

Characteristics of Families with Informal Supervision

Agreements in Santa Clara County

by

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## Abstract

This research examined the characteristics of families with Informal Supervision Agreements (ISAs) that result in subsequent referrals after an Informal Supervision (IS) case is formally closed. The quantitative data sample consisted of 139 families from the 2004-2005 entry cohort of IS cases. Utilizing a longitudinal retrospective research design, the study found that the family attributes of ethnic minority status, single parent household, younger children, number of children in the home, and allegations of neglect were not significant predictors of referrals to the Department of Family and Children's Services (DFCS) after IS case closure. However, the existence of prior referrals acted as a predictor for subsequent referrals; families with a history of referrals prior to IS case opening were 5.29 times more likely to be re-referred to DFCS after case closure than families with no prior referral history. Using survey research methods, the study also explored the prevalence of substance abuse among families with ISAs; 18 participants consisting of social workers and professionals of community-based service providers completed questionnaires on the occurrence of substance abuse. Findings suggest that 50% of participants perceived substance abuse as an issue for 50 to 100% of mothers receiving IS services; 58.8% of respondents considered 50 to 100% of fathers with IS services to be experiencing substance abuse. The research was conducted entirely in Santa Clara County within DFCS. Implications for social work practice, recommendations for further research, and implications from a transcultural perspective are also discussed.

## Introduction

The child welfare system works towards the goals of ensuring the safety and well-being of children and their families (Reed & Karpilow, 2002). Despite the fact that the system is charged with the mission of protecting children from harm, the intervention occurs once allegations of abuse or neglect have been made and families are often already in crisis. In an effort to address this service gap, many counties offer early intervention services to families in the form of Informal Supervision Agreements (ISA) or Voluntary Family Maintenance (VFM). Specifically, ISAs or VFM are offered to families with incidences of child maltreatment which warrant the involvement of child protective services, but are not severe enough to necessitate participation of the dependency court. Families with an ISA are offered a case plan, services and monitoring; families who successfully complete their ISA are then able to exit the child welfare system. Conversely, families who do not satisfy the requirements of their ISA become deeper entrenched into the system which results in increased scrutiny, more intensive services, court involvement and in some cases the removal of a child from the family's home.

In Santa Clara County there were 14,256 child maltreatment referrals made to the Department of Family and Children's Services (DFCS) from January 1, 2005 to December 31, 2005; subsequently, 22.6% of those referrals were substantiated (Needell et al., 2008). Informal Supervision Agreements are utilized throughout Santa Clara County, however little is known regarding the characteristics of families who effectively complete the ISA requirements versus families who progress deeper into the child welfare system. This research examined the child, parent and case characteristics of families with Informal Supervision Agreements in Santa Clara County that result in subsequent referrals made to DFCS on behalf of the families after the Informal Supervision case is formally closed.

### *Relevance to Social Work*

The results of this research study contribute to the social work knowledge base by informing the profession of the characteristics as well as needs of families who receive early intervention services in the form of ISAs and continue to interact with the child welfare system through subsequent referrals. This knowledge can be utilized to improve and guide child welfare practice to better address the needs of families. Additionally, an understanding of family characteristics allows Santa Clara County to engage appropriate service providers in supporting families as well as to potentially develop targeted prevention efforts. Lastly, the findings highlight some of the dynamics of power and oppression as well as the structural contexts which create the environmental stressors that can contribute to the occurrence of child maltreatment.

### Literature Review

#### *Background on Families in the Child Welfare System*

During the 2005 fiscal year, almost 3.6 million children in the United States were involved in a Child Protective Services (CPS) inquiry and approximately 899,000 children suffered maltreatment. Of these children, three-quarters had no prior CPS history of victimization; neglect was the most common form of maltreatment affecting nearly 63% of children. The majority of sufferers were girls accounting for 50.7% of victims while the youngest (birth to three years) children had the highest incidence of maltreatment and nearly three-quarters were victims of neglect (U.S. Department of Health and Human Services, 2005). Clearly, the national trends indicate that the youngest population is most vulnerable and neglect was more prominent than all other forms of maltreatment combined. Neglect is the allegation designated when parental substance abuse is affecting the well-being of children and/or the parents fail to provide for the basic needs (food, shelter, clothing) of their children. In

California, 37,599 children were placed in foster care from July 2004 to June 2005 and 30,206 or 80.3% of the entries dealt with allegations of neglect (Needell et al., 2008). For the same time period, Santa Clara County's Department of Family and Children's Services (DFCS) placed a total of 1,227 children in out-of-home care and approximately three-quarters of the placements were due to allegations of neglect; furthermore, the number of placements has increased in subsequent years (Needell et al., 2008).

In light of the alarming rate at which children are entering the child welfare system (CWS), researchers speculate that certain family characteristics are salient and may predict the likelihood of entry into child welfare. Specifically, research addresses poverty, familial substance abuse, age of children, family size and structure, ethnicity, family dynamics, and domestic violence as factors in child maltreatment which may result in CPS involvement. However, the majority of research explores these family attributes in the context of risk factors for child abuse/neglect and initial involvement with child welfare. Additionally, current research explores family characteristics as they associate to outcomes such as reentry or reunification. For instance, studies indicate that living with a single mother, being of African-American descent, and allegations of neglect or dependency are correlated to a slower rate of reunification than observed among children with two parents, children of Caucasian descent, and children with allegations of abuse, respectively (Wells & Guo, 1999; Harris & Courtney, 2003). Further complicating the issue, many research findings regarding child welfare provide conflicting information, therefore making it difficult to draw conclusions as well as to accurately discern risk factors for maltreatment and/or predictors of successful outcomes. Some of these discrepancies in results can be attributed to different research methods, populations, variables

and study sites selected by researchers; differing local child welfare practices may also account for some of the inconsistencies of research findings.

Additionally, little research focuses on families who are engaged in early intervention services such as Voluntary Family Maintenance or Informal Supervision Agreements and the relevant family characteristics associated with successful outcomes or transition to more intense child welfare services. Bae, Solomon and Gelles (2007) suggest that the recurrence of neglect is more positively associated with CPS system factors of less intense investigation and more numerous contacts by child welfare workers rather than family aspects. Thus, it is possible that families receiving early intervention services may further progress into the system as a result of the intense scrutiny provided by CPS worker contact and a lack of thorough initial assessment, rather than due to family traits alone. Research is needed to address gaps in knowledge and to explore how the interplay of family systems and the child welfare system affect families receiving voluntary services through Informal Supervision Agreements or Voluntary Family Maintenance.

#### *Systems Theory and Families in the Child Welfare System*

Systems theory views “human behavior as the outcome of reciprocal reactions of persons operating within organized and integrated social systems” (Hutchinson & Charlesworth, 2003, p. 51). Hence, systems theory describes how members of a family can influence and affect each other as well as how families are influenced by the conditions and systems around them. The number of children in a household, their age, caretaker substance abuse, and family structure interact together and determine how family members relate and behave towards each other; a family’s ethnicity also affects how other societal systems respond and interact with the family system. Payne (2005) discusses the concept of entropy to explain that systems utilize energy to

maintain functioning and unless energy is received from outside, systems will run down.

Financial resources can be viewed as a type of energy that can help maintain a family system; families lacking sufficient funds often begin to break down and engage in unhealthy forms of discipline, inappropriate boundaries or are unable to provide for the basic needs of the family unit. Consequently, this shift in family dynamics may result in the involvement of the child welfare system. Changes in the family system, such as an unplanned pregnancy, disrupt the equilibrium, or stable state, and can also strain the family system resulting in detrimental family dynamics. The CWS offers services to assist in correcting negative family dynamics, can connect families to community resources or can disrupt the family system by removing a child until the system regains balance; occasionally children are permanently placed into a new family system to increase their likelihood of positive outcomes. The systems perspective emphasizes the need to understand family characteristics which may stress or unbalance the family system resulting in negative family dynamics, child maltreatment and a failure to thrive.

#### *Characteristics of Families in the Child Welfare System*

Although a limited amount of research is available on the characteristics of families at risk for entering or already immersed in the child welfare system, virtually no research exists exploring the characteristics associated with families receiving voluntary early interventions services in the form of informal supervision or family maintenance. The current body of research investigates race and ethnicity and documents the disproportionate representation of children of color in child welfare. Nationally, African-Americans comprised 41% of children in foster care while constituting only 15% of the child population in the 2000 fiscal year; Hispanic children represented 15% and white children composed 40% of the U.S. foster care population (Pew Commission on Children in Foster Care, 2003). According to the U.S. Department of

Health and Human Services (2005), African-American, American Indian or Alaskan Native, and Pacific Islander children experienced the highest incidences of victimization followed by White and Hispanic children; Asian children had the lowest rates of victimization. The disparity begins at the entry or investigative stage with disproportionate numbers of African American children being referred to child welfare by the community; conversely, white children are referred at rates slightly lower than their representation in the population (Fluke, Yuan, Hedderson, & Curtic, 2003).

Children of color are also disproportionately represented among the child welfare population in Santa Clara County. In 2005, African-American children comprised 2.2% of the county child population, but accounted for 29.5% of substantiated referrals and for 10.3% of entries into foster care; similarly, Hispanic children constituted 35.4% of the child population in the county, 55.6% of the foster care population and 38.3% of substantiations resulted in entry into the system (Needell et al., 2008). For the same time period, Asian/Pacific Islander and white children were both under represented in out-of-home care relative to their population size (Needell et al., 2008).

