6 mos.	Level of permanency at 6 month hearing	Total number of child's special needs
Child age at entry to foster care							
Number of mother's special needs	-.332						
Number of father's special needs		.451					
Total number of all child's placements in 6 mos.							
Number of "other" services offered to child in 6 mos.				-.420			
Level of permanency at 6 month hearing		.246		-.389			
Total number of child's special needs				.188		.209	

Notes: A positive relationship means that as the magnitude of one variable increases, the magnitude of the other variable also increases. A negative relationship means that as the magnitude of one variable increases, the magnitude of the other variable decreases. All of these relationships are considered to be of low or moderate magnitude and did not occur by chance.

Child, Service, and Outcome Differences between Receiving Center and Non-Receiving

Center Groups.

Significant differences in association were found between the group of children who had

been served at the receiving center, and the group that had not, across nine dichotomous elements

of their files. The values of these findings are summarized in Table 8. Significantly larger

proportions of children represented in the receiving center group had the following

characteristics: behavioral and/or emotional special needs, received medical service, and

mothers with a history of physical abuse. In addition, larger numbers of children who had been

served at the receiving center had cases open at the end of the six month time period and were

reunified with their families, compared to children who had not been served at the receiving

center.

Significantly larger proportions of children represented in the non-receiving center group

had the following characteristics: "miscellaneous" special needs (i.e., special needs other than

behavioral/emotional and medical), parents expressed a desire to voluntarily relinquish rights,

and relatives requested that child be placed with them. These children were also more likely to

have completed DC 131's (adoptability assessment) in their case files.

Table 8. Case, Service, and Outcome Significant Differences between Receiving Center and Non-Receiving Center Groups of Children (Chi-Squares)

Characteristic	% of RC Children	n	% of Non-RC Children	n	Chi-Square Values	Fisher's Significance Levels
		58		54		
Child has behavioral and/or emotional special needs	43%	25	19%	10	7.87	.008
Child has "miscellaneous" special needs (i.e., special needs other than behavioral/ emotional and medical)	19%	11	48%	26	10.77	.001
Child received medical services during the six month period	38%	22	17%	9	6.32	.019
Child's mother has a history of physical abuse	12%	7	0%	0	6.95	.013
Child's parents expressed a desire to voluntarily relinquish their parental rights	0%	0	20%	11	13.41	.000
Child's case file indicated that an adoptability assessment (DC 131) was conducted	3%	2	22%	12	9.05	.003
Child has relatives who requested that they be placed with them	29%	17	52%	28	5.91	.021
Child's case is still open at the end of the six month period	76%	44	37%	20	17.21	.000
Child has reunified with mother, father, both parents, or another relative by the end of the 6 mos.	29%	17	11%	6	5.68	.020

In addition to these differences between receiving center and non-receiving center groups of children across dichotomous elements of their files, tests also were conducted of significant differences between the two groups across continuous elements of their files. Table 9 contains a summary of these findings. By the end of the six-month period, children who had visited the

receiving center had greater numbers of out-of-home placements. Specifically, children who were served at the receiving center had more county foster home placements and fewer unknown/unable to ascertain types of foster home placements than children who had not been served at the center. Relatives of children who been to the receiving center were involved in children's cases more often than relatives of children who had not been to the center (e.g., appeared at court hearing, contacted by the agency regarding placement). Finally, children served at the center received more services, in total, (e.g., counseling, medical attention) than children who had been served at the center.

Table 9. Family, Service, and Outcome Differences between Receiving Center & Non-Receiving Center Groups of Children during 6 Month Time Period (Means)

Characteristic	Receiving Center Group	Non-Receiving Center Group	Significance Levels
Total number of all out-of-home placements	2.00	1.56	.025
Total number of all county foster home placements	1.22	.69	.001
Total number of unknown/unable to ascertain out of home placements	.02	.11	.041
Total number of all relatives' involvement	1.53	.98	.009
Total number of all services given to child	1.14	.63	.001

Note: For each variable, the higher group mean indicates larger scores on the item.

The summary statistic produced by logistic regression analysis, known as an "odds ratio," indicates the likelihood of a particular outcome, given a variable or set of variables. Regression analysis of case review data reveals that being in the receiving center group increases the likelihood of certain outcomes for the children and decreases the likelihood of other outcomes for children. While these findings coincide with findings described earlier, here an odds ratio is

presented as a measure of the degree to which certain characteristics predict particular outcomes for children. These findings, however, should be interpreted with caution because many of the confidence intervals are quite wide.

