

ABSTRACT

BEHAVIOR-BASED CASE PLAN (BBCP) PILOT IN TULARE COUNTY PUBLIC CHILD WELFARE: DEVELOPMENT, IMPLEMENTATION AND INITIAL EVALUATION

In the field of public child welfare practice, child safety and well-being is paramount; however, traditional interventions often utilize child-centered, deficit-based, task-focused methods that correlate child safety to completion of formalized services, but not do manifest long-term, sustainable change in families. As such, public child welfare agencies have struggled with identifying and implementing effective strategies to address short-term safety concerns, while also mitigating the risk of future recidivism and recurrence of child maltreatment. In this respect, a Behavior-Based Case Plan (BBCP) model was developed as an alternative to standard methods of intervention, incorporating a family-centered, strengths-based and behavior-based approach that identifies child safety, permanency and well-being as an extension of observable, sustained behavioral change in parents and families. Development of the BBCP model is detailed herein, including a presentation of the theoretical and practical foundations underpinning its conception. Beyond initial development, this inquiry also addresses the implementation of the BBCP model as a pilot program with Tulare County Health and Human Services Agency - Child Welfare Services, and seeks to provide a preliminary evaluation of the model in practice among public child welfare workers in Tulare County. It is noted that the evaluation conducted through this inquiry provides only a cursory look at the feasibility and effectiveness of the BBCP model as an alternative to standard practice. As such, while this inquiry does not make any certain conclusions regarding the model itself, it does serve to identify a number of avenues for further research and continued inquiry.

William Daniel Myers
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BEHAVIOR-BASED CASE PLAN (BBCP) PILOT IN TULARE
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IMPLEMENTATION AND INITIAL EVALUATION

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CHAPTER 1: INTRODUCTION

Problem Statement

Child maltreatment (e.g. abuse and neglect in their various forms) is a widespread issue that poses significant societal challenges and can have profound implications for long-term health, safety and well-being of children and adolescents who experience incidence of maltreatment (Franks et al., 2013; Kim & Drake, 2019; Skowron & Reinemann, 2005; Van Camp Vollmer et al., 2008). In spite of efforts and interventions aimed at addressing the issue, child welfare agencies and service providers have experienced difficulty in implementing effective preventive and intervention methods and child maltreatment remains at unacceptable levels (Thomas & Zimmer-Gembeck, 2012). There are a great number of reasons for the apparent unobtainability of effective intervention, including variance in the definitions of child maltreatment across jurisdictions and within socio-political and moral contexts (Chaffin, 2006), as well as the impact of social, political, economic, familial, and community-based influencing factors of incidence of maltreatment and family dysfunction (Drake et al., 2006; Fluke et al., 2008; Jedwah et al., 2017; White et al., 2015).

Aside from the issue of initial incidence of maltreatment, another profound concern for public child welfare agencies is the issue of recidivism, recurrence of maltreatment, and re-entry of children into out-of-home care. The historical lack of effective intervention in child welfare and child protection has contributed to circumstances in which children return to the system at higher rates and faster paces, and with increased requisite expenditures of resources and funding in order to mitigate risk and achieve stabilization, than may have been required at the time of the initial incidence of maltreatment (Casanueva et al., 2015). Based on relevant literature, rates of recidivism and re-entry are staggering (Antle et al., 2008; Casanueva et al., 2015; Drake et al., 2006;

Kim & Drake, 2019), and the factors contributing to recurrence of child maltreatment are often as numerous and pervasive as the issues contributing to the initial incidence itself (Drake et al., 2006; Fluke et al., 2008; Jedwah et al., 2017; White et al., 2015).

Complex, multi-faceted issues such as incidence and recurrence of child maltreatment require unique, tailored interventions; however, such interventions have, heretofore, been largely absent within the context of traditional child welfare practice. Instead, current theory and practice adopts an authoritarian, deficit-based approach that tends to place the sole burden of maltreatment on perceived character deficits in parents (hereafter generally referenced only as “parents”), without recognizing the various systemic and environmental issues that impact families’ difficulties and dysfunction (Antle, et al, 2008; Chaffin, 2006; Fong, 2017; Pelton, 2015). As a result, assessment and intervention within a “traditional” child welfare / child protection context is often incomplete or ill-informed (Depanfilis & Zurayin, 1999; Drake et al., 2006; McLeigh, 2013; Platt, 2012; White et al., 2015), and development of the working relationship between practitioners and clients is often, and profoundly, negatively impacted (Chapman et al., 2003; Christensen & Angle, n.d.). Within this context, it is then apparent that truly effective intervention must be rooted in effective engagement and assessment, a task that requires a departure from the “cookie-cutter” approaches to assessment and intervention commonly utilized in traditional child welfare settings, and an adoption and adherence to a client-centered, individualized approach to theory and practice in working with children, parents and families.

Purpose of the Study

In February 2020, Tulare County Health and Human Services Agency (HHSA) – Child Welfare Services (CWS) initiated a pilot program utilizing such an approach, identified as a “behavior-based case plan” (BBCP) model, to provide a more directly

tailored, family-oriented approach to practice in efforts to intervene in incidences of maltreatment more effectively and mitigate risk of recidivism and recurrence of maltreatment. The approach was initially set forth as a “front-end” implementation with a select number of practitioners in the Agency’s Court Report Writing Team (e.g. the units primarily responsible for initial case plan development). The approach has since been implemented across the entirety of the Court Report Writing Team, as well as the Agency’s Continuing Teams (e.g. the units primarily responsible for ongoing family case management in cases involving Family Reunification and Family Maintenance case components).