Research also indicated that ethnic minorities have different predictors of reunification and outcomes in the child welfare system. A study of foster children in Ohio revealed that African American children accounted for 77% of foster care entries and reentered foster care at a rate 97.9% faster than that of Caucasian children (Wells & Guo, 1999). Single parent African American families are less likely to reunify when compared to Hispanic and Caucasian one-parent families; Hispanic two-parent families had shorter reunification timelines relative to their African American and Caucasian counterparts (Harris & Courtney, 2003). A study conducted in Santa Clara County revealed that mother's current employment related positively to reunification

for Latino children while maternal substance abuse was associated with non-reunification for African American mothers (Hines, Lee, Osterling, & Drabble, 2006). Overall, the family characteristics of married mothers, younger children at case opening, and allegations of neglect acted as predictors of reunification, especially for Caucasian families (Hines et al., 2006).

The association between single-parent households and risk of child maltreatment, entry into child welfare, and subsequent negative outcomes is well documented in the literature. Children living in one parent homes have a significantly increased risk of neglect and abuse (Bae, Solomon, & Gelles, 2007; Brown, Cohen, Johnson, & Salzinger, 1998); a higher risk of maltreatment as infants (Wu et al., 2004); are less likely to be reunified after out-of-home placement (Hines et al., 2006); reunify at slower rates (Wells & Guo, 1999); and experience less successful outcomes in family preservation (Bagdasaryan, 2005) than children in two-parent homes. Additionally, research suggests that a larger family size relates to an increased chance of CPS investigation among TANF applicants (Courtney, Dworsky, Piliavin, & Zinn, 2005) and former TANF families (Ovwhigo, Leavitt, & Born, 2003); maltreatment as infants (Wu et al., 2004); experiencing neglect (Brown et al., 1998; Carter & Myers, 2007; Zuravin, 1991) and abuse (Zuravin, 1991). Overall, younger children had a higher likelihood of reunification, but among former TANF families younger children were also at increased risk of substantiated allegations of child abuse or neglect; this risk decreased as the child got older (Ovwhigo et al., 2003). However, among substance abusing mothers with some treatment, older children had a slightly higher likelihood of being reunified (Rockhill, Green, & Furrer, 2007).

Research on neglect and its association with child welfare outcomes and risk factors is inconsistent; some research indicates that cases with neglect allegations have a higher likelihood of reunification (Hines et al., 2006) while other research suggests that neglect cases reunify at

rates slower than other types of abuse (Wells & Guo, 1999). Studies show that neglect is the most common form of maltreatment accounting for nearly 63% of child victims in the U.S. (U.S. Department of Health and Human Services, 2005). A Florida study of 25,504 families with at least one abuse or neglect report revealed that neglect was the most prominent form of maltreatment among the participants; furthermore, if repeated reports of maltreatment were made for a family, neglect allegations most often recurred as neglect (Bae et al., 2007). Additionally, as the number of risk factors such as poverty, mental health issues, single-parent households, poor parental involvement and mother's low level of education increase, the prevalence of child neglect and abuse increases drastically in families (Bae et al., 2007).

Parental substance abuse is another family characteristic often witnessed amongst families in the child welfare system; studies report substance abuse to be a factor for one-third to two-thirds of substantiated child maltreatment reports (U.S. Department of Health and Human Services, 1999). Substance abuse is more prevalent in reports involving infants and younger children (U.S. Department of Health and Human Services, 1999). Children with substance abusing primary caregivers have double the likelihood of substantiated neglect; thus, the presence of a substance abusing primary caregiver is a strong predictor of physical neglect (Carter & Myers, 2007). However, one study found families with substance abuse to be as likely as their non-abusing counterparts to have successful outcomes in family preservation, hence substance abuse was not a strong predictor linked to outcome (Bagdasaryan, 2005). Berger (2005) found maternal alcohol use to be associated with increased family violence and the probability of abuse in both one and two-parent families. Children of single mothers who were opiate or cocaine users, had lower education, had more risk factors and more children in out-of-home care, tended to stay longer in foster care (Rockhill, Green, & Furrer, 2007). Though,

substance abusing, married mothers with higher education levels and current employment were more likely to successfully reunify with their children (Rockhill, Green, & Furrer, 2007).

Interestingly, research indicates that in the period following the implementation of the Adoption and Safe Families Act (AFSA), mothers commenced substance abuse treatment faster and stayed longer when compared to pre-AFSA cases (Green, Rockhill, & Furrer, 2006). Unfortunately, families with more risk factors such as domestic violence, mental health and poverty took longer to begin treatment and spent less time in treatment; having multiple risk factors was also correlated to poorer treatment outcomes (Green, Rockhill, & Furrer, 2006).

### *Hypothesis and Research Question*

As the number of children in child welfare continues to increase and disproportionate racial/ethnic representation remains a salient issue, it is imperative to examine the characteristics of families who enter and subsequently continue to interact with or immerse deeper into the child welfare system. Studies suggest that families experiencing more hardships and risk factors have an elevated risk of investigation for maltreatment and of having children removed from home (Dworsky, Courtney, & Zinn, 2007). The family characteristics described are observed either as risk factors and precursors to involvement in child welfare or as predictors of outcome for families immersed in the system. Due to the lack of research on families receiving early intervention services, it is unclear if these attributes are also indicators of outcome for voluntary services. Utilizing quantitative methods, this research examines family attributes among families with Informal Supervision Agreements in Santa Clara County. It is hypothesized that among families with Informal Supervision Agreements in Santa Clara County, family characteristics including ethnic minority status, single parent households, younger children and the number of children in the home or allegations of neglect are more likely to result in subsequent referrals

after Informal Supervision cases are formally closed. Also using quantitative methods, the study explored the frequency of parental substance abuse among families with Informal Supervision Agreements in Santa Clara County.

## Methodology

### *Research Design*

This quantitative study utilized a longitudinal retrospective research design to collect data over the three year time frame of the study in order to address the research hypothesis. The Child Welfare System/Case Management System (CWS/CMS) data was utilized to determine what proportion of closed informal supervision cases resulted in subsequent referrals. Also, the data was used to collect information on child, parent, and case characteristics in order to identify any significant demographic differences or predictors in the types of cases that resulted in subsequent referrals. To explore the frequency of parental substance abuse among families with Informal Supervision Agreements, a cross-sectional survey research design was implemented. Child welfare social workers, supervisors and community-based service providers completed self-administered questionnaires providing information on family characteristics which are not currently tracked through the CWS/CMS data system.

### *Sample*

The research study utilized a sampling frame of the entry cohort of informal supervision cases for the 2004-2005 fiscal year in Santa Clara County to explore the relationship between family characteristics and subsequent referrals to child welfare. Due to the size of the entry cohort, the entire entry cohort was used to establish the sample size of 139 informal supervision cases. The original data set contained 281 children who received IS services, however this number included families with multiple children in the home. In order to study the

characteristics of each family, one focal child was selected per family to achieve independence of observation. The focal child for each family was chosen as follows: if there only one child in the family, this child became the focal child; if one child in a multi-child household appeared to be the referral child, this child became the focal child; and if the referral child in a multi-child household could not be identified, the first child listed in the family was randomly selected to be the focal child. This entry cohort was selected to allow for longitudinal exploration of data and outcomes subject to current policies. The data set for the cohort was obtained from the CWS/CMS analyst at the Department of Family and Children's Services; the data was received in aggregate with no identifiers present.

The non-probability sampling method of selecting key informants was implemented to explore the frequency of parental substance abuse among families with Informal Supervision Agreements. The sampling frame consisted of all social workers and the social work supervisor in the Informal Supervision Unit; professionals of community based providers contracted to offer services to families with Informal Supervision Agreements were also be included. These key informants were selected due to their professional knowledge, experience and contact with families who have Informal Supervision Agreements. Specifically, key informants (respondents to the self-administered questionnaire) were obtained by a combination of purposive and snowball sampling. The IS Unit supervisor and social workers were contacted to explain the study and recruited to participate. Information on current community-based service providers was requested from the IS Unit supervisor and IS Unit workers; the referred service providers were also contacted and enlisted to participate in the study. As anticipated, some individuals were reluctant to take part in the research; thus yielding an actual sample size of 18 key

informants for this portion of the study. The sample of key informants further breaks down to 12 IS Unit staff and 6 community-based service providers.

### *Study Site*

The study was conducted in Santa Clara County, California. Specifically, research was conducted at the Department of Family and Children's Services and at agencies which are contracted to provide services to families with Informal Supervision Agreements in Santa Clara County. To ensure respondent's confidentiality, the questionnaire was administered in a private office or conference room at each participating agency.

