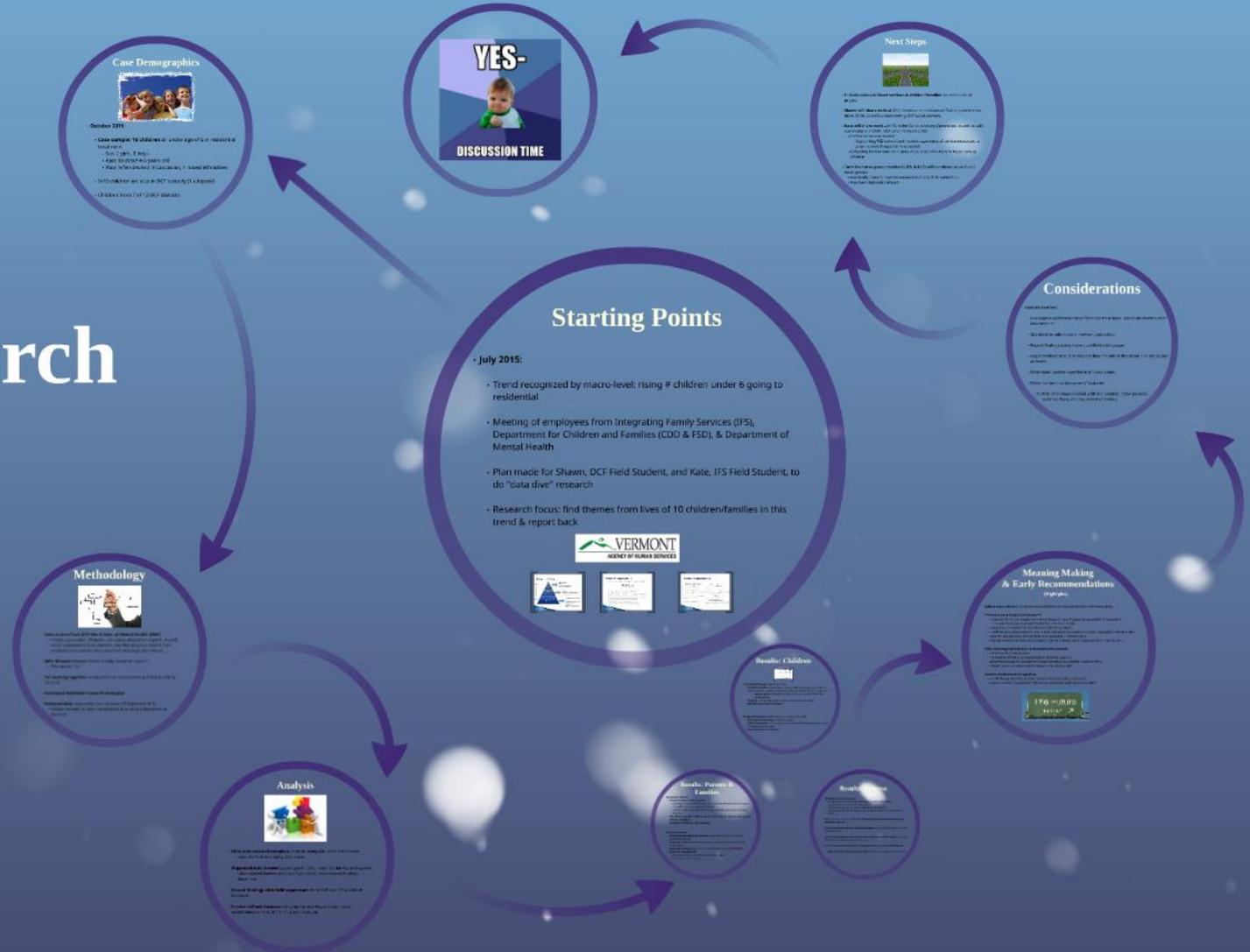


# Turn the Curve Research

Graduate Field Placement Project

by Kate Dearth & Shawn Vetere

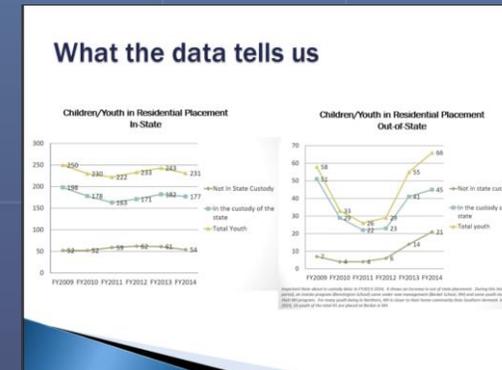
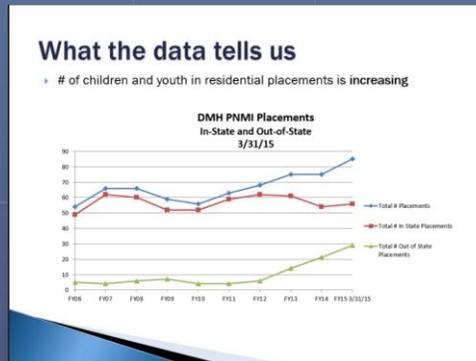
Department of Social Work  
University of Vermont  
March 28, 2016



# Starting Points

- **July 2015:**

- Trend recognized by macro-level: rising # children under 6 going to residential
- Meeting of employees from Integrating Family Services (IFS), Department for Children and Families (CDD & FSD), & Department of Mental Health
- Plan made for Shawn, DCF Field Student, and Kate, IFS Field Student, to do "data dive" research
- Research focus: find themes from lives of 10 children/families in this trend & report back



# Case Demographics



- **October 2015:**

**Case sample:** 10 children all under age of 6 in residential treatment

*Sex:* 2 girls, 8 boys

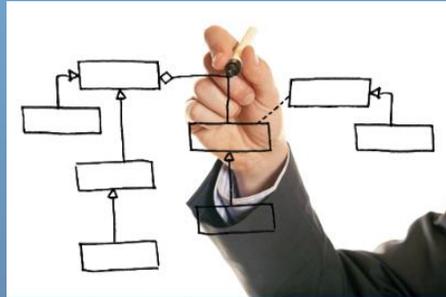
*Ages (to date):* 4-8 years old

*Race (when known):* 9 Caucasian, 1 mixed ethnicities

**9/10 children are also in DCF custody (1 adopted)**

**Children from 7 of 12 DCF districts**

# Data Dive Methodology



- **Data sources from DCF files & Dept. of Mental Health (DMH)**
  - intakes, case notes, affidavits, case plans, disposition reports, mental health assessments & evaluations, monthly progress reports from residential placements, and placement discharge summaries . . .
- **Split 10 cases between Shawn & Kate, based on region\***
  - \*Exception: "Sa"
- **1st meeting together:** created shared understanding of data points to focus on
- **Developed individual research strategies**