Within the context of the recent initiation of the BBCP pilot, the specific purpose of the current study is to serve as an objective measure of workers’ adherence and fidelity to the BBCP model itself. In respect to short-term outcomes, the study also seeks to address the impact of the BBCP model on outcomes pertaining to the timeframes between removal of children from their parents’ care and reunification (e.g. returning to their parents’ care), and from removal to closure or dismissal of the case (note: each of these measures are discussed in detail in the “Methodology” section). The inquiry does seek to address these points by comparing outcomes of BBCP cases with those of cases where more traditional public child welfare practices have been utilized. Furthermore, while the current study does not directly evaluate long-term outcomes, such as recidivism, recurrence of maltreatment and re-entry of children into out-of-home care, it is the intent of the current investigation to provide an analytical and evaluative foundation for future inquiry regarding the ongoing efficacy of the BBCP model on outcomes and objectives of safety, permanency and well-being for children and families involved with public child welfare agencies.

Theoretical Framework of the Study

The theoretical foundation of the BBCP model is primarily underpinned and informed by two (2) established, though lesser known, models of practice: Safety-Organized Practice (SOP) and Solution-Based Casework (SBC). In general terms, SOP serves as a trauma-informed approach to practice in public child welfare that emphasizes collaboration with parents and families, and also uses partnerships with families and identified safety networks to develop plans of intervention that promote safety and support long-lasting, enduring behavioral change. Within the SOP framework, which also incorporates aspects of other practice modalities, such as the “Signs of Safety” model (Signs of Safety, 2020), practitioners are provided with a “toolbox” of sorts that assists in the process of engagement, assessment, teaming, transition and service delivery by implementing a variety of tools and techniques that inform and support practice (California Social Worker Education Center [CalSWEC], n.d.; Signs of Safety, 2020; The University of California, Davis, 2020).

The second primary theory informing BBCP practice, an SBC approach, incorporates aspects of solution-focused theory, family life cycle theory, and relapse prevention theory, including cognitive-behavioral theory. SBC, at its core, signifies a departure from traditional, deficit-based practice and adopts a family-centered, strengths-based approach to family work that focuses on collective collaboration with families that is directed toward addressing child safety and the issues impacting or threatening that safety. In this respect, SBC serves to develop and reinforce prevention skills to reduce risk of maltreatment, or to mitigate risk of recurrence, rather than simply intervene in current issues. By adopting this approach, SBC serves to redefine child maltreatment and other issues as “problems” faced by the entire family in the span of the family life cycle, rather than as resulting from deficient parenting or a moral deficit. Similar to SOP, SBC attempts to promote a cooperative partnership between clients and caseworkers that

encourages mutual understanding of the family's needs and circumstances, while working to co-construct measure, attainable goals that take into account parents' strengths and inherent capacities, while also working to set out short-term steps to promote long-term, lasting behavior change (Antle et al., 2009; Christensen et al., 1999; Christensen & , n.d.).

In addition to SOP and SBC, the BBCP model is informed and supported by other secondary and tertiary methods and modalities of practice, including a variety of additional skills and tools that, likewise, promote engagement and effective assessment with families and parents. Among these additional methods of practice, aspects of solution-focused questioning and motivational interviewing are key in providing additional skills, strategies and tools for practitioners and caseworkers to utilize in attempting to more effectively engage and accurately assess the needs of families. At their core, each of these models, whether they be the primary theories underpinning BBCP practice, or whether they be ancillary models providing additional skills and tools, maintain a focus and commitment to cooperative engagement and involvement of families in the case planning process, and acknowledge the importance of individualized, tailored approaches to practice and a balance of formal and informal resources and supports in meeting the unique needs of children, parents and families (Cohen & Canan, 2006; Dawson & Berry, 2002; Fluke et al., 2008; Johnson et al., 2008; Kemp et al., 2014; Turnell, 2004).

Introduction to the Study's Methodology

As indicated above, the purpose and intent of the current inquiry is directed toward identifying the short-term impact of the BBCP model on worker practice, specifically worker adherence and fidelity to the proposed model, as well as the efficacy of the model in comparison to other, more traditional methods. In this pursuit, and given

that the BBCP model is a new endeavor, this is a descriptive study utilizing a secondary data analysis approach that examines of the BBCP model within public child welfare practice in Tulare County, specifically focusing on objective, quantitative data points synthesized from information and data identified by the Agency and obtained by the principal investigator via secondary data collection. In this manner, the inquiry includes information derived from case reviews and tracking conducted and completed by the Agency. Analysis of data will focus on worker fidelity to the BBCP model, and will also include basic comparative analysis of BBCP cases and other, non-BBCP cases, specifically focusing on the impact and effects of the BBCP model on short-term outcomes of time from removal / intervention to reunification and / or case closure.

Relevance to Social Work Practice

In the field of social work, few regulations are more relevant and imperative than the guiding principles of the National Association of Social Workers' (NASW) Code of Ethics, which include enhancing human well-being, service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence (National Association of Social Workers, 2017). While the BBCP model, in policy and practice, accounts for and demonstrates each of these principles, there are two (2) principles that serve to be most evident and important to the model: dignity and worth of the person, and the importance of human relationships. At its core, the BBCP model relies on the involvement and inclusion of parents in the decision-making process, recognizing that each and every client has their own strengths and contributions, thereby acknowledging their inherent worth, regardless of what they may have allegedly done. Similarly, the process hinges on the ability of professionals to interact and engage with clients, a task that requires a functional working relationship in order to be even marginally effective. Beyond the obvious impact of the client-worker relationship,

however, the model also seeks to understand the relationships that clients have with their environments, including their family and social circles. Herein, the BBCP recognizes the impact and contributions of the environment on the individual, highlighting these relationships not only in terms of avenues for intervention, but also for maintenance and mitigation of risk, particularly within the context of child safety.