### *Variables and Measures*

This research explored the relationship between the independent variables of family characteristics (ethnic minority status, single parent household, presence of younger children, number of children, type of allegation) and the dependent variable of re-referral to the child welfare system after the closure of an IS case. The original research plan identified the dependent variable as petitions filed for child removal in the Juvenile Dependency Court; however, due to the small number of petitions filed for the cohort under study, the dependent variable was changed to subsequent referrals in order to allow for statistical analysis. The race/ethnicity of families was categorized as follows: Black, White, Hispanic, Asian/Pacific Islander, and Native American; this breakdown is consistent with options for classifying race/ethnicity in the CWS/CMS data system. For the purpose of this study, a single parent household was defined as a male or female head of household who cares for one or more children without the assistance of another parent or step-parent in the home. To establish the number of children in the home, a child was described as any minor residing in the home under the care and supervision of the parent(s) and further categorized into 1 child, 2 children, and 3 or

more children in the home; a younger child was characterized as any child below the age of six years. The type of allegations were categorized as neglect (general and severe), physical abuse, sexual abuse, substantial risk and other; this classification of allegations is consistent with potential maltreatment designations in CWS/CMS. The “other” category served to capture allegations of caretaker incapacity/absence, exploitation, emotional abuse and at-risk due to sibling abuse. To address multiple allegations, each case with multiple allegations was classified according to the severity hierarchy established by CWS/CMS resulting in only the most serious allegation being taken into consideration. Lastly, the dependent variable of subsequent referrals was characterized as any referrals made to DFCS after the closure of an IS case; the outcomes of the ensuing referrals were not addressed by this study. Prior referrals to DFCS and mother’s age were used as control variables and were included in the binomial logistic regression model.

All family characteristics and the presence of subsequent referrals were derived from the CWS/CMS data set for the selected cohort of informal supervision cases under investigation. As the data set is subject to entry and worker error, the data was prepared to correct errors and filter out inconsistencies before beginning analysis; the preparations increased the reliability as well as validity of the data.

Measurement of the frequency of substance abuse among fathers and mothers with an ISA was conducted through a self-administered demographic and expert opinion survey questionnaire specifically designed for this study. The survey questionnaire for IS workers (see Appendix A) varied slightly in content from the survey questionnaire for community-based service providers (see Appendix B) to ensure that the questions were relevant to the type of interaction between each set of participants and the families receiving IS services. For this portion, “participants” were defined as key informants or respondents comprised of IS Unit staff

and community-based professionals contracted to provide services to informal supervision families; the participants individually completed the questionnaire. The survey instrument consisted of four separate sections; the first section solicited demographic data such as age, ethnicity, educational level and gender for each of the survey respondents. The second portion inquired about the prevalence of common problems witnessed among families in child welfare; the participants were asked to check boxes indicating their opinion regarding the occurrence of issues such as substance abuse, domestic violence and mental health among mothers and fathers with Informal Supervision Agreements. Sections three and four addressed the prevalence of common challenges experienced by children in child welfare and service delivery to families, respectively. Face validity was used to establish validity for this survey instrument.

#### *Human Subjects Considerations*

Data from CWS/CMS was utilized to obtain information on family characteristics and to determine what proportion of closed informal supervision cases result in a subsequent referral being made to DFCS. The data for the cohort under investigation was obtained in aggregate with no identifiers.

Informed consent for the self-administered questionnaire portion of this research study was obtained directly from the key informants. The researchers met face-to-face with each individual, explained the context and procedures of the study, and had each respondent sign an informed consent form (see Appendix C). Additionally, the researchers explained to the key informants the protocols for establishing and maintaining confidentiality. Completed consent forms and questionnaires were stored separately in a locked file cabinet in the principal investigator's office; the cabinet and office were locked when not in use and only the principal

investigator maintained the keys and access. Questionnaire data was collected in aggregate and no participant identifiers or information was present in the data set or any written documents.

Key informants did not directly benefit from participation in this study. Also, the study involved minimal risk and discomfort to the participants; the probability of harm and discomfort was not greater than the respondents' daily life encounters. Risks of participation included emotional discomfort from answering the questionnaire. There was no compensation for participation in this study. Throughout the duration of the study, respondents were protected from harm by having the option to exit the research without fear of repercussions.

Finally, the researchers addressed any questions voiced by key informants and provided the principal researcher's contact information should any concerns arise in the future. Consistent with protocol, the research proposal was submitted to the Institutional Review Board (IRB) for review and IRB approval (see Appendix D) was received before data collection began.

#### *Procedures and Data Collection Techniques*

The data collection process began with the submission of a request to the CWS/CMS analyst at the Department of Family and Children's Services for data pertaining to the 2004-2005 cohort of informal supervision cases. Once the requested information arrived, the data was primed and the researchers began the statistical analysis to test the relationship between family characteristics and re-referrals to DFCS after IS case closure.

For data collected via the self-administered questionnaires, the researchers contacted the IS Unit supervisor and IS social workers to explain the study as well as to recruit for participation in the research. Also, information on current community-based service providers who work with IS families was requested from the IS unit supervisor and workers; the service providers were also contacted and enlisted to participate in the study. Once survey participants

were recruited, individual meetings were scheduled at each prospective respondent's convenience. The meetings took place in a private office or conference room at each respective agency; only the researcher and questionnaire respondent were present during the meeting where the researcher explained the context of the study, protocols, informed consent and addressed any of the respondent's questions. Following the explanation, the questionnaire was administered to the key informant; for each respondent, the completion of the survey took approximately 10-15 minutes. As previously described, the questionnaire included demographic information on and the expert opinion of social workers and professionals involved with informal supervision cases

#### *Analysis of Data*

At the univariate level, the researcher tested all the demographic variables on the survey questionnaire and all variables within the quantitative data set. The categorical variables of gender, ethnicity, education level, current position, single parent household, younger children in the home, number of children in the home, type of allegations, presence of prior referrals, subsequent referrals as well as frequency of substance abuse among fathers and mothers were quantified by percentage and frequency. The continuous variables of participant age, length of time in current position, number of children in the home, mother's age as well as the number of prior and subsequent referrals were also described using standard deviation, mean and range.

At the bivariate level, the chi-square statistical test was used to answer the research hypothesis and analyze the association between the independent variables of family characteristics (ethnic minority status, single parent household, presence of younger children, number of children, type of allegation, presence of prior referrals) and the dependent variable of referrals made to DFCS after the close of an IS case. Data analysis at the multivariate level

utilized binomial logistic regression to estimate the probability of the dependent variable, subsequent referrals, occurring based on the independent variables of family characteristics.

## Results

### *Characteristics of Families with Informal Supervision Agreements*

The 2004-2005 informal supervision cases entry cohort of children ( $N=139$ ) had the following ethnic breakdown: 77 (55.4%) Hispanic, 28 (20.1%) White, 23 (16.5%) Asian/Pacific Islander, and 11 (7.9 %) were Black. Of the 139 children, 114 (85.7%) came from single parent households while 19 (14.3%) came from two parent households; the children aged in range from 0 to 17 years with the average age being 6.4 years ( $SD = 5.662$ ) and 71 (51.1%) of the children were aged 0 to 5 years while 68 (48.9%) of the children were between the ages of 6 and 17 years. The total number of children in a home ranged from 1 to 7 children with a mean of 2.01 children ( $SD = 1.271$ ); 66 (47.5%) of the households had only one child, 34 (24.5%) had two children, and 39 (28.1%) of households had 3 or more children. The mothers of the entry cohort ranged in age from 15 to 56 years with the average age being 32.4 years ( $SD = 8.165$ ).

In regards to child maltreatment allegations, 43 (31.6%) of the IS cases identified physical abuse as the most severe allegation, 43 (31.6%) identified neglect (general and severe neglect), 26 (19.1%) identified substantial risk, 6 (4.4%) named sexual abuse, and 18 (13.2%) of cases were classified as “other”; the other category includes allegations of caretaker incapacity/absence, exploitation, emotional abuse and at-risk due to sibling abuse. The number of times a family had been referred to DFCS prior to opening an IS case ranged from 1 to 15 with a mean of 2.88 referrals ( $SD = 2.724$ ); 74 (53.2%) of families did not have a prior referral while 65 (46.8%) of families did have a prior referral to DFCS before an IS case was opened. The number of referrals after the closure of an IS case ranged from 1 to 7 with a mean of 2.42

referrals ( $SD = 1.580$ ); 74 (53.2%) of families did not have a subsequent referral made on their behalf and 65 (46.8%) of families were re-referred to DFCS after the closure of their IS case. Of the 139 families in the 2004-2005 Informal Supervision entry cohort, 132 (95%) of families completed their IS cases with no petition for dependency filed in the Juvenile Dependency Court; however, 7 (5%) of families entered further into the child welfare system as a result of successful petitions filed for the removal of children from the family home.

This study hypothesized that among families with Informal Supervision Agreements, family characteristics including ethnic minority status, single parent households, younger children and the number of children in the home, or allegations of neglect are more likely to result in subsequent referrals after Informal Supervision cases are formally closed. The chi-square statistical test was used to analyze the association between the independent variables of family characteristics and the dependent variable of subsequent referrals made to DFCS after the closure of an IS case. Results of the Chi-Square test indicated no statistically significant relationship between the family characteristics of ethnicity  $\chi^2(3, N=139) = 5.245, p = .155$ , single parent households  $\chi^2(1, N = 133) = .246, p = .620$ , younger children (age 0-5 years) in the home  $\chi^2(1, N = 139) = .005, p = .945$ , the number of children in the home  $\chi^2(2, N = 139) = 3.486, p = .175$ , or type of maltreatment allegation  $\chi^2(4, N = 136) = 4.071, p = .396$  and subsequent referrals to DFCS following the close of an IS case. Analysis of the Chi-Square test did reveal a statistically significant relationship between the existence of prior referrals to DFCS  $\chi^2(1, N = 139) = 21.484, p < .001$  and subsequent referrals made to DFCS after the closure of an IS case. Specifically, a higher rate of subsequent referrals was found among IS families who had prior referrals, 44 ( $n = 65$ ) families had subsequent referrals; compared to 21 ( $n = 74$ ) subsequent referrals for IS families who did not have referrals to DFCS before the start of their IS case.