The analysis suggests that children who were served at the receiving center were 12 times less likely to have a completed adoptability assessment (DC 131). The odds ratio for this finding is .12 with a 95% confidence interval of (.03, .59). The confidence interval indicates that in 95% of all such populations sampled, the odds ratio will be between approximately 3 and 59. Children who were served at the receiving center also were three times more likely to have received medical attention. For this finding the odds ratio was 3.06 with a confidence interval of (1.25, 7.45) indicating that in 95% of populations sampled the odds ratio will be between 1.25 and 7.45. In addition, children in the receiving center group were 5 times more likely to have a case that was still open at the six month review. The odds ratio for this finding is 5.34 with a confidence interval of (2.36,12.09). The confidence interval indicates that in 95% of all such populations sampled, the odds ratio will be between approximately 2.36 and 12.09. Finally, children in the receiving center group were 40 times less likely to have relatives who requested that they be placed with them. The odds ratio for this finding was .39 with a confidence interval of (.18, .84),. The confidence interval indicates that in 95% of all such populations sampled, the odds ratio will be between approximately 18 and 84.

Logistic regression models also were developed to test the likelihood of children belonging to the receiving center group and the likelihood that children would reunify with their families by the end of the six-month period. Developing both models included a process of elimination whereby the insignificant independent variables were eliminated from the model sequentially, based on which term was least significant.

The process of elimination for the first model (see Table 10) resulted in a model that includes 2 terms: child behavioral/emotional special needs, and child "miscellaneous" special needs. Children who have emotional or behavioral special needs were almost 5 times more likely to have been to the receiving center. The odds ratio for this finding was 4.99 with a confidence interval of (1.84, 13.47). In addition, children with "miscellaneous" special needs were 18 times less likely to have been to the receiving center. The odds ratio for this finding was .18 with a confidence interval of (.07, .46). When interpreting the findings regarding this model, the reader should recall that the group of children who were not served by the receiving center were chosen for the study before the receiving center was put into operation. Findings regarding comparisons among the receiving center and non-receiving center groups of children describe different characteristics of the groups but do not serve as factors that predict whether or not a child would be served by the receiving center.

Table 10. Logistic Regression Model of Receiving Center Visitation (2 variables, n=112)

Variable	Odds Ratio	95% Confidence Interval
Child has behavioral/emotional special needs	4.99	(1.8, 13.47)
Child has "miscellaneous" special needs	0.18	(0.07, 0.46)

The second regression model (see Table 11) analyzed the likelihood of children reunifying with their families and resulted in a model that also included two terms: case remaining open, and being served at the receiving center. Children whose cases were still open at the end of the six-month period were 10 times less likely to reunify with their families than are children whose cases had closed. The odds ratio for this finding was .10 with a confidence interval of (.03, .36). Finally, children who were served at the receiving center were ten times

more likely to reunify with their families at six months. The odds ratio for this finding was 10.3

and its confidence interval was (2.78, 38.45).

Table 11. Logistic Regression Model of Reunification (2 variables, n=112)

Variable	Odds Ratio	95% Confidence Interval
Child's case remaining open	0.10	(0.03, 0.36)
Child has visited the receiving center	10.3	(2.78, 38.45)

FOCUS GROUP FINDINGS

Principles Underlying the Use of Receiving Centers

Receiving Center Staff. Two predominant themes emerged from receiving center staff's

responses to questions about the principles underlying the use of the center. All staff mentioned

the convenience offered by the receiving center to county social workers, because they are able to

focus attention on placing children, while the children's immediate needs are taken care of at the

receiving center. The second theme that staff emphasized is that the receiving center allows

children to prepare for their upcoming placement, both physically and emotionally. They

explained that children's physical needs for food, clothing or hygiene are taken care of, and

emotionally, the staff attempt to de-traumatize and soothe the children before they are taken to

their new placements.

County Social Workers. County social workers believe that the receiving center gives

children a period of transition that allows them to feel safe and to lower their anxiety after being

removed from their parents. County social workers also believe that the receiving center is

designed to give them more time to have one-on-one interactions with children and "work out the

details" of placements. Improving the success of placements also is considered a goal of the

receiving center by county social workers since the receiving center gives social workers more time and privacy to conduct more thorough assessments as well as investigate and interview potential foster placements. Social workers described the receiving center as a "safe haven" with a "comforting environment."

Foster Parents. Foster parent participants did not seem familiar with the purpose or principles behind receiving centers. Based on their knowledge that children are fed, bathed, and provided with clothing while at the receiving center, foster parents assumed that receiving centers are designed to provide these basic needs to children who have been removed from their homes.