While effective implementation of the BBCP model highlights the values and principles of the field of social work, in general, and while it is designed to have a more direct impact on public child welfare practice, it is the impression and position of this investigation that utilization of a BBCP model, or similarly-structured framework, could potentially have an impact on other avenues of social worker, as well. The emphasis of the BBCP model on positive behavioral change, that is, the development and reinforcement of new, positive behaviors, rather than simply reduced or eliminating negative behaviors, has implications for change in a variety of other contexts, potentially including medical, academic or delinquency settings. Furthermore, the BBCP model is aimed not only at intervening in initial incidence of maltreatment, but also mitigating the risk of future recidivism and recurrence, thereby reducing the immediate demand on resources and funding, but also reducing or eliminating the need for future expenditures. Lastly, the BBCP model represents an understanding of the importance of informal resources and supports, including family safety networks, in uplifting the family and promoting child safety. As the BBCP model progresses, the need for additional informal and community-based resources and providers will increase, requiring public child welfare agencies and entities to direct funding and resources to such resources and supports. As community-based supports increase, and become more robust, it may then be possible for public child welfare entities to shift practice from purely intervention to primary prevention, as well, resulting in a long-term reduction in the need for formal child welfare intervention, and, thusly, a consequent reduction in the number of children,

parents and families formally involved in public child welfare, public child protection, or other formal social service systems.

Summary

Complex issues require unique, flexible solutions, and such is the context of public child welfare intervention. The proposed implementation of the BBCP model represents just such an approach, utilizing a collaborative, cooperative partnership between families and public child welfare workers to promote child safety, enact behavioral change, and more effectively meet the specific, mutually-identified needs of children, parents and families involved with the child welfare and child protection systems. Moreover, such an approach represents a shift in the client-caseworker relationship by acknowledging the expertise of the family, including identification of the family's strengths and capacities to address identified needs and concerns, and may potentially contribute to a dramatic shift in the overall culture of public child welfare practice on a much larger scale. As the BBCP model is still a relatively new concept, having only been in practice since February 2020, the importance of this investigation is clearly evident in order to identify weak points and concerns in theory and practice, and also to address avenues for further inquiry, investigation and development.

CHAPTER 2: LITERATURE REVIEW

Introduction to the Issue of Child Maltreatment

The problem of child maltreatment is a pervasive issue that impacts nearly every aspect of society and has far-reaching implications for individuals, families, communities and future generations. In fact, reports of maltreatment are so commonplace that it is estimated that, by 12 years of age, one in three children will have at least one report of maltreatment (Kim & Drake, 2019). On a very basic level, child maltreatment has been shown to be associated with a variety of negative outcomes, including developmental, psychological, cognitive, neurological and behavioral conditions and concerns, as well as physical health concerns, up to and including physical injury and infant and child mortality (Kim & Drake, 2019; Skowron & Reinemann, 2005). Even for families whose dysfunction doesn't rise to the level of warranting or necessitating formal child welfare intervention, conflict and chaos in the home environment can contribute to numerous, significant difficulties for children (Franks et al., 2013). These issues are exacerbated in children who enter out-of-home care (e.g. foster care), particularly in regard to behavioral and academic issues, affecting resource families' ability to address these behaviors, and impacting the ability of these children and youths to achieve permanency (Van Camp et al., 2008).

While efforts have been made to address these issues, and to reduce general occurrence of maltreatment on a broader scale, incidences of maltreatment remain at undesirable levels (Thomas & Zimmer-Gembeck, 2012). One inherent difficulty in assessing and intervening in incidences of child maltreatment lies within the concept that the definition of what constitutes maltreatment (e.g. abuse and neglect) is based on socio-political and moral expectations and norms that may shift and evolve over time, or even between jurisdictions (Chaffin, 2006). Furthermore, the factors that contribute to the

incidence of maltreatment are numerous and, to a great extent, intrinsic within the social, political and economic zeitgeist, impacting families and communities on varying ecological levels (e.g. micro-, mezzo-, macro- and chronosystem levels) (Drake et al., 2006; Fluke et al., 2008; Jedwah et al., 2017; White et al., 2015). As such, while substantial efforts have been made to better understand the factors contributing to the occurrence of maltreatment, and to tailor interventions to directly address maltreatment and its underlying causes, effective and long-lasting intervention has not been actualized, and it is estimated that at least one out of every five children will re-enter the child welfare system within three years of reunification with their parent(s) (Antle et al., 2008; Fluke et al., 2008).