Detailed statistics and frequencies associated with each Chi-Square test are located in Tables E1 through E6 (see Appendix E).

Binomial logistic regression was utilized to estimate the probability of the dependent variable, subsequent referrals, occurring based on the independent variables of family characteristics. The  $p$  value for the Omnibus Test of Model Coefficients was  $p = .012$  which indicates that the overall model predicting subsequent referrals is significant (*Nagelkerke R Square* = .254,  $p = .012$ ). Thus, the combined influences of the independent variables predict subsequent referrals. Additionally, the existence of prior referrals was a significant predictor ( $B = 1.666$ ,  $p < .001$ ) for subsequent referrals; this indicates that families with a history of referrals to DFCS are 5.29 times more likely to have subsequent referrals to DFCS after the close of an IS case than families with no prior referral history to DFCS after controlling for the other variables in the model. Also, Asian/Pacific Islander ethnicity approached significance ( $B = -1.239$ ,  $p = .088$ ) as a predictor for subsequent referrals; thus, indicating a possible pattern demonstrating that families of Asian/Pacific Islander ethnicity are .29 times less likely to receive subsequent referrals after the close of an IS case than families of White/European ethnicity after controlling for the other variables in the model. All other variables were not significant in predicting subsequent referrals; the variables and corresponding  $B$  and  $p$  values are displayed in Table F1 (see Appendix F).

#### *Substance Abuse among Families with Informal Supervision Agreements*

The measurement of the frequency of substance abuse among mothers and fathers with an ISA was conducted through a self-administered demographic and expert opinion survey questionnaire. (Due to the small sample size of respondents and to protect participants' confidentiality, all demographic data is reported in percentages only.) A total of 18 participants

completed the survey and of those, 12 (66.7%) were IS unit staff while 6 (33.3%) were staff of community-based service providers; 72.2% were female and 27.8% were male. Participants' ages ranged from 25 to 64 years with the mean age being 50 ( $SD = 11.185$ ); participants' length of time in current position ranged from 5 months to 456 months (38 years) with the mean time in current position being 99.72 months (approximately 8 years, 3 months) ( $SD = 106.040$ ). The sample consisted primarily of White/European American participants with the following breakdown: 41.2% White/European American, 29.4% Hispanic/Latino, 17.6% Asian/Pacific Islander, and 11.8% of the participants identified as "other". The participants were well educated with 77.8% having a Master's Degree and 22.2% having a Bachelor's Degree; the degrees were in social work or related fields. Survey respondents held a variety of positions within their agencies; 16.7% identified their position as Social Worker II, 38.9% identified as Social Worker III, 5.6% identified as Social Work Supervisor, 11.1% were Program Managers, and 27.8% identified as occupying "other" positions within an agency.

On the questionnaire, participants provided their expert opinion regarding the frequency of substance abuse among mothers and fathers involved in Informal Supervision services through DFCS. Of those surveyed, 2 (11.1%) felt that 0-9% of mothers experience substance abuse, 2 (11.8%) felt that 0-9% of fathers experience substance abuse; 4 (22.2%) felt that 10-24% of mothers experience substance abuse while 5 (27.8%) felt that 10-24% of fathers experience substance abuse; 3 (16.7%) felt that 25-49% of mothers experience substance abuse and 1 (5.9%) felt that 25-49% of fathers experience substance abuse; 5 (27.8%) felt that 50-74% of mothers experience substance abuse and 7 (41.2%) felt that 50-74% of fathers experience substance abuse; and lastly 2 (22.2%) participants felt that 75-100% of mothers with IS agreements experience substance abuse while 3 (17.6%) participants felt that 75-100% of fathers with IS

agreements experience substance abuse. Bar graphs representing the respondents' expert opinion on the prevalence of substance among mothers and fathers are included in Figure 1 (see Appendix G).

## Discussion

### *Characteristics of Families with Informal Supervision Agreements*

The research study hypothesized that among families with Informal Supervision Agreements in Santa Clara County, family characteristics including ethnic minority status, single parent households, younger children and the number of children in the home or allegations of neglect were more likely to result in subsequent referrals after Informal Supervision cases are formally closed. The findings did not support this hypothesis and the family attributes of ethnic minority status, single parent household, younger children, number of children in the home, and allegations of neglect were not significant predictors of subsequent referrals to DFCS. Given that practically no research exists exploring family characteristics in the context of voluntary early interventions such as informal supervision, integration and comparisons between the study findings and previous research are difficult.

Examining the variable of ethnicity, previous studies indicate that children of color are disproportionately represented nationally and among the child welfare population in Santa Clara County; disproportionate numbers of children of color were also found among IS cases in the county. Specifically, research reveals that African-American children comprised 2.2% of the county's child population and 29.5% of all referrals; for this study, African-American children accounted for 7.9% of children with IS cases (Needell et al., 2008). Similarly, Hispanic children constitute 35.4% of the child population, 55.6% of the foster care population and according to the findings accounted for 55.4% of children in IS (Needell et al., 2008). Consistent with

previous research, White and Asian/Pacific Islander children were under-represented in IS relative to their numbers in the general population. Additionally, Asian/Pacific Islander ethnicity approached significance as a predictor for decreased likelihood of subsequent referrals; thus, indicating a possible pattern demonstrating that families of Asian/Pacific Islander ethnicity are 0.29 times less likely to receive subsequent referrals after the close of an IS in comparison to families of White/European ethnicity after controlling for the other variables in the model. This finding may be related to the specific allegations of maltreatment experienced by Asian/Pacific Islander children, culturally specific practices of discipline, and the cultural implications or consequences of involvement in the child welfare system; further research could explore the relationship between the type of maltreatment allegations, the intersect of culture, and the resulting outcomes for Asian/Pacific Islander families. Interestingly, results of this study did not indicate any statistically significant relationship between ethnicity and likelihood of subsequent referrals after the close of an IS case; thus, suggesting that children of color experience similar re-referral rates to DFCS as White children after the conclusion of an IS case. From a strength-based perspective, the lack of relationship between ethnicity and subsequent referrals may possibly be attributed to the efforts and policies to decrease disproportionality in Santa Clara County.

Contrary to research stating that children in single parent families are at higher risk of abuse and neglect (Bae, Solomon, & Gelles, 2007; Brown, Cohen, Johnson, & Salzinger, 1998) as well as a higher risk of infant maltreatment (Wu et al., 2004), the family characteristic of single parent household did not act as a predictor of subsequent referrals for the population studied. Furthermore, existing research suggests that large family size is associated with an increased probability of infant maltreatment (Wu et al., 2004) and child abuse (Zuravin, 1991);

however, this study did not find family size to be an indicator of the likelihood of re-referral to DFCS. Current research is inconsistent on child welfare outcomes for families with younger children and families with allegations of neglect; for the IS cases studied, neither neglect allegations nor the presence of younger children in the home were significant predictors of re-referral to DFCS after IS cases were formally closed. It is possible that the family characteristics examined in this study, in particular the type of maltreatment, may impact case outcomes to a greater degree once IS cases enter the dependency court and immerse deeper in the child welfare system. Additionally, other family factors such as the presence of substance abuse may potentially override the family characteristics examined. In a sense, substance abuse may be a more urgent or relevant issue to be investigated as a family characteristic; however, substance abuse and other potential confounding factors were not measured in this study. The differences between prior research and these findings may also potentially be attributed to specific county policies, services available to families, and the lesser degree of severity in maltreatment that is associated with voluntary family maintenance cases in comparison to court involved child welfare cases.

Interestingly, the control variable of prior referrals proved to be the only significant indicator in the study. The existence of prior referrals acted as a predictor of subsequent referrals after IS case closure; families with a history of referrals prior to IS case opening were 5.29 times more likely to be re-referred to DFCS after the close of their IS case than families with no prior referral history when controlling for the other family characteristics in the model. Thus suggesting, families with referrals prior to the start of an IS case are more likely to be re-referred to DFCS following the close of an IS case. The presence of prior and continuing referrals to child welfare could indicate families' on-going needs for services as well as the struggle to rise

above life circumstances such as poverty, substance abuse, and generational histories of familial abuse and/or neglect. A review of literature exploring the significance of prior referrals as well as further research examining the type of maltreatment occurring in prior and subsequent referrals are needed to better understand the context of this specific finding.