Assessment of Children's Needs at the Receiving Center

Receiving Center Staff. Participants responded to several questions about the day-to-day operations of the center, including how assessments are conducted, what services are offered, how staff work with social workers, and how placements are determined. With regard to conducting assessments, receiving center staff shared that both formal and informal processes are used. Informal assessment includes observational assessment for injuries, general health and behavioral problems, as well as information disclosed by a child or a sibling about their needs. Staff said that formal assessment involves the completion of three different forms that include information regarding the child's known problem behaviors (e.g., violence, fire-setting), known medical needs, likes and dislikes (e.g., food, special toy), and documents the services provided to the child (e.g., lice treatment, mental health assessment). Two of these forms follow the child to the foster home. The other form is used internally so that the center can maintain information about children in the event that any child returns to the center. See the Appendix for information about how to obtain copies of these forms.

County Social Workers. Social workers report that they are asked by the receiving center staff to fill out a form describing each child's medical and other needs, notable behaviors (e.g., aggression, fire-setting), and circumstances of removal. The receiving center keeps this information in order to help its staff interact sensitively with each child. The receiving center staff also complete a form to be given to the foster home placement describing the likes and dislikes associated with each child (e.g., favorite foods, likes to sleep with teddy bear).

All other assessments of children at the receiving center are informal, taking the form of observation and active listening for children's self-disclosure. Because the receiving center provides additional time for child assessments, social workers have the opportunity to ask children questions that they may have thought of since the time of removing them from parental custody. Social workers ask questions about the circumstances of the child's removal to help obtain more information with which to make appropriate placement recommendations. While bathing or playing with children, receiving center staff look for evidence of injury or necessary medical attention. Receiving center staff also carefully and patiently listen to children when they volunteer pertinent information about their feelings and needs.

Foster Parents. Foster parents reported that they do not know what methods are used to assess children's needs at the receiving center. However, they assumed observation was the primary method for assessing children's needs.

Receiving Center Treatment and Intervention Services

Receiving Center Staff. Responses to questions about interventions offered at the receiving center revealed four predominant themes:

(1) The receiving center offers a soothing environment, with firm, yet nurturing staff who set consistent limits for the children

(2) Receiving center staff provide children with attention and encouragement.

(3) The receiving center attempts to meet the basic needs of children, such as food, clothing or de-lousing.

(4) Staff help gather information that is helpful to the social workers.

County Social Workers. Congruent with the principles underlying receiving centers, social workers reported that they offer a comfortable, calm, and safe environment for children. Social workers remarked that both their own and the children's' anxiety is lowered as a result of being at the receiving center. Another characteristic attributed to the receiving center is "structure." Social workers report that the receiving center provides children with, for example, rules and expectations for behavior, thus providing the structure they require to feel safe in a scary situation. Social workers also mentioned that basic needs are attended to at the receiving center. Children receive a meal or snack, a bath, delousing treatment if necessary, and clean clothing. Often, children are given reading materials, clothing, and toiletries ("a bag of goodies") to take with them when they leave the center.

Social workers also mentioned that children receive undivided attention while at the receiving center. The staff were described as "nurturing" and "energetic," interacting with the children in a "sensitive" and "age-appropriate" manner.

Foster Parents. Foster parents reported that basic needs are the primary intervention offered to children at the receiving center. While foster parents mentioned bathing, de-lousing, food, and clothing as the services that are probably offered to children, they perceived that the center provides these to children variably and insufficiently. Stating examples of children who arrive at their homes still "lice infested" or "dirty," foster parents were displeased with the

services offered to children at receiving centers. However, the safety of the receiving centers, as well as an opportunity for siblings to be together, was mentioned by foster parents as positive aspects of the center.

Determining Foster Care Placements

Receiving Center Staff. When asked how placements are determined, receiving center staff shared that they are not directly involved in determining placements. They said that they know relative-placements are first priority and that concurrent planning mandates must be considered. Staff said that the receiving center tries to give social workers the time needed to make more thoughtful placement decisions. They mentioned that the receiving center also has added the option of keeping a child overnight at the center in order to reduce unnecessary placements.

Receiving center staff and social workers were asked if they could describe a situation in which a child might be placed in an emergency shelter after being assessed at the receiving center. Receiving center staff acknowledged that this question was difficult to answer since social workers do not always tell them where a child is going to be placed. Staff suggested that many children go into emergency foster homes if the social worker cannot find another placement. Staff estimated that about 80% of the children who enter foster care used to go into emergency foster care from the receiving center, and that proportion of children has now been reduced to about 50%. This was an estimate suggested by the staff based on their practice experience and was not elaborated upon.