Recidivism and Recurrence of Maltreatment in Child Welfare

The elusiveness of effective assessment and intervention has a particularly profound impact on children and families who have already been involved with the child welfare or child protection systems, as it is suggested that these families come back into the system at higher rates, at faster paces, and with greater need of resources to achieve stabilization or mitigation of risk (Casanueva et al., 2015). As indicated above, it is estimated that at least one in five children will re-enter care within three years of reunification (Antle et al., 2008); however, estimates of recurrence of maltreatment, that is, incidents of abuse and neglect that occur subsequent to an initial report of child maltreatment, are much higher. Some estimates indicate that approximately 4.8% of children experience a recurrence of maltreatment within six months of a previously substantiated report (e.g. a report of maltreatment that is determined to be more likely to have happened than not) (Casanueva et al., 2015). The further removed a family is from the initial, “index” incident, the more likely they are to experience a recurrence, as it is estimated that approximately 47.7% of children will experience a recurrence of

maltreatment within three years of the index incident, and within seven-and-a-half years approximately 62.1% of children will experience a recurrence of maltreatment (Drake et al., 2006). Likewise, families who experience multiple reports of maltreatment are suggested to be at an increased risk for maltreatment with each subsequent report (i.e. risk increases to 42.31% with a second report, 55.20% with a third report, and 64.01% with a sixth report) (Kim & Drake, 2019).

The factors contributing to recurrence of maltreatment may be as numerous as the factors contributing to initial incidences of abuse or neglect; however, researchers have suggested that recurrence of maltreatment can be attributed to and impacted by issues at multiple system levels, including the microsystem level (e.g. individual child and parent factors, such as demographics and risk factors), the mesosystem level (e.g. communication or dynamics within the family system), the exosystem level (social system surrounding and supporting the family, including child welfare, child protection and other public sector resources), the macrosystem level (e.g. cultural factors, socioeconomic status, poverty, race and ethnicity), and the chronosystem level (e.g. environmental events and transitions over the course of the family's life cycle and development) (Drake et al., 2006; Jedwab et al., 2017). In this respect, some themes have emerged to help identify factors that may increase the risk of re-report and recurrence of maltreatment, including repeated contact with child welfare / child protection systems, involvement of younger children, involvement of children with medical issues or disabilities, or other vulnerabilities, incidences involving neglect or multiple forms of maltreatment, sexual victimization (tied directly to female victims), and involvement of physical abuse of older children (Fluke et al., 2008; White et al., 2015). Other factors that may increase the risk of recurrence are tied directly to parents, and may include the parents' backgrounds, familial stressors, use of alcohol and other drugs, mental health issues or conditions, presence of domestic violence, lack of access to social supports,

social isolation, low socio-economic status, and residing in a low-income neighborhood (Fluke et al., 2008; Jedwah et al., 2017; White et al., 2015). Even further, some issues influencing incidences of re-reporting and recurrence of maltreatment can be tied directly to social welfare programs and organizations, including child welfare / child protection agencies.

The Need for Effective Intervention Within a Child Welfare Context

Within the context of child welfare and child protection, re-engagement of families and recurrence of maltreatment can be used as an important indicator of the effectiveness of practice (e.g. assessment and intervention) (Fluke et al., 2008; White et al., 2015). More pointedly stated, repeated reports to child welfare and child protection agencies may be viewed as an indicator that the system is failing to ensure child safety, which, as previously addressed, can have profound implications for children's health, development and well-being (Jedwab et al., 2017). It is widely recognized that the family's relationship with their worker can be a strong contributor and influencing factor in the success of the family, and more specifically in reducing the risk of recurrence (Chapman et al., 2003). Traditionally, however, this relationship is often impacted by competing values, responsibilities and expectations, particularly in respect to the conflict between hierarchical methods of ensuring child safety and family-centered approaches to improving parenting skills and strengthening family capacity to help reduce or mitigate the risk of maltreatment (Chapman et al., 2003; Kemp et al., 2014).

History/Background of the Issue

As the issue of child maltreatment became more visible within a historical and sociological context, efforts toward child protection began to mobilize, initially moving through social welfare organizations, including church-based and non-profit

organizations, and eventually progressing through recognition and intervention in the medical, psychological and social services fields (Chaffin, 2006). In the 1960's, public child welfare practice experienced a philosophical shift toward understanding family difficulties, including child maltreatment, as an extension and manifestation of individual parents' deficits and deficiencies. With the Child Abuse Prevention and Treatment Act of 1974 (CAPTA) mandated reporting reinforced the responsibility of governmental organizations to protect children and ensure their safety when parents could not or would not, and children, rather than the family as a whole, became the focus and interventions were targeted at child protection, up to and including removal of children from their homes, even when such extreme measures may not have been necessary (Crosson-Tower, 2018). In 1997, the Adoptions and Safe Families Act (ASFA) was signed into law, further contributing to policy developments focusing on safety, permanency and well-being of children (Antle et al., 2012).

With the growing emphasis on child safety and protection, public policy has shaped the context of child welfare and child protection practice in similar ways. Within the scope of traditional child welfare practice, the focus tends to remain on the culpability of parents in respect to maltreatment, through a lens of deficit-based intervention, and places the sole weight of responsibility for the family's circumstances on the parents (Antle et al., 2008; Pelton, 2015). In this capacity, public child welfare organizations are regarded as the "rescuers" of children, further ostracizing parents from a system that is designed and intended to both protect children and strengthen families (Antle et al., 2008). These deficit-based approaches tend to ignore, or at least minimize, the impact of systemic factors and influences on a family's circumstances, as well as the various issues, conditions and etiologies that impact and contribute to incidence of child maltreatment (Antle et al., 2008; Chaffin, 2006; Fong, 2017). Furthermore, such approaches can potentially engender attitudes and perceptions that deficient parenting is the result of

intrinsic character flaws or moral deficits in parents, leading workers to overlook or disregard the internal and external, individual (e.g. age and gender of children, disabilities, mental health conditions, substance use disorders, prior trauma, criminal involvement, etc.), familial (e.g. relationship status, family financial status, household size, availability of family support, domestic / intimate partner abuse, etc.), organizational (e.g. public child welfare and service providers, including involvement and access to specific services, etc.) and socio-cultural (e.g. values, beliefs, community / neighborhood influences, etc.) contexts of family dysfunction and child maltreatment, ultimately resulting in incomplete or ill-informed assessment and evaluation (Depanfilis & Zurayin, 1999; Drake et al., 2006; McLeigh, 2013; Platt, 2012; White et al., 2015).