#### *Prevalence of Substance Abuse among Families with Informal Supervision Agreements*

Using a self-administered demographic and expert opinion questionnaire, the study also explored the frequency of parental substance abuse among families with Informal Supervision Agreements in Santa Clara County. Overall, the respondent's observations were consistent with existing research which reports substance abuse to be a factor for one-third to two-thirds of substantiated child maltreatment reports (U.S. Department of Health and Human Services, 1999). Research also indicates that specifically maternal alcohol abuse is associated with the probability of abuse in both one and two-parent families which supports the finding that 50% of participants perceived substance abuse as an issue for 50 to 100% of mothers receiving Informal Supervision services (Berger, 2005). Additionally, 58.8% of respondents considered 50 to 100% of fathers with IS services to be experiencing substance abuse. Participants perceived substance abuse to be a common issue for mothers and fathers, but felt the occurrence was slightly more prevalent among fathers; thus the findings indicate a need for substance abuse treatment and services for both parents. It is likely that families experiencing substance abuse have multiple interactions with the child welfare system due to the nature of addiction as well as the limited accessibility, availability and affordability of treatment. It is also important to note that substance abuse treatment and recovery is a complex and long process sometimes requiring years of healing as well as additional mental health services; on the other hand, IS services are of limited duration, typically lasting 6 to 9 months. Thus, it is important to consider the appropriateness and

effectiveness of IS services when dealing with substance abuse issues which may require a longer, different and/or more complex interventions.

### *Limitations and Strengths*

One of the primary limitations of this study is the relatively small sample size of 139 children which constrained the exploration of trends among families receiving Informal Supervision services. A larger sample would have allowed for observation of more patterns and increased the generalizability of the findings; hence, the small sample reduced the power of the statistical tests. The findings may not be generalized across all child welfare voluntary family maintenance or informal supervision cases due to variances in demographics and regional policies. Another limitation is that the variable of single or two parent household is based on the coding of a mother's marital status within the CWS/CMS data system; hence, it does not account for the presence and influence of a father figure who is not married to the mother, but is residing with the family. The presence and involvement of a father in the household may drastically alter the family dynamics as well as circumstances. The study is also limited by the use of subsequent referrals after case closure as the dependent variable; re-referral to DFCS is not an accurate measure of the success of IS services. Dependency status is a more appropriate indicator of accomplishment given that it measures whether or not IS services were successful in preventing families from immersing deeper into the child welfare system. Furthermore, the data does not examine the type of referring maltreatment which led to the opening of an IS case in comparison to the maltreatment alleged in subsequent referrals. Hence, a lack of subsequent referrals measures only one aspect of success. IS services may ameliorate the crisis and/or the most pressing presenting problem, but other family issues may not be addressed through services or may surface once the initial crisis is resolved, resulting in additional referrals. Furthermore,

subsequent referrals, dependency status and/or completion of an IS case do not accurately reflect or measure child and family well-being; this study was limited to examining if a family was re-referred to child welfare or not.

The exploration of frequency of substance abuse among mothers and fathers is limited by the small sample size of 18 participants; furthermore, the findings are based on perceptions/expert opinions rather than statistical data on substance abuse prevalence among IS families. An additional limitation is that 85.7% of the mothers included in the study were classified as unmarried or as a one-parent household which implies that social workers and service providers may have little exposure to or information regarding the status as well as challenges faced by fathers in child welfare. Thus, the participants' perceptions may be based on biased accounts and/or solely on their interactions with the 14.3% of two-parent families; both scenarios influence respondents' perceptions and affect the validity of the findings regarding substance abuse among fathers.

This research study also has key strengths that increase the overall contribution to the research base. This study utilized a longitudinal retrospective research design which explored family attributes and outcomes for an entry cohort of Informal Supervision cases over a three year time frame; this type of data is often difficult to acquire given the confidential nature of the child welfare system and the associated challenges. Another strength is that the study focused on a previously unexplored area in child welfare and provides insight into characteristics as well as predictors for families who are involved in IS services; virtually no research exists on families receiving voluntary early intervention services. More research is needed to address this gap in knowledge and to guide implementation of effective services for early intervention.

### Implications for Social Work

Child welfare voluntary early intervention services such as IS and VFM are designed to ensure the safety and well-being of children without dependency court involvement, as well as to ameliorate family circumstances affecting child safety. The benefits of and the role of voluntary early intervention services in preventing further immersion into the child welfare system are considerable; yet, little research exists on the characteristics of families involved and on the effectiveness of these services. This research study attempted to partially address the gap in research for early intervention services; however, the findings indicate that further investigation is warranted to gain clarity and a better understanding regarding IS program effectiveness as well as salient family characteristics in relation to outcomes. Specifically, research examining the type of maltreatment allegations in referrals prior to IS services as compared to referrals received after completion of services is critical; this information would provide greater insight into the effectiveness of IS and possibly help uncover unaddressed family needs. In turn, such findings would be valuable in guiding policy, implementing change, and engaging appropriate community partners to fully serve families in need of early intervention services.

Future research should also examine the prevalence of substance abuse among families receiving IS services using quantitative data for families rather than relying on expert opinion. Obtaining this type of data would require familial substance abuse to be accounted for through the CWS/CMS data system; thus, a practical recommendation would be to either explore the current abilities of CWS/CMS to track the presence of substance abuse or to update the tracking capabilities of the system. Additionally, this study focused on examining subsequent referrals to DFCS as a measure of success for IS services, but as previously discussed, referral status is not necessarily indicative of child and family well-being. Thus, future studies may want to explore

more appropriate measures of well-being possibly including academic performance, family dynamics, socialization, communication, pro-social activities, and health to provide a more holistic representation of family success as a result of early intervention services. Furthermore, the study indicated a possible pattern of Asian/Pacific Islander children being less likely to be re-referred to DFCS after IS case closure in comparison to their White counterparts; given this finding, it may be worthwhile to explore a possible relationship between IS services and changes in cultural child discipline practices.

The transcultural perspective calls on social workers to examine the dynamics of power, privilege, oppression and structural contexts when examining social problems, research, interventions, culture, relationships and client circumstances (School of Social Work, n.d.). Applying this context, the finding that a prior history of referrals to child welfare serves as a predictor for subsequent referrals following IS case closure is deeply concerning. Not only are ethnic minority families disproportionately represented in Santa Clara County's child welfare system, the findings also indicate that certain families continue to interact with the system despite connection to community resources and completion of IS services. Thus, it is possible that certain families live within a margin of crisis constantly struggling to improve their circumstances and well-being, but lacking the resources to do so. Consequently, social workers are required to assess families through the lens of power, privilege, oppression and social structures as well as to treat families using a systemic approach; family dynamics and circumstances need to be examined in the context of the societal structures and larger systems acting upon families. Voluntary early intervention services such as IS need to address issues of child abuse/neglect and their associated causes as well as work to remedy the structural contexts such as poverty, lack of access to services, discrimination, and oppression which create the

environmental stressors that can contribute to the occurrence of child maltreatment. From the systems perspective, increased collaboration between DFCS and existing community-based organizations as well as the establishment of new community-based services providers would allow families greater access to affordable services. The increased collaboration would be a positive step towards ameliorating some of the conditions or stressors which can lead to child maltreatment. Additionally, policies which favor and direct families to prevention services in addition to early intervention services are desperately needed; vulnerable populations who are overrepresented in the child welfare system and often tend to immerse deeper into the system would likely benefit from such proactive policies.

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## Appendix A

## Demographic and Expert Opinion Questionnaire for IS Workers

**Exploring Characteristics and Outcomes for Families with an  
Informal Supervision Agreement within the Child Welfare System****A California Social Work Education Center Title IV-E Special Project  
Conducted by San Jose State University, School of Social Work**

Date: \_\_\_\_\_ Interviewer Name: \_\_\_\_\_ Code # of Participant: \_\_\_\_\_

**Instructions:**

This questionnaire includes demographic questions about you and a series of questions asking your expert opinion about the characteristics and experiences of families with an Informal Supervision Agreement with the Department of Family and Children's Services in Santa Clara County. Please answer these questions to the best of your ability.

Please do not put your name on this questionnaire. All of your responses will remain confidential. Thank you.