County Social Workers. County social workers were asked to describe the process of placing children who have been removed from their families. After removing a child, social workers telephone the county "placement coordinator" who collects pertinent information about

the child from the social worker. When a group of siblings has been removed, they try to keep the group together in one placement. Social workers report that children are most often placed in county foster homes, rather than in Foster Family Agencies (FFA), and that teens are often placed in group homes. Social workers believed that they believed that economic considerations sometimes override a placement's appropriateness for each child (although this is clearly not the policy of the Department). For instance, social workers suggested that children may be placed in a foster home certified for emergency placements because they cost less than FFA foster homes.

Although the limited availability of foster homes constrains children's placement options, children's special needs also are taken into account whenever possible in determining their placement. For example, sexual abuse history, anti-social behavior, medical needs, suicidal and aggressive behaviors (e.g., "fire setting") are considered. Attempts also may be made to place a child in a foster care placement located in the child's current school district to help ensure the child's educational continuity.

Social workers concurred with receiving center staff, reporting that there is no situation in which a child would be placed in an "emergency shelter" since such shelters no longer exist in the county. However, they did report that children may stay overnight at the receiving center if they arrive late in the day and/or a relative placement is imminent for the following day.

Working Together to Address Children's Needs

Receiving Center Staff. Several responses emerged regarding how staff work with social workers to address children's needs. Staff emphasized that they have separate functions from social workers, in that they address a child's immediate needs, and the social worker addresses the child's placement needs. They also emphasized that receiving center staff and social workers are not equal partners, rather, receiving center staff are there to assist the social workers as much

as they can. Staff said that they try to communicate with the county social worker as much as possible about their observations of the children. They also acknowledged that their relationships with social workers were difficult when the center started because social workers saw the center as an additional step in the placement process, rather than as a convenience or source of support. They added that the Social Services Department has now mandated that social workers must bring children to the receiving center when they are removed from their parents.

County Social Workers. Social workers said that services the receiving center staff provide to foster children are an "extension to what we do." Since the staff have a lot of "energy" and give children "a lot of attention," the social workers are able to spend time arranging children's foster care placements (e.g., interviewing prospective family members). Knowing that the child's immediate needs are being provided by the receiving center staff reduces the social workers' anxiety, allowing them to focus on children's placement needs.

The Influence of Receiving Centers on Children and Families

Receiving Center Staff. When asked about the center's impact on children and their families, the central theme that emerged was the anxiety reducing nature of the receiving center. They said that the individual attention given to the children at the receiving center is "healing" for the children. Staff shared that the transition into foster care is made less traumatic. They also said that children appear to "feel better about themselves" and are "happier" when they leave the receiving center.

County Social Workers. Social workers perceived that receiving centers have positively affected children. Children "have fun there," said one social worker. In the event that children are returned to their parents after spending time at the center, the parents are "impressed and surprised" that children are returned to them clean, fed, dressed in new clothes, and reporting that

they had a good time at the receiving center. One social worker remembers a child who called his or her mother from the receiving center, telling the parent, "Don't cry mom. I'm having a good time." According to staff, the positive impression left with parents about the care their children receive at the center leads to a "more trusting relationship" between social workers and families of children who are removed.

Foster Parents   Some foster parents reported that the receiving center does not affect the needs of the children who arrive at their homes. The foster parents suggested that, despite the care they receive at the center, children who have been removed from their families move from one "scary situation to another" when they leave the center and are brought to their foster placement. On the other hand, foster parents also said that children are sometimes "less stressed" after spending time at the center.

Participant Recommendations

Receiving Center Staff.   Suggestions for improving services at receiving centers revolved around three themes.   Staff emphasized that they would like to see increased utilization of the receiving center by county social workers, and said that it could increase if the county's data system were available at the center. While social workers are mandated to bring children to the receiving center, both social workers and receiving center staff indicated that children are not brought to the center as a matter of routine. They said that they would like to offer more services for children and families, including a public health and/or mental health worker on site. Since the time of the study, all three receiving centers began having CHDP nurses and mental health specialists on staff each afternoon. Lastly, they shared that they also would like to see the receiving center used as a resource by the community.

County Social Workers.   Many of the suggestions given by social workers were related to items the receiving center does, or ought, to provide. First, social workers recommended that the receiving centers offer "hot meals" instead of snacks to the children who visit. Next, social workers suggested that the supplies offered to children should be more standardized and consistent. The social workers reported that many children are given toiletries and hygiene products when they leave the center, but that sometimes the center does not have these supplies. To remedy this, social workers suggested that the center solicit donations from local and/or national corporations to obtain a consistent supply of hygiene products for children who visit the center. Social workers also suggested that the older children could be given journals or diaries and stationary and stamps for writing letters. Finally, social workers suggested that children receive sturdy knapsacks or duffel bags so that they have something other than a plastic bag with which to carry their belongings.