Impact of Workers' Relationships with Families, Parents

In the context of public child welfare, the establishment and strengthening of rapport and relationships is integral to effective intervention, and the “client-worker” relationship has been identified as particularly significant, and a strong contributor to effective practice with families (Chapman et al., 2003). In fact, it has been suggested that public child welfare workers “build constructive relationships, with some of the “hardest” families, in the busiest child protection offices, in the poorest locations” (Turnell, 2004, p. 2). Within this context, however, there are a number of issues, factors and behaviors that can influence these relationships, including the number of workers involved with a case, the length of time between worker visits, parents’ perceptions of not being provided the type, or amount, of help they need, the clients’ subjective perceptions of their relationship with their worker and, conversely, the workers’ perceptions of their relationship with their clients, including assessment of “reasonable level of cooperativeness” (Chapman et al., 2003).

One specific factor that has been suggested to impact workers' and families' perceptions of their relationships pertains to the understanding and expectation of what constitutes appropriate social work practice (Haight et al., 2002). An example of this discrepancy can be seen in an assessment of perceptions regarding task-based intervention, in that a task-focus for parents may translate into a series of directives or "hoops" that they must "jump through" in order to prove they are worthy of having their children returned to their care. For workers, this same approach may be viewed as a means of effecting some degree of justice for the children victimized or neglected by their parents. Similarly, workers may perceive participation and compliance as a mechanism of motivation to parent, while parents may view compliance as being impacted by external factors, rather than internal, intrinsic variables (Smith, 2008). Through the lens of task-based, or service-based, intervention, lack of progress, or lack of "adequate" progress, may be viewed as grounds for an escalation in hierarchical, authoritarian response on the part of public child welfare agencies (Christensen & Antle, n.d.), thereby potentially causing further harm to the worker-parent relationship.

A growing body of evidence has pointed to the need for collaborative practice in public child welfare; however, currently, workers typically do not assume a truly collaborative stance, particularly when faced with parents who may be identified as or considered to be "resistant," "non-participative," or "hostile" (Mirick, 2012). In these circumstances, workers may fail to recognize parents' "resistant," "non-participative" or "hostile" behaviors and actions as normal responses to intervention, as it is noted that families and parents who are involved with child welfare or child protection systems may experience a wide range of emotions, including fear, ambivalence and anger, and may behave in manners consistent with these emotions (Cohen & Canan, 2006). Additionally, the call for more collaborative practice runs counter to the "deference to authority" typically demanded by some workers, by which workers expect to be deferred to, rather

than questioned, challenged or defied (Mirick, 2012), and effective implementation of such approaches would require a shift, not only in practice, but also in the underlying values, assumptions and expectations held by these workers.

Impact of Assessment on Implementation of Intervention

As noted in the literature, decision-making in the field of public child welfare is afflicted by doubt, uncertainty and the risk and potential for harm. This process is further complicated by a variety of complicating factors on varying levels, including, though certainly not limited to, incomplete or disputed facts or evidence, time deadlines, unpredictability of cases, and numerous organizational capacity issues, including worker retention and high caseloads (Budd, 2005). The various, and often conflicting, demands of public policy and social work practice have contributed to a climate wherein public child welfare and child protection practice is typically carried out as a response to incidences of maltreatment, rather than as a preventive, proactive means of ensuring the health, safety and well-being of children and families (Lawler et al., 2011). In this respect, public child welfare practice is often reactive in nature, and workers must rely on service providers and community resources, if available, to address the family's immediate, most urgent needs, rather than working to address the underlying causes or factors (e.g. substance use, poverty, mental health issues, etc.) contributing to identified incidences of maltreatment and ultimately working to address and correct the overrepresentation of certain demographics (e.g. poor families and communities) in child welfare and child protection systems (Dawson & Berry, 2002; Fong, 2017; Pelton, 2015).

Effectiveness of Service- or Task-Based Intervention in Public Child Welfare

To address the ongoing and growing concern of child maltreatment, and consequent issues, a wide variety of treatments and interventions have been developed

and implemented, with many of these interventions being researched and refined to give way to the rise of so-called “evidence-based practice” (EBP) (Skowron & Reinemann, 2005). EBP is typically separated by those practices geared toward treatment and intervention, and those practices geared more toward assessment, case planning and case management (Antle et al., 2012), though, as a whole, these practices are typically defined, in part, by their time-limited or brief implementations, as well as their ability to be adapted, augmented or otherwise modified to address the needs of specific populations (Thomas & Zimmer-Gembeck, 2012). For this reason, administrators and organizational decision-makers are often inclined toward or prefer these programs and models, as they can be easily purchased and audited, and because there is a predictable, typically low, cost and a predictable, typically short term of treatment or intervention (Melton, 2013).