**Part 1: Demographic Questions**

Item 1.	What is your date of birth (please fill in)? _____ / _____ / _____ Month Day Year	
Item 2.	Are you (please circle):      Male              Female	
Item 3.	Which racial/ethnic category best describes you? Please check one box.  <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian Pacific Islander <input type="checkbox"/> White/European American <input type="checkbox"/> Native American/American Indian <input type="checkbox"/> Other (please specify: _____ )	
Item 4.	What is your educational level? Please check one box.  <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree (please specify _____ ) <input type="checkbox"/> Other (please specify _____ ) <input type="checkbox"/> Doctorate or Medical Degree (please specify _____ )	



	<u>Mothers</u>	<u>Fathers</u>	
Item 11:  <b>Two or more of the above</b>	<input type="checkbox"/> 0 - 9% <input type="checkbox"/> 10 - 24% <input type="checkbox"/> 25 - 49% <input type="checkbox"/> 50 - 74% <input type="checkbox"/> 75 - 100 %	<input type="checkbox"/> 0 - 9% <input type="checkbox"/> 10 - 24% <input type="checkbox"/> 25 - 49% <input type="checkbox"/> 50 - 74% <input type="checkbox"/> 75 - 100 %	

### Part 3: Expert Opinion Questions on Challenges Experienced by CHILDREN

Item 12.	<p>In your opinion what percentage of <u>CHILDREN</u> with an Informal Supervision Agreement has a <u>mental health problem</u>? Please select one answer below:</p> <p><input type="checkbox"/> 0 - 9%      <input type="checkbox"/> 10 - 24%      <input type="checkbox"/> 25 - 49%      <input type="checkbox"/> 50 - 74%      <input type="checkbox"/> 75 - 100 %</p>	
Item 13.	<p>In your opinion what percentage of <u>CHILDREN</u> with an Informal Supervision Agreement has an <u>academic problem</u> (such as, poor grades, behind in grade level, learning disability, truancy)? Please select one answer below:</p> <p><input type="checkbox"/> 0 - 9%      <input type="checkbox"/> 10 - 24%      <input type="checkbox"/> 25 - 49%      <input type="checkbox"/> 50 - 74%      <input type="checkbox"/> 75 - 100 %</p>	
Item 14.	<p>In your opinion what percentage of <u>CHILDREN</u> with an Informal Supervision Agreement has a <u>substance abuse problem</u>? Please select one answer below:</p> <p><input type="checkbox"/> 0 - 9%      <input type="checkbox"/> 10 - 24%      <input type="checkbox"/> 25 - 49%      <input type="checkbox"/> 50 - 74%      <input type="checkbox"/> 75 - 100 %</p>	
Item 15.	<p>In your opinion what percentage of <u>CHILDREN</u> with an Informal Supervision Agreement is currently involved with the <u>criminal justice system</u>? Please select one answer below:</p> <p><input type="checkbox"/> 0 - 9%      <input type="checkbox"/> 10 - 24%      <input type="checkbox"/> 25 - 49%      <input type="checkbox"/> 50 - 74%      <input type="checkbox"/> 75 - 100 %</p>	
Item 16.	<p>In your opinion what percentage of <u>CHILDREN</u> with an Informal Supervision Agreement experience <u>two or more of the challenges listed above</u>? Please select one answer below:</p> <p><input type="checkbox"/> 0 - 9%      <input type="checkbox"/> 10 - 24%      <input type="checkbox"/> 25 - 49%      <input type="checkbox"/> 50 - 74%      <input type="checkbox"/> 75 - 100 %</p>	

**Part 4: Expert Opinion Questions on SERVICES Provided to FAMILIES with an Informal Supervision Agreement**

When answering these questions, please consider your impressions as they apply to the entire Informal Supervision Unit, rather than solely your own caseload

Item 17.	<p>In your opinion, which strategy listed below is <u>more important when planning services</u> for a family (please select one answer below):</p> <p><input type="checkbox"/> Use of the Continuing Services Assessment Tool (CAT)</p> <p><input type="checkbox"/> Use of social workers' own judgment and expertise</p> <p><input type="checkbox"/> Other (please specify: _____)?</p>	
Item 18.	<p>Using the scale below, please rate <u>the accuracy of the CAT for service planning</u> (please circle one number below).</p> <p style="text-align: center;">1                      2                      3                      4                      5</p> <p style="text-align: center;">Not accurate      Somewhat accurate      Accurate      Very accurate      Extremely accurate</p>	
Item 19.	<p>Using the scale below, please rate the <u>overall level of familiarity</u> of most workers in your unit with the <u>types of services and resources available to parents</u> involved in the informal supervision program (please circle one number below):</p> <p style="text-align: center;">1                      2                      3                      4                      5</p> <p style="text-align: center;">Not familiar      Somewhat familiar      Familiar      Very familiar      Extremely familiar</p>	
Item 20.	<p>In your opinion, is there a <u>gap between the stated procedures for using the CAT for service planning and actual practices of social workers?</u></p> <p>Please select one answer below:</p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> No                      <input type="checkbox"/> Not sure</p>	
Item 21.	<p>In what percentage of cases would you say there is a <u>difference</u> (however small) between the <u>services delivered</u> and the services that <u>had been planned?</u></p> <p>Please select one answer below:</p> <p><input type="checkbox"/> 0 - 9%                      <input type="checkbox"/> 10 - 24%                      <input type="checkbox"/> 25 - 49%                      <input type="checkbox"/> 50 - 74%                      <input type="checkbox"/> 75 - 100%</p>	

Item 22.	<p>After the initial 30 days of a case, what is the <u>average frequency</u> with which social workers monitor parents' compliance and children's safety with IS cases? Please select one answer below:</p> <p><input type="checkbox"/> Once a month    <input type="checkbox"/> Twice a month    <input type="checkbox"/> Three times a month    <input type="checkbox"/> Four times a month</p> <p><input type="checkbox"/> More than 4 times a month    <input type="checkbox"/> Other (Please specify _____)</p>	
Item 23.	<p>What is the percentage of cases that have received <u>favorable reports</u> in evaluations of parent compliance and child safety that <u>end up having their children removed</u>? Please select one answer below:</p> <p><input type="checkbox"/> 0 - 9%            <input type="checkbox"/> 10 - 24%            <input type="checkbox"/> 25 - 49%            <input type="checkbox"/> 50 - 74%            <input type="checkbox"/> 75 - 100 %</p>	

**Thank you for completing this questionnaire.**

## Appendix B

Demographic and Expert Opinion Questionnaire for Service Providers

**Exploring Characteristics and Outcomes for Families with an  
Informal Supervision Agreement within the Child Welfare System**

**A California Social Work Education Center Title IV-E Special Project  
Conducted by San Jose State University, School of Social Work**

Date: \_\_\_\_\_ Interviewer Name: \_\_\_\_\_ Code # of Participant: \_\_\_\_\_

**Instructions:**

This questionnaire includes demographic questions about you and a series of questions asking your expert opinion about the characteristics and experiences of families with an Informal Supervision Agreement with the Department of Family and Children's Services in Santa Clara County. Please answer these questions to the best of your ability.

Please do not put your name on this questionnaire. All of your responses will remain confidential. Thank you.

**Part 1: Demographic Questions**

Item 1.	What is your date of birth (please fill in)? _____ / _____ / _____ Month Day Year	
Item 2.	Are you (please circle):      Male              Female	
Item 3.	Which racial/ethnic category best describes you? Please check one box.  <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian Pacific Islander <input type="checkbox"/> White/European American <input type="checkbox"/> Native American/American Indian <input type="checkbox"/> Other (please specify: _____ )	
Item 4.	What is your educational level? Please check one box.  <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree (please specify _____ ) <input type="checkbox"/> Other (please specify _____ ) <input type="checkbox"/> Doctorate or Medical Degree (please specify _____ )	

Item 5.	<p>What services does your agency provide to families with an Informal Supervision Agreement with Santa Clara County's Department of Family and Children's Services? <u>Please check all that apply.</u></p> <p> <input type="checkbox"/> Substance abuse services                      <input type="checkbox"/> Domestic violence services  <input type="checkbox"/> Parenting training                                      <input type="checkbox"/> Counseling for parents  <input type="checkbox"/> Counseling for children                                      <input type="checkbox"/> Counseling for families  <input type="checkbox"/> Housing assistance                                      <input type="checkbox"/> Concrete assistance (such as food, transportation, clothing)  <input type="checkbox"/> Other (please specify: _____) </p>
Item 6.	<p>If you checked more than one box above, what service would you characterize as the <u>primary</u> service your agency provides to families with an Informal Supervision Agreement with Santa Clara County's Department of Family and Children's Services? <u>Please mark only one box</u></p> <p> <input type="checkbox"/> Substance abuse services                      <input type="checkbox"/> Domestic violence services  <input type="checkbox"/> Parenting training                                      <input type="checkbox"/> Counseling for parents  <input type="checkbox"/> Counseling for children                                      <input type="checkbox"/> Counseling for families  <input type="checkbox"/> Housing assistance                                      <input type="checkbox"/> Concrete assistance (such as food, transportation, clothing)  <input type="checkbox"/> Other (please specify: _____) </p>
Item 7.	<p>What is your current position at this agency? Please check one box.</p> <p> <input type="checkbox"/> S. W. II    <input type="checkbox"/> S.W. III  <input type="checkbox"/> S.W. Supervisor    <input type="checkbox"/> Program Manager  <input type="checkbox"/> Other (please specify: _____) </p>
Item 8.	<p>How long have you been in your current position at this agency? Please fill in your answer:</p> <p>_____ Years      _____ Months</p>

## Part 2: Expert Opinion Questions on Challenges Experienced by MOTHERS and FATHERS

Please fill in the next grid selecting in each box your opinion on the percentage of MOTHERS and FATHERS with an Informal Supervision Agreement that present the problem described in the left column. Please consider presenting problems that are documented in assessments or other reports, and for which there is an indicated need for services.

When deciding on a percentage, please consider all families with an Informal Supervision Agreement that you have worked with over the previous 5 years (or if you have not worked with families with an Informal Supervision Agreement for 5 year, please consider the amount of time that you have worked with these families).