Social workers also suggested that the receiving center become available at all hours to make it more responsive to the needs of children who are removed from home during all hours of the day and night. Continuing services for foster children and foster parents also was suggested. Social workers proposed that the center be used as a respite child care center for foster parents, developing a system of regulations or limitations on usage to prevent "abuses of the system" by foster parents who might take advantage of this service. Other suggestions given were related to increasing solicitation of volunteer and in-kind services from the community. For example, social workers suggested that senior citizen groups be invited to donate quilts or afghans to give to children at the center. Lastly, social workers reported that utilization of the receiving center ought to be increased because they value the center and would not like to see it closed because of

under-utilization. While social workers perceived that the center is under-utilized, the actual level of its utilization could not be determined in this study.

Foster Parents First, foster parents strongly suggested that they be informed about the purpose of the receiving center and the services it provides. This could come in the form of a newsletter, but it was highly recommended that foster parents be invited to tour the center, perhaps in an "open house." While they did not know much about the services provided at the center, foster parents wondered why the department of social services did not have such a center in the building in which social workers operate to make it more convenient to use.

However, foster parents did suggest that the receiving center do a better job, in general, in cleaning the children, de-lousing them, and providing them with clothing (especially underclothes, coats, and shoes). Foster parents also suggested that children, particularly infants, receive a package of basic items to bring with them when they leave the center (e.g., bottles, diapers, extra clothing). Finally, foster parents also recommended that the receiving center extend an invitation to foster parents to use it as a respite child care center.

DISCUSSION

The purpose of this exploratory study was to examine outcomes for children involved in the child welfare system who are assessed at receiving centers and informal emergency assessment settings in Contra Costa County. An additional focus of the study was to assist Contra Costa Social Services Department in improving receiving center operations by providing information obtained from receiving center staff, social workers, and foster parents regarding their experiences and satisfaction with the receiving center.

Receiving center staff appeared to have a basic understanding of the purpose of receiving centers and were very clear about their role within the county's child welfare system. Both social

workers and the receiving center staff mentioned the center's convenience, safety, and role in de-traumatizing children. Both groups also reported that the center helps social workers make more thoughtful placements by giving them more time to conduct interviews and conduct other placement-related activities. Social workers and receiving center staff provided very clear and concise descriptions of the assessment process and the types of services offered at the center.

Social workers and receiving center staff described the forms completed in the assessment process as well as the informal methods of assessing children's needs in the receiving center (i.e., observation, active listening). Referring to its calm and comfortable environment and the nurturing, attentive staff, social workers and receiving center staff shared a common understanding of the center's services.

In contrast, foster parents were unsure about both principles underlying the use of receiving centers (its purpose), as well as the quality of the services they offer. While they assumed that receiving centers are designed to provide children with basic needs, they reported mixed levels of satisfaction with the thoroughness of the center in meeting children's needs.

Receiving center staff expressed the most concern about their working relationship with county social workers and the center's low level of utilization. However, staff appear to feel very strongly about the benefits of the center and are hopeful about its potential for increased usage. While both social workers and receiving center staff agree that they do not have equivalent roles in the process of foster care placement, both groups acknowledge the value of the center in making children's removal and foster care placement easier and less anxiety-producing. This finding is consistent with recommendations in the literature suggesting that assessments and emergency services occur outside of the location of traumatic events. Social workers and receiving center staff suggest that the center has a positive effect on the children who are served

there, and their families. Yet, foster parents also disagreed on this point, stating that they have

not noticed any meaningful impact of the center on the children they care for or their families.

Each focus group recommended that the receiving center provide more services,

including a respite center for foster parents and additional supplies for the children. Receiving

center staff and social workers were concerned that the center is under-utilized and suggested that

utilization might be increased if the center was fully operational 24-hours a day and the county's

information management system (i.e., CWS/CMS) was available to social workers at the center.

Foster parents recommended that they be invited to an open house to inform them of the facility's

services. Foster parents also recommended that the center attend to the children's needs for

bathing, de-lousing, and clothing in a more effective manner so that children are delivered to

their homes appropriately clothed and thoroughly clean.

The discrepancies among suggestions given by foster parents with those of the other

groups could be, at least in part, an indication of the foster parents' general lack of understanding

and knowledge about the receiving center. While social workers and receiving center staff spend

only a brief period of time with children after they are removed, foster parents have more time to

notice whether the children's needs have been met or assessed thoroughly.