Given their typically low-cost and typically short-term modes of intervention and treatment, it is clear why public child welfare agencies and organizations tend to gravitate toward adopting and implementing identified EBPs; however, it should be noted that these aspects do not translate into effective assessment, intervention or treatment, nor do they inherently bring about positive outcomes, particularly within a public child welfare context (Melton, 2013). Such models promote a “hurry up and change” expectation of clients, promoting quick behavioral change; however, as noted by Christensen & Antle (n.d.), “quick change” does not always equate or translate to “lasting change.” EBPs are empirically-rooted, by their very definition, and may be more cost-effective than other methods of treatment or intervention (Smagner & Sullivan, 2005), when viewed within the context of a single episode of maltreatment; however, their implementation is suggested to be effective only in addressing initial incidences of maltreatment, and there is no evidence to support their efficacy in reducing rates of recidivism and recurrence of maltreatment (Antle et al., 2009). Furthermore, while certain EBPs are shown to be effective in treatment or addressing particular types of maltreatment, there may be little

evidence to suggest their respective efficacy in addressing other forms of maltreatment (Skowron & Reinemann, 2005). Ultimately, effective practice in public child welfare is defined by the cessation of maltreatment and mitigation of risk of future harm; however, there has been little examination as to how intervention and treatment services impact these outcomes (Depanfilis & Zurayin, 2002). In order for public child welfare practitioners to work effectively with parents, children and families in need, there must be a recognition and accounting for the individual and organizational influences that impact the interactions they have, the service delivery they carry out, and the outcomes they help achieve. In this respect, current policy and practice must experience a shift in the standard of practice towards promoting collaboration over mere compliance, recognizing the inherent benefits of participating and partnering to develop a mutual understanding of needs and expectations, rather than simply setting up “hoops” for parents to jump through (Smith, 2008).

Theoretical Framework

The theoretical, conceptual and practical shift discussed herein represents a fundamental restructuring of the practice of assessment and intervention within a public child welfare context, promoting a family-centered, solution-focused, strengths-based means of interaction and engagement, as compared to the child-centered, deficit-based, task-focused methods typical of current child welfare and child protection practice. At its core, the proposed implementation, hereafter referred to as a behavior-based case plan (BBCP) model, maintains a focus of ensuring and maintaining child safety, permanency and well-being; however, the tools, skills and strategies utilized by practitioners in pursuit of those outcomes exemplify the implementation’s departure from traditional child welfare practice. Additionally, the BBCP model marks a shift in the values, beliefs and assumptions underlying the interactions, decisions and actions carried out by

practitioners. A number of established theories and concepts underpin, support and inform the BBCP model; however, two models may be considered to constitute the foundation of the model: Safety-Organized Practice (SOP) and Solution-Based Casework (SBC).

Safety-Organized Practice (SOP): Theory and Practice

By way of definition, SOP is a trauma-informed child welfare practice model that emphasizes collaboration and utilizes engagement, partnerships with family and safety networks, and development of plans that support lasting behavioral change for individuals within family systems. SOP serves as both a framework for practice, as well as a sort of “toolbox” to help child welfare practitioners achieve outcomes pertaining to engagement, assessment, teaming, transition and service planning and delivery. The model emphasizes skills and strategies pertaining specifically to family engagement, assessment and critical thinking. Alternatively, SOP can be described as an “umbrella term” for an amalgamation of various evidenced-based and solution-focused tools and techniques, including: safety mapping, networks of support, Structured Decision Making, Signs of Safety, appreciative inquiry, solution-focused interviewing, motivational interviewing, cultural humility, group supervision, reflective supervision, the Consultation and Information Sharing Framework, the Three Houses, the Safety House, Review, Evaluate, Direct (RED) Teams, and trauma-informed practice (California Social Worker Education Center [CalSWEC], n.d.; Signs of Safety, 2020; The University of California, Davis, 2020).

Development and implementation of SOP came as a response to historic approaches to public child welfare and child protection practice that are agency-driven and typically rely on individual parents to either succeed or fail on their own. Such practice has utilized “boilerplate,” “cookie-cutter”-type case plans focused on service

completion and developed by agency workers, often with little or no input from or involvement by parents, children or other family members. Not surprisingly, many practitioners found that, even when parents complete all their required tasks, they may not have made the behavioral changes necessary to promote and ensure their children's safety. Additionally, some families may make profound changes while under the supervision or oversight of formal organizations and entities, only to see those changes essentially eradicated once formal supports and resources are no longer in place. In response to the issues and limitations of traditional child welfare practice, SOP works to provide tools and skills to achieve lasting behavioral change for parents and families, promotes the age-appropriate involvement of children and youth in the family's case, and development and strengthening of natural and informal supports to ensure child safety and family well-being continues after child welfare involvement has ended (CalSWEC, n.d.).

SOP is grounded in three (3) primary values / principles: increased safety, permanency and well-being, good working relationships, and improved critical thinking. In respect to engagement, practitioners are trained to engage with children, parents and networks of support to pursue placement of children in the least restrictive placement possible, developing individualized, behavior-based plans of intervention, and sharing mutual accountability. Effective working relationships within the context of SOP are achieved through cultural humility, authentic teaming with families and supports, implementation of appreciative inquiry, and enactment of trauma-informed, solution-focused, collaborative practice with parents and children. Lastly, SOP promotes improved critical thinking through the use of tools (e.g. safety mapping, the "Three Houses," "Circles of Safety," the "Safety House," etc.) to discuss what is going well with a family, as well as what concerns are present, in order to develop a mutual understanding of the identified issues of harm and danger, and to determine what needs to

happen in order to ensure child safety (CalSWEC, n.d.; Signs of Safety, 2020; The University of California, Davis, 2020).