	<u>Mothers</u>	<u>Fathers</u>	
Item 7: <b>Substance Abuse</b>	<input type="checkbox"/> 0 - 9% <input type="checkbox"/> 10 - 24% <input type="checkbox"/> 25 - 49% <input type="checkbox"/> 50 - 74% <input type="checkbox"/> 75 - 100 %	<input type="checkbox"/> 0 - 9% <input type="checkbox"/> 10 - 24% <input type="checkbox"/> 25 - 49% <input type="checkbox"/> 50 - 74% <input type="checkbox"/> 75 - 100 %	
Item 8: <b>Domestic Violence</b>	<input type="checkbox"/> 0 - 9% <input type="checkbox"/> 10 - 24% <input type="checkbox"/> 25 - 49% <input type="checkbox"/> 50 - 74% <input type="checkbox"/> 75 - 100 %	<input type="checkbox"/> 0 - 9% <input type="checkbox"/> 10 - 24% <input type="checkbox"/> 25 - 49% <input type="checkbox"/> 50 - 74% <input type="checkbox"/> 75 - 100 %	
Item 9: <b>Mental Health</b>	<input type="checkbox"/> 0 - 9% <input type="checkbox"/> 10 - 24% <input type="checkbox"/> 25 - 49% <input type="checkbox"/> 50 - 74% <input type="checkbox"/> 75 - 100 %	<input type="checkbox"/> 0 - 9% <input type="checkbox"/> 10 - 24% <input type="checkbox"/> 25 - 49% <input type="checkbox"/> 50 - 74% <input type="checkbox"/> 75 - 100 %	
Item 10: <b>Criminal Justice System</b>	<input type="checkbox"/> 0 - 9% <input type="checkbox"/> 10 - 24% <input type="checkbox"/> 25 - 49% <input type="checkbox"/> 50 - 74% <input type="checkbox"/> 75 - 100 %	<input type="checkbox"/> 0 - 9% <input type="checkbox"/> 10 - 24% <input type="checkbox"/> 25 - 49% <input type="checkbox"/> 50 - 74% <input type="checkbox"/> 75 - 100 %	
Item 11: <b>Two or more of the above</b>	<input type="checkbox"/> 0 - 9% <input type="checkbox"/> 10 - 24% <input type="checkbox"/> 25 - 49% <input type="checkbox"/> 50 - 74% <input type="checkbox"/> 75 - 100 %	<input type="checkbox"/> 0 - 9% <input type="checkbox"/> 10 - 24% <input type="checkbox"/> 25 - 49% <input type="checkbox"/> 50 - 74% <input type="checkbox"/> 75 - 100 %	

## Part 3: Expert Opinion Questions on Challenges Experienced by CHILDREN

Item 12.	In your opinion what percentage of <b>CHILDREN</b> with an Informal Supervision Agreement has a <b>mental health problem</b> ? Please select one answer below: <input type="checkbox"/> 0 - 9% <input type="checkbox"/> 10 - 24% <input type="checkbox"/> 25 - 49% <input type="checkbox"/> 50 - 74% <input type="checkbox"/> 75 - 100 %	
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Item 13.	<p>In your opinion what percentage of <b>CHILDREN</b> with an Informal Supervision Agreement has an <b>academic problem</b> (such as, poor grades, behind in grade level, learning disability, truancy)? Please select one answer below:</p> <p><input type="checkbox"/> 0 - 9%      <input type="checkbox"/> 10 - 24%      <input type="checkbox"/> 25 - 49%      <input type="checkbox"/> 50 - 74%      <input type="checkbox"/> 75 - 100 %</p>
Item 14.	<p>In your opinion what percentage of <b>CHILDREN</b> with an Informal Supervision Agreement has a <b>substance abuse problem</b>? Please select one answer below:</p> <p><input type="checkbox"/> 0 - 9%      <input type="checkbox"/> 10 - 24%      <input type="checkbox"/> 25 - 49%      <input type="checkbox"/> 50 - 74%      <input type="checkbox"/> 75 - 100 %</p>
Item 15.	<p>In your opinion what percentage of <b>CHILDREN</b> with an Informal Supervision Agreement is currently involved with the <b>criminal justice system</b>? Please select one answer below:</p> <p><input type="checkbox"/> 0 - 9%      <input type="checkbox"/> 10 - 24%      <input type="checkbox"/> 25 - 49%      <input type="checkbox"/> 50 - 74%      <input type="checkbox"/> 75 - 100 %</p>
Item 16.	<p>In your opinion what percentage of <b>CHILDREN</b> with an Informal Supervision Agreement experience <b>two or more of the challenges listed above</b>? Please select one answer below:</p> <p><input type="checkbox"/> 0 - 9%      <input type="checkbox"/> 10 - 24%      <input type="checkbox"/> 25 - 49%      <input type="checkbox"/> 50 - 74%      <input type="checkbox"/> 75 - 100 %</p>

**Part 4: Expert Opinion Questions on SERVICES Provided to FAMILIES with an Informal Supervision Agreement**

When answering these questions, please consider your impressions as they apply to the entire Informal Supervision Unit, rather than solely your own caseload

Item 17.	<p>In what percentage of cases would you say there is a <u>difference</u> (however small) between the <u>services delivered by your agency</u> and the <u>services that had been planned</u>? Please select one answer below:</p> <p><input type="checkbox"/> 0 - 9%      <input type="checkbox"/> 10 - 24%      <input type="checkbox"/> 25 - 49%      <input type="checkbox"/> 50 - 74%      <input type="checkbox"/> 75 - 100%</p>
Item 18.	<p>What is the percentage of cases that have received <u>favorable reports</u> in evaluations of parent compliance and child safety that <u>end up having their children removed</u>? Please select one answer below:</p> <p><input type="checkbox"/> 0 - 9%      <input type="checkbox"/> 10 - 24%      <input type="checkbox"/> 25 - 49%      <input type="checkbox"/> 50 - 74%      <input type="checkbox"/> 75 - 100 %</p>

**Thank you for completing this questionnaire.**

## Appendix C

### Informed Consent Form



**San José State**  
UNIVERSITY

**School of Social Work**  
*College of Applied Sciences  
and Arts*

One Washington Square  
San Jose, CA 95192-0124  
Voice: 408-924-5800  
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The California State University:  
Chancellor's Office  
Bakersfield, Channahon, Chico,  
Dominguez Hills, East Bay, Fresno,  
Fullerton, Humboldt, Long Beach,  
Los Angeles, Maritime Academy,  
Monterey Bay, Northridge, Pomona,  
Sacramento, San Bernardino, San Diego,  
San Francisco, San José, San Luis Obispo,  
San Marcos, Sonoma, Stanislaus

#### Agreement to Participate in Research

**Responsible Investigators:** Kathy Lemon Osterling (SJSU Faculty), Emilia Tyminski (SJSU student), Katia Radillo (SJSU student), and Teresa Sims (SJSU student).

**Title of Protocol:** Exploring Characteristics and Outcomes for Families with an Informal Supervision Agreement within the Child Welfare System

1. You have been asked to participate in a research study investigating the characteristics and outcomes for families who have an Informal Supervision Agreement (ISA) with the Department of Family and Children's Services (DFCS) in Santa Clara County.
2. You will be asked to answer some questions from a questionnaire first, followed by a few other questions that will be presented in an interview format. The questionnaire will take approximately 15 minutes; the interview should take approximately 45 minutes. Both will be carried out in a private room at the site of the participating agency on a date and time previously determined. All interviews will be audio-taped with your permission.
3. This study will involve minimal risk and discomfort to the key informant participants. The probability of harm and discomfort will not be greater than the participants' daily life encounters.
4. No direct benefits to you are expected from the research. Indirect benefits of this study may include an improved understanding of the families which progress further into the child welfare system as well as of the availability, appropriateness and utilization of services among families with Informal Supervision Agreements.
5. Although the results of this study may be published, no information that could identify you will be included. In order to maintain confidentiality, your questionnaire and interview responses will be assigned a numerical code that will substitute your name. All the materials utilized during this research will be destroyed upon its completion.
6. You will receive no compensation for your participation in this research.
7. Questions about this research may be addressed to Kathy Lemon Osterling, (408) 924-5845. Complaints about the research may be presented to Alice Hines, Director of the School of Social Work at (408) 924-5800. Questions about research subjects' rights, or research-related injury may be presented to Pamela Stacks, Ph.D., Associate Vice President, Graduate Studies and Research, at (408) 924-2427.
8. No service of any kind, to which you are otherwise entitled, will be lost or jeopardized if you choose not to participate in the study.
9. Your consent is being given voluntarily. You may refuse to participate in the entire study or in any part of the study. You have the right to not answer questions you do not wish to answer. If you decide to participate in the study, you are free to withdraw at any time without any negative effect on your relations with San Jose State University or with the Santa Clara County DFCS.
10. At the time that you sign this consent form, you will receive a copy of it for your records, signed and dated by the investigator.