The degree to which foster parents know if children have been served at the receiving

center before arriving to their homes also may have affected their perceptions of the center's

thoroughness of care. That is, if foster parents are unclear which children have, and have not,

visited the receiving center, it is possible that their negative perceptions of the receiving center's

services may be attributable to children who have never visited the center. Foster parents highly

value their role in caring for foster children, but generally expressed frustration about the support

they receive to properly care for children (e.g., inadequate supplies, clothing, and funding). The

conclusions made from conducting the focus groups are reflected in the recommendations made in this report.

Children who were served at the receiving center had higher numbers of behavioral and/or emotional needs, mothers who had a history of physical abuse, foster home placements, county foster home placements, and received more medical attention and general services. The relatives of children who were served at the receiving center were involved in the children's cases in more instances than children in non-receiving center group. Additionally, children in the receiving center group were more likely to reunify with family and to have cases still open at the end of the six months. However, children who had not been to the receiving center had higher numbers of "miscellaneous" special needs, more unknown/unable to ascertain types of foster home placements, more completed adoptability assessments (DC 131's), more parents who expressed interest in relinquishing parental rights, and had more relatives who requested that the child be placed with them. In cases where children are targeted for adoption, or have a relative ready to care for them, it may be appropriate for social workers to bypass taking children to the receiving center.

Many of these group differences focus on the characteristics of the children in each group and may be indicative of social workers' practice decisions. One possible explanation of the findings about case and children characteristics is that, when social workers bring a child to the receiving center, they simply have more time to assess, identify, and document in case files, the harder-to-observe special needs/characteristics of children (e.g., parent history, a child's troubling behavior and emotions in addition to injuries, illness, and needs for medical attention). Perhaps, as a result of the thorough assessments made more possible by taking a child to the receiving

center, these children received more services because their social workers had more time to accurately identify the children's problems and special needs.

It is possible that children who are brought to the receiving center receive more thorough assessments and, as a result, receive more services. In the focus groups, social workers and receiving center staff attested to the fact that social workers are able to spend more time making placement decisions and seeking information from children and their families. Additionally, receiving center staff report that they make a point to closely observe any notable behaviors and listen attentively to children's self-disclosure. This finding could support the position that utilization of the centers should be increased in that all children who are removed from home may benefit from the increased identification of their behavioral and/or emotional needs and receive more services. However, bear in mind that researchers relied on children's case files to uncover information about children's characteristics and the services they received. Therefore, conclusions can only be made based on information that was documented in the children's files.

Another explanation that might clarify why the children in the receiving center group had these characteristics is based upon the decisions that social workers make when initially deciding to bring children to the receiving center. Specifically, knowing that the receiving center may give them the opportunity to perform assessments and seek more information, as well as help de-traumatize or calm children, social workers might decide to take only the most "difficult" children to the receiving center (e.g., children who evidence more severe special needs). If this were the case, it might help elucidate why this group of children not only receive more services, but also experience more foster home placements, than the children who were not brought to the receiving center. Children with more emotional, behavioral, and medical difficulties are typically harder to place and maintain in stable foster care arrangements.

There were also familial and case characteristics more prevalent in the group who had been served at the receiving center. The relatives of children in the receiving center group were involved in the children's cases in more instances than the other group of children. These instances of involvement could have been, for example, appearances at children's court hearings or being contacted about a possible placement for a child. The greater likelihood of reunification for children who have been served at the receiving center might be explained by the greater involvement of relatives in the child's case and by the greater number of services delivered to these children. Despite the fact that children served at the receiving center were less likely to have relatives request that the children be placed with them, relatives were involved generally in the cases of children who were served at the center. Perhaps when social workers bring children to the receiving center, the extra time for placement arrangements allows them to contact the child's relatives and initiate their involvement in the family's efforts to reunify.

While the parents of children who had not been served at the receiving center more often expressed a desire to relinquish their parental rights, this group of children also had relatives request that they be placed with them. Perhaps the willingness on the part of relatives to care for children in the non-receiving center group (whose parents desire to relinquish them) explains their lower number of foster home placements, and lower likelihood of reunification. Alternately, it could be that relatives are more willing to care for this group of children because they have fewer special needs. The possible role of social worker's decisions not to bring these particular children to the receiving center, however, is unknown.

It is also unknown why adoptability assessments (DC 131's) were completed more often for the children who had not been served at the receiving center. Perhaps it is related to the fact that children who are not brought to the center are less likely to reunify with family. These

assessments are completed some time after a child first enters care once the possibility of reunification appears unlikely, so perhaps they were more often completed for the group of children whose reunification was less imminent (i.e. children who were not served at the receiving center). Again, in cases where children are targeted for adoption, or have a relative ready to care for them, it may be appropriate for social workers to bypass taking children to the receiving center.