The values and practices of SOP have served to inform and promote development of public child welfare reform, including development of the California Child Welfare Core Practice Model (CPM), which subsequently informed the development of the State of California's Integrated Core Practice Model (ICPM), which incorporates CPM, the Katie A. Core Practice Model, Continuum of Care Reform (CCR), and other approaches that provide guidance regarding expected practice in child welfare, as well as in behavioral health and juvenile probation organizations and agencies. When fidelity of the SOP model is adhered to, intended outcomes of effective practice may include: improved teaming, increased collaboration in decision-making, increased recognition of children's voices, increased family engagement in safety and case planning, increased understanding of child welfare involvement, increased participate in case plan interventions, increased child safety, increased behaviorally-focused services that meet individual family needs, increased placement of children with relatives, when necessary, increased placement stability, increased lifelong connections for children, increased natural supports for families, increased trauma-informed and culturally-relevant practice, decreased entry into out-of-home care, decreased time in out-of-home care, decreased disproportionality of marginalized demographics, decreased rates of recurrence and re-entry, decreased contested hearings, increased worker satisfaction and retention, improved agency culture and climate, and healthier children, families and communities (CalSWEC, n.d.; Signs of Safety, 2020; The University of California, Davis, 2020).

Solution-Based Casework (SBC): Theory and Practice

As with SOP, implementation of SBC incorporates aspects of solution-focused theory and practice, but it also includes principles of family life cycle theory and relapse

prevention theory (i.e. cognitive-behavioral theory) to develop an integrated model of practice that incorporates each theory in every aspect of implementation. In doing so, SBC represents a departure from child-centered, deficit-based child welfare practice and takes on a family-centered, strengths-based approach that focuses on a collective, collaborative partnership with families that focuses on child safety, but that also accounts for the experiences and expertise of parents and other family members, targeting prevention skills to reduce future risk, rather than simply intervening in current, active issues (Antle et al., 2009; Christensen et al., 1999). Effective implementation of SBC assumes that the full partnership of the family is critical and vital in every case, and that this partnership should focus on addressing patterns of everyday life, and developing prevention skills to reduce the risk of maltreatment in everyday situations (Antle et al., 2012; Christensen et al., 1999).

Through the lens of SBC, child maltreatment and safety risk are reframed as “problems” that the entire family faces in the course of the family life cycle, and these “problems” are organized into intervention objectives at the individual and family levels (Antle et al., 2012). In this way, practice focuses on the nature of the family’s circumstances, including access to and availability of resources, availability of natural or other informal supports, the characteristics of the programs actually being implemented with the family, and the individual caseworker or practitioner that will be working with the family (Christensen & Antle, n.d.). The goal of SBC in this regard is to develop the client-worker relationship as a cooperative, collaborative partnership that promotes mutual understanding of the family’s needs and co-construction of measurable, attainable goals that account for the parents’ and the family’s respective strengths and capacities, while working to carry out and enact short-term steps in pursuit of long-term, long-lasting behavioral change (Christensen & Antle, n.d.; Christensen et al., 1999).

Supporting Theories and Concepts

Given that SOP and SBC are both rooted in established frameworks of theory and practice, it should come as no surprise that there are aspects of other theoretical and conceptual models that, while not directly or solely incorporated as components of SOP or SBC, are integral to achieving the objectives and intent of both models.

Cooperative Engagement and Involvement of Families

As indicated above, the nature of child maltreatment and child welfare intervention is constantly evolving, and there is evidence to suggest that inclusion of parents within the context of professional child welfare practice can have a transformative effect on public child welfare agencies. Some jurisdictions have begun to implement “Parent Partner” programs, or mentorship programs wherein a parent who has previously navigated the child welfare or child protection system serves as a guide, support and advocate for parents with active cases. Such programs can serve to provide hope, encouragement and empowerment for parents moving through these systems; however, a secondary, but equally important, effect has been noted by some agencies, in that it is suggested that, as these programs continue and mature, Parent Partners and public child welfare agencies learn from each other and better understand each other’s priorities, concerns and strengths (Cohen & Canan, 2006).

In such instances as those above, it may be argued that the involvement of Parent Partners does not represent a true culture of cooperative and collaboration, as these programs may still be considered as “formal” supports. It may also be argued, however, that the encouragement and empowerment that parents experience as a result of their involvement with these programs may promote their involvement with their respective cases on a more profound level. That is to say, it has been suggested that service provision can only be effective when clients (e.g. parents) participate fully, and collaboration with child welfare practitioners allows these clients the opportunity to

participate in, and come to agreement regarding, treatment and case planning, rather than simply complying with mandated services. Effective child welfare intervention is ultimately defined, as indicated above, as the cessation of maltreatment and mitigation of future risk, and it has been suggested that effective assessment of a family's strengths and needs promotes development of practical, relevant intervention and treatment that help to promote change in behavior and lifestyle with the goal of enacting long-term change (Dawson & Berry, 2002; Fluke et al., 2008).

***The Need for Individualized, Tailored Approaches
to Child Welfare Practice***

Relevant, effective intervention and treatment with families involved in the child welfare and child protection systems must begin with a relevant, effective assessment of the family's, parents' and children's needs that incorporates interviews, cooperative decision-making, integration of information from specialized assessments, and identification of family strengths and needs, among other aspects. Such an approach requires a systematic gathering of information, and a continuous evaluation, and reevaluation, of the needs of children and parents, as well as the ability of the family to utilize their strengths and capacities to address problems and meet these needs. These assessments should then be used to refer parents and children to appropriate services, resources and supports that demonstrate a link between the assessment of identified needs, referral, provision of services, and expected / desired outcomes (Johnson et al., 2008). By its very nature, such an approach cannot inherently generate two (2) identical, or even greatly similar, plans for treatment or service provision, and must be tailored specifically to the needs, strengths and goals of the parents, children and support persons with whom the plan is being developed and implemented.