- **The signature of a subject on this document indicates agreement to participate in the study.**
- **The signature of a researcher on this document indicates agreement to include the above named subject in the research and attestation that the subject has been fully informed of his or her rights.**

Participant's Signature Date \_\_\_\_\_

Investigator's Signature Date \_\_\_\_\_

## Appendix D

## The Human Subjects-Institutional Review Board Approval Letter



**San José State**  
UNIVERSITY

**Office of the Provost  
Associated Vice President  
Graduate Studies & Research**

One Washington Square  
San Jose, CA 95192-0025  
Voice: 408-924-2427  
Fax: 408-924-2612  
E-mail: gradstudies@sjsu.edu  
<http://www.sjsu.edu>

To: Dr. Kathy Lemon Osterling  
School of Social Work  
San Jose State University  
One Washington Square  
San Jose, CA 95192-0124

From: Pamela Stacks, Ph.D.  
Associate Vice President  
Graduate Studies and Research

*Pamela C Stacks*

Date: December 8, 2008

The Human Subjects-Institutional Review Board has registered your study entitled:

“Exploring characteristics and outcomes for families with an informal supervision agreement within the child welfare system”

This registration, which provides exempt status under Exemption Category 5, of SJSU Policy S08-7, is contingent upon the subjects included in your research project being appropriately protected from risk. This includes the protection of the anonymity of the subjects' identity when they participate in your research project, and with regard to all data that may be collected from the subjects. The approval includes continued monitoring of your research by the Board to assure that the subjects are being adequately and properly protected from such risks. If at any time a subject becomes injured or complains of injury, you must notify Dr. Pamela Stacks, Ph.D. immediately. Injury includes but is not limited to bodily harm, psychological trauma, and release of potentially damaging personal information. This approval for the human subject's portion of your project is in effect for one year, and data collection beyond December 8, 2009 requires an extension request.

Please also be advised that all subjects need to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate, or withdrawal will not affect any services that the subject is receiving or will receive at the institution in which the research is being conducted.

If you have any questions, please contact me at (408) 924-2427.

Protocol # F0804008

*cc. Anson Lee 6139*

The California State University:  
Chancellor's Office  
Bakersfield, Channel Islands, Chico,  
Dominguez Hills, East Bay, Fresno,  
Fullerton, Humboldt, Long Beach,  
Los Angeles, Maritime Academy,  
Monterey Bay, Northridge, Pomona,  
Sacramento, San Bernardino, San Diego,  
San Francisco, San José, San Luis Obispo,  
San Marcos, Sonoma, Stanislaus

## Appendix E

## Chi-Square Test Statistic Tables

Table E1

## Ethnicity of Children

Ethnicity	Subsequent Referrals		$\chi^2$	<i>p</i>
	No	Yes		
Black	8	3	5.245	.155
Hispanic	40	37		
White	11	17		
Asian/Pacific Islander	15	8		
Total	74	65		

Table E2

## Single Parent Households

Type of Household	Subsequent Referrals		$\chi^2$	<i>p</i>
	No	Yes		
Single Parent	59	55	.246	.620
Two Parent	11	8		
Total	70	63		

Table E3

## Ages of Children in the Home

Child Age Category	Subsequent Referrals		$\chi^2$	<i>p</i>
	No	Yes		
0 – 5 Years	38	33	.005	.945
6 – 17 Years	36	32		
Total	74	65		

Table E4

## Number of Children in the Home

Child Number Category	Subsequent Referrals		$\chi^2$	<i>p</i>
	No	Yes		
1 Child	40	26	3.486	.175
2 Children	14	20		
3 or More Children	20	19		
Total	74	65		

Table E5

## Type of Maltreatment Allegation

Allegation	Subsequent Referrals		$\chi^2$	<i>p</i>
	No	Yes		
Physical Abuse	26	17	4.071	.396
Neglect	25	18		
Substantial Risk	11	15		
Sexual Abuse	2	4		
Other	8	10		
Total	72	64		

Table E6

## Prior Referrals to DFCS

Ethnicity	Subsequent Referrals		$\chi^2$	<i>p</i>
	No	Yes		
No Prior Referral(s)	53	21	21.484	.000
Prior Referral(s)	21	44		
Total	74	65		

## Appendix F

## Binomial Logistic Regression Statistic Table

Table F1

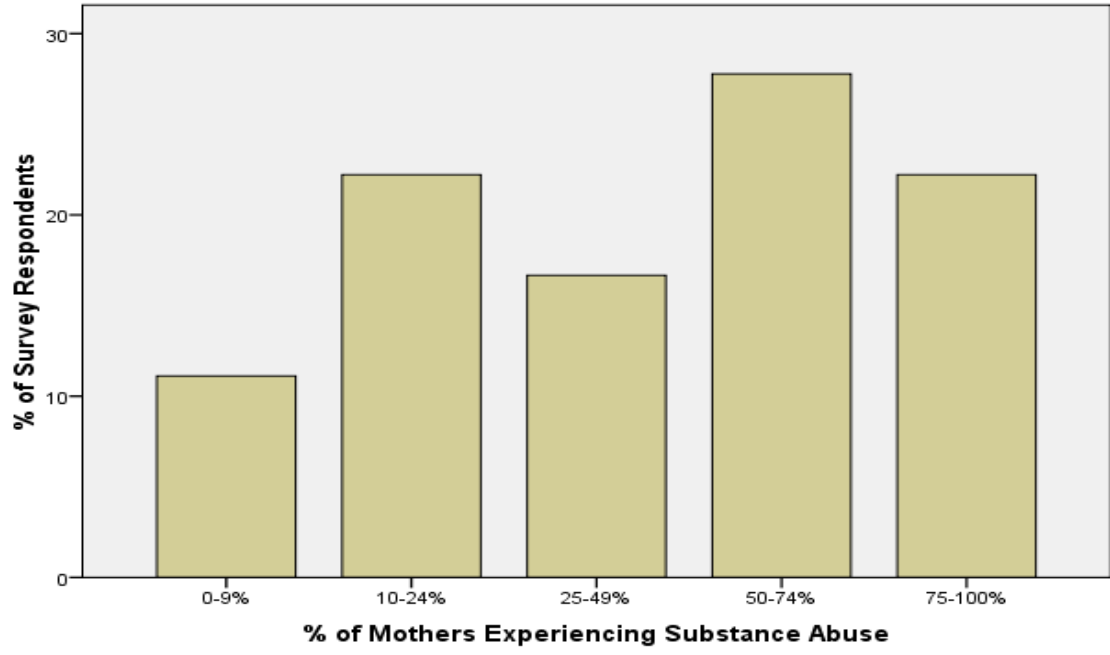
Logistic Regression: Family Characteristics Predicting Subsequent Referrals

Variable	<i>B</i>	<i>p</i>	<i>Exp(B)</i>
Black Ethnicity	-1.227	.175	.293
Hispanic Ethnicity	-.267	.649	.766
Asian Ethnicity	-1.239	.088	.290
Single Parent Household	-.241	.691	.786
Younger Children	-.702	.266	.495
Two Children in Home	.401	.436	1.493
Three or More Children in Home	-.052	.918	.949
Physical Abuse	.093	.881	1.097
Substantial Risk	.207	.727	1.230
Sexual Abuse	1.167	.382	3.213
Other Abuse	.669	.315	1.951
Mother's Age	.031	.372	1.032
Prior Referrals	1.666	.000	5.293
Constant	-1.332	.287	.264

Appendix G

Bar Graphs Representing Substance Use among Mothers and Fathers

**Percentage of Mothers Experiencing Substance Abuse**



**Percentage of Fathers Experiencing Substance Abuse**

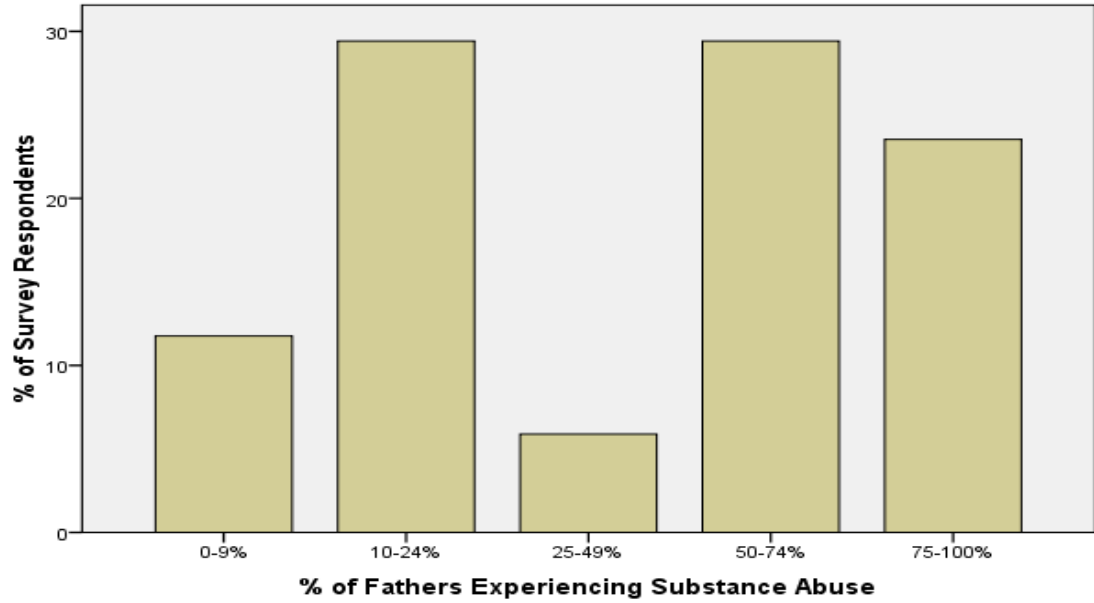


Figure 1. Survey questionnaire respondents' expert opinion regarding the prevalence of substance abuse among mothers and fathers involved in Informal Supervision services.