- **Analyzed data, separately, from October 2015-January 2016**
  - met periodically for peer consultation & to ensure alignment of research

# Analysis of Data



- **After solo research complete, met to compare identified themes**
  - areas for further inquiry also arose
- **Organized data themes by categories:** child, parents, family, and system
  - then placed themes into one Turn the Curve research findings document
- **Shared findings with field supervisors** from DCF and IFS to collect feedback
- **Further refined document in prep for sharing** with additional stakeholders at AHS, IFS, DCF, DMH, UVM

# Results: Children – What Do You See?

## Custody & Placement Information\*

#	Case ID	Birth Year	Age to Date	Age first -> Custody	Average Length of Stay in Custody*	# Placement Changes Since Going into Custody*
1.	"Pe"	2007	8 yrs	3.5 yo (2010)	5.5 years and counting	9 changes in 5 years
2.	"F"	2008	7.5 yrs	3 yo (2011)	~ 3 years	7 changes in 3.5 years; then 9 changes in 1 year (total 4.5 years)
3.	"Sa"	2008	7 yrs	6 yo (2014)	1.5 years	6 changes
4.	"E"	2008	7 yrs	1 yo (2009)	5 years (closed, adopted)	12 changes in 5 years
5.	"Str"	2009	7 yrs	6 yo (2014)	5 years	7 changes in 1/5 years
6.	"Ste"	2009	7 yrs	5 yo (2014)	2 years	7 changes
7.	"R"	2010	5 yrs	5 yo (2015)	1 year 10 months and counting	5 changes in 1 year
8.	"B"	2010	6 yrs	1.5 yo (2011) and 4 yo (2014)	1 change in 1.5 years and 1 change after 1.3 years (3 years total)	11 changes in four years (twice in custody)
9.	"K"	2010	6	4 yo (2014)	2.5 years	6 changes
10.	"Pa"	2011	4 yrs	3 yo (2015)	1.5 years	8 changes