Older children were more likely to display behavioral and/or emotional problems, while younger children were more likely to display developmental problems. Based on life span development theory, we would expect that these problems would be more prevalent, troublesome, and obvious in those particular age groups (Ashford, LeCroy, and Lortie, 1997). A possible explanation for the relationship between younger children and mothers with many special needs is that younger children are less capable of taking care of their own basic needs. In a situation where the primary caretaker faces many obstacles to adequate parenting, older children are not removed as often because they are more able to take care of themselves than the younger children. Another explanation, however, could be that mothers who have many problems have their children removed earlier (when the children are young) because the presence of fewer problems may contribute to the mother's ability to raise her children for longer periods of time.

Results indicate that children with mothers and fathers who have high numbers of special needs more often have cases that are still open six months after their entry into care. This relationship would be expected since children are not reunified with parents (six months after removal) when they are still struggling with significant obstacles to adequately care for their children.

Associations also were found between children having behavioral/emotional problems, medical/physical problems, having a higher number of special needs, in general, receiving medical attention, and with children having a higher number of out-of-home placements. These relationships may be the consequence of special needs contributing to children's difficulty in remaining at foster home placements for extended periods of time.

Additionally, children who had more placements over the six-month period were more likely to reside in a placement that was less permanent at the end of the six months (e.g., county foster home, group home as opposed to adoption, guardianship, or reunification). Due to the County's strong Concurrent Planning program, it is possible that many of the children in county foster homes were residing in homes also approved for adoption and that many of the children were awaiting court action to free them for adoption. Another possibility is that harder-to-place child may be moved around numerous times during a short span of time and be less likely to have relative or adoptive placements. The lack of permanence in the placements of hard-to-place children may explain why the children who have medical/physical problems and receive medical attention are less likely to be placed in permanent living situations by the six-month review.

One finding that seems to contradict the above explanations is the relationship between children with many special needs and mothers with many special needs, while also having high levels of permanency. This finding may indicate that children who have mothers (i.e., their primary caregivers) with a great number of special needs and/or children who have their own set of special needs actually end up in placement situations that are more permanent than their counterparts. Perhaps if social workers realize that the chances of reunification are very low as a result of mother's and children's major obstacles, they work more quickly to secure more permanent placements for these children (such as adoption).

While the correlational findings do not represent cause and effect relationships, some of the variables found to be related do occur in a time sequence that suggests particular outcomes are more likely when children and their families have certain characteristics. In addition, some of the relationships are not particularly surprising and make sense intuitively.

Limitations related to the process of gathering information from the case files places some limits on the conclusions that may be drawn from the findings. One limitation of the data obtained from case files is that it is dependent upon information both being known to social workers and being noted in the case files. Specifically, parental and child special needs such as mental illness, developmental problems, and substance abuse may be under-reported, since social workers may not be aware of them or they are not evident in case file contents.

Additionally, determining the extent to which relatives were involved in children's cases was reliant upon researcher's ability to find such information in the case files. It is possible that case files did not include all details of relative's involvement and/or that researchers were constrained by time and could not spend the extra time needed to uncover all details contained in case files. Researchers primarily relied upon court reports to find documentation of relatives' presence at hearings, so it is possible that the number of children who had relatives present at their hearings is an under-estimate in the event that the court clerk does not know about or record the presence of relatives in court reports.

Since most children were removed from their mother and many fathers were not actively involved in the children's lives, the information obtained about the fathers' special needs may have been particularly limited. Therefore, the data on parent's special needs may under-estimate the extent to which fathers had special needs and related obstacles. A final example of data limitations in case reviews is the lack of DC 131 adoptability assessments in most children's case

files. While this may be an indication of inadequate information recording on the part of social workers, the lack of completed DC 131's also could be a function of the length of time a child spends in care as well as each child's placement circumstances. That is, DC 131 assessments are typically completed by social workers a few months after the case is opened and may not be completed at all for some children if their placement situations are quite stable or permanent.

RECOMMENDATIONS

The following recommendations reflect the findings from focus group interviews with receiving center staff, county social workers, and foster parents. The recommendations also reflect findings obtained from the review of children's case files.

1. INCREASE RECEIVING CENTER UTILIZATION THROUGH EXPANSION OF SERVICES.

The case reviews revealed that one-third of the children studied had behavioral and/or emotional needs and one-quarter had medical and/or physical needs. Given this large proportion of children with special needs, the receiving center could expand its services to more thoroughly assess and address the needs of this vulnerable population. In addition, social workers and receiving center staff have strong feelings about the benefits the center offers to children and they are concerned that the center may be underutilized and that its future viability may be in jeopardy. The findings suggest that children who are served at the receiving center were provided with more comprehensive services than other children, had relatives who got more involved in their cases, and were more likely to reunify with their families. Although social workers are supposed to bring all children taken into dependency to the center, social workers indicate that children are not brought to the receiving center as a matter of routine.