*\*Variables **not** captured here:  
direct workers' experiences, relationships with foster parents,  
voices of children/families, etc...*

# Results: Children

- **Consistent themes (seen in all cases):**
  - **Complex trauma**( sexual abuse, neglect, witnessing domestic violence, physical abuse, exposure to parents with unresolved SA/MH needs, etc...)
    - \***Sexual abuse:** *All* experienced and/or were at risk of harm for sexual abuse
    - \***Neglect** - lack of supervision, medical & educational neglect
  - **Multiple** placement changes\*=
- **Frequent themes (seen in majority of cases; 6 or more):**
  - **Developmental delays** (multiple causes?)
  - **Child care issues:** loss of and/or inconsistent attendance due to unmet behavioral/family needs
  - **Witness domestic violence**

# Results: Parents & Families

- **Consistent themes:**
  - **Histories that include trauma**
    - \* poverty, mental health, disrupted attachments, abuse/neglect, domestic violence, substance use, etc...
    - \* similar challenges reoccurred across multiple generations for most families
  - **Significant mental health needs present with at least one bio-parent** (mostly mothers)
  - **Limited natural and safe supports**
- **Frequent themes:**
  - **Substance use/addiction present** in one/both bio-parents and/or significant partner
  - **Domestic violence** reported between one/both bio-parents during child's lifetime
  - **Absent bio-fathers**, esp. due to incarceration &/or mental health
  - **Prior DCF involvement**
    - \* with some mothers/fathers during their youth
    - \* with cases' older siblings

# Results: Systems

- **Multiple placement changes**
  - No appropriate and available placements to meet child's needs
  - Limited in-home supports in foster homes
  - Insufficient resources can force inappropriate placements
  - Limited/strained basic living resources available (child care, transportation, respite)
- When indicated and/or desired, **lack of family-focused services** (family work, family therapy, etc.)
- **Lack of specialized services and/or placements** (ex: sexualized behaviors and/or gender-specific)
- **Lack of training within home community** tailored to child's needs (for parents, day/child care centers, public schools, etc.)
- **Varied assessment philosophies, diagnostic practices, and reporting time**
- **Turnover rates of direct service staff (often due to compensation/benefits)**

# Meaning Making & Early Recommendations

- **Collect more voices** of direct workers & children/families involved to inform next steps
- **\*\*Prevention & Early Intervention\*\***:
  - + capacity for and/or create community-based & natural supports; accessible & responsive
  - increasing access to protective factors; "vaccine" model
  - + resources to support at-risk families basic living needs
  - + staff compensation/benefits and reduce case loads to reduce turn-over, especially in direct service
  - need for experienced, trained child care resources in communities
  - + family-focused services across regions (family therapy, parent support/skills training, etc.)
- **After Entering Custody &/or in Residential Placement**:
  - + training for foster parents
  - + recruiting efforts and compensation for foster parents
  - streamline programs' assessment report practices & expedite response-time
  - + foster parent & social worker contact and collaboration
- **Community/Home Reintegration**:
  - put discharge planning at focus of assessments/intakes state-wide
  - improve workers' capacity to effectively collaborate with placements/DCF



# Considerations from Data Dive

- **Lessons Learned:**
  - Reassigned additional cases for research to Kate, based on Shawn's prior involvement
  - Standardize solo research review approaches
  - Report findings using more quantitative language
  - Expand infrastructure to explore data for kids in this trend 7-10 yrs as well as teens
  - Prior direct service experience of researchers
  - Delve further into bio-parents' histories
  - Further interviews needed with: bio-parents, foster parents, social workers, and residential providers

# Next Steps (as of March 2016)

- **Include voices** of direct workers & children/families for remainder of project
- **Shawn** will share work at Child Development Advanced Training conference (June 2016), as well as interviewing DCF social workers
- **Kate** will share work with Turn the Curve Advisory Committee, as well as with stakeholders in DMH, DCF, and IFS (April 2016)
  - Further discussion needed:
    - \*Supporting FSD centralized intake's awareness of service resources to provide even if report isn't accepted
    - \*Collecting further data on history of parents' who were in foster care as children
- **Turn the Curve group members (IFS, & DCF) will continue** research and focus groups
  - eventually make formal recommendations to AHS leadership
  - may look to legislative impact

**YES-**



**DISCUSSION TIME**

**Thank you!**