Strategies for increasing utilization of the receiving center could include:

- Enforcing the mandate that all children be brought to the receiving center (except for voluntary relinquishments and situations when there is an obvious relative caregiver).

- Making CWS/CMS available to social workers at the receiving center. Social workers and receiving center staff reported that having CWS/CMS available to social workers would enhance the center's convenience and increase social worker's utilization of the receiving center. Access to the information management system at the receiving center would give social workers the opportunity to complete more work while at the center.

- Expanding receiving center services to include respite care for foster and community parents. Across focus groups, participants mentioned the possibility of using the receiving center as a respite nursery for foster parents to seek relief from childcare responsibilities for brief periods. Respite services could contribute to the county's child abuse and neglect prevention efforts.

- An analysis of the potential and tangible benefits of these services to children and social workers in light of the costs to the county of providing these expanded services.

2. STRENGTHEN COLLABORATIVE RELATIONSHIPS.

- Enhance communication between receiving center staff and social workers. The study revealed that receiving center staff formally and informally gather important information about children that may be helpful to the social workers (e.g., evidence of injury, children's self-disclosures, notable behaviors), but often have no formal opportunity for providing that information to social workers. Protocols or forms could be designed so that receiving center staff have opportunities to provide social workers with information about children before they leave the center.

- Consider sponsoring a reception for foster parents. Foster parents reported that they were never informed about the receiving center and how it would affect them or the children for whom they care. An open house or informal reception at the receiving center for foster parents could serve to introduce them to the purpose and service delivery methods used at the center. This type of event might decrease foster parent's sense of alienation from the center while increasing their understanding of its purpose and services. Additionally, an informational brochure from the receiving center could accompany children when they are delivered from the receiving center to out-of-home placements.

- Consider sponsoring an appreciation event for receiving center staff. While social workers seem grateful for the work of receiving center staff, receiving center staff believe that their relationships with social workers could be improved. A county-sponsored appreciation event (e.g., reception, open house) would give social workers the opportunity to express their appreciation to receiving center staff for their valuable contributions to children's welfare.

3. INCREASE INVESTMENTS IN A RESEARCH AGENDA DESIGNED TO IDENTIFY IMPROVEMENTS TO RECEIVING CENTER SERVICES.

- To what extent is the receiving center utilized or under-utilized? If under-utilized, why? Social workers and receiving center staff suggest that children are not brought to the center routinely, however, a direct analysis of receiving center utilization was beyond the scope of this study. Receiving center use rates could be studied and the effect of various strategies on increasing center utilization could be investigated directly.

- Why are some children brought to the receiving center, but not others? Children who have emotional and/or behavioral needs and those who receive medical attention were more likely to be brought to the receiving center. Do certain children's characteristics or needs impel social workers to bring them to the center? This question could be explored through a large-scale survey method or by conducting focus groups and interviews with social workers.

- What are the children's case and placement characteristics beyond the six-month period examined in this study? Future research could conduct additional case record reviews to examine longer-term placement outcomes for those who were served the center and those who did not. Adding more case record reviews to this study's existing data set also could serve to strengthen the reliability of this study's findings.

- What factors influence enduring foster care placements? A study exploring permanency should include factors that may be considered antecedents to children's placements (e.g., familial characteristics, special needs) as well as characteristics of their case after they have entered foster care (e.g., number or type of services children receive after entering care). This research would help inform social services agencies so that they might make more efficient, effective allocations of resources to interventions aimed at achieving more permanent placements for children in foster care.

- How can CWS/CMS inform questions of interest to social services administrators? In order to overcome limitations related to gathering data from paper case files, future research could gather data from the CWS/CMS system instead of, or in addition to, the paper files. The implementation of this research strategy for administrative use depends on the accuracy and completeness of data entered into the system by social workers.

DESCRIPTION OF FORMS AND RESEARCH INSTRUMENTS

Interested readers may obtain copies of the following items by contacting Pamela Choice, Director, Bay Area Social Services Consortium Research Response Team at (510) 643-8480.

Antioch Receiving Center Intake and Assessment Forms

These materials allow receiving center staff to document identifying information about children who visit the center, as well as note any significant behaviors or special needs.

Case Extraction Form

Copies of the extractions forms used by researchers in their review of case records in Contra Costa County are available. These forms identify specific information that was searched for and documented from children's case records.

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