As is the focus of SOP and SBC, forward-oriented relationships and interventions such as those described herein must involve participatory processes that have a

purposeful focus on promoting safety and mitigating risk directly related to concerns of maltreatment. In order to realize such outcomes, practitioners must engage in thorough, detailed exploration of maltreatment, and the issues and factors contributing to maltreatment. By extension, such efforts require participation, cooperation and collaboration with parents and children in order to gain a more accurate understanding of the family's current circumstances, and the contexts within which those circumstances exist and come about. In this pursuit, it is suggested that three (3) primary skills / processes are integral, including: exercising authority skillfully, making judgments constructively, and approaching individuals from an inquiring, humble stance without assumption or presupposition (Turnell, 2004). By carrying out a process of inquiry, assessment and cooperative, collaborative planning, it is suggested that practitioners and public child welfare agencies may observe a greater degree of "parent buy-in," as opposed to mere behavioral engagement and compliance, that may promote active participation in identified services, resources and supports, and ultimately promote more positive outcomes (Kemp et al., 2014).

Implementation of Informal vs. Formal Interventions and Resources

Implementation of SOP and SBC both focus on referral of parents, children and families to formal supports, resources and service providers in efforts to support the identified behavioral change; however, it should also be noted that these frameworks also incorporate and address the importance of informal supports, largely through the identification and involvement of safety supports, safety networks, support persons, etc. In this respect, informal supports are integral to the family's treatment plan, and to ensuring ongoing child safety, as the identified supports and networks serve as the oversight, support and encouragement for the family once formal child welfare or child protection services are no longer in place. For parents struggling with familial

estrangement or social isolation, however, these sources of informal support may not be available or accessible. In such circumstances, the need for informal community supports and resources becomes much more salient, in that informal supports can be directed toward parents, and can be made available where they live and provided in a manner that may be more easily accessed or utilized. Furthermore, informal supports can provide assistance and guidance for parents and families (e.g. the involvement of supportive adults as role models can help to provide education and alternative parenting practices) to promote and develop longer-lasting, or even permanent, outcomes (McLeigh, 2013).

In addition to improved outcomes for parents and families, informal supports and services serve a benefit within a broader socio-cultural context, and can even work to reduce costs for public child welfare agencies, and other formal organizations. On a general level, informal services promote a sense of mutual assistance and interdependence, fostering community, encouraging shared ideology and values, providing opportunities for catharsis, confession and accountability, and allowing for identification of role models for both giving and receiving help (Melton, 2013). Additionally, informal services can help to overcome and eradicate power differentials inherent in formal services, thereby reducing or eliminating the impact of the “silent mandate” and allowing parents and families to express their needs and obtain assistance to meet those needs, rather than agreeing to services that are not mandated nor helpful (Mirick, 2012). Over time, informal services and supports can change the culture of entire communities, potentially leading to short-term and long-term benefits and positive outcomes for children and families (Melton, 2013). Undoubtedly, within this context, informal services are more cost-effective and sustainable than formal interventions and services, and can have an impact on improving and strengthening entire communities toward multigenerational change, and such efforts and outcomes can be augmented through cooperation and collaboration with formal professionals and service providers

that work to support community efforts, and even work directly with community groups to provide services, if and when such guidance or services are needed (McLeigh, 2013; Melton, 2013).

Empirical Research

Given that implementation of SOP as a practical model of child welfare intervention is a relatively novel concept, there does not appear to be any substantial body of empirical evidence supporting its efficacy as a standalone model of practice; however, as noted above, the practice is rooted conceptually in various aspects of other EBPs (California Social Worker Education Center [CalSWEC], n.d.; Signs of Safety, 2020; The University of California, Davis, 2020). By contrast, there is evidence to support the effectiveness of an SBC framework of practice, particularly when working with resistant clients, or families who have experienced repeated involvement with child welfare or child protection systems. The outcomes are attributed, in part, to SBC's focus on acknowledgement of family's and parents' strengths and capacities, adopting a strengths-based approach to identify exceptions and solutions, rather than focusing on deficits and deficiencies (Antle et al., 2008). In addition to improved outcomes, SBC has also been noted to correlate to improved partnership with consumers, improvements in workers' efforts, more effective identification of client strengths, reduction in removal of children from the care of parents, increased client involvement in the case plan development process, and general increases in client success (Christensen & Antle, n.d.). Additionally, unlike other methods of practice, utilization of SBC interventions has been touted to be correlated to fewer reported incidents of recidivism and recurrence of maltreatment, and to more positive outcomes in general (Antle et al., 2009).

In addition to, and aside from, direct focus on implementation of SOP and SBC, additional evidence supports the values, principles and practices adopted as part of the

SOP and SBC models of practice. The worker-client relationship is specifically addressed in respect to service provision among parents identified as having multiple physical and emotional needs, including financial and mental health needs, and high levels of interpersonal violence. Many of these families reportedly came within the purview of public child welfare agencies due to overwhelming behavioral needs that were not being addressed or met through other avenues, and the presence of formal child welfare workers represented access to services, resources and supports that would otherwise be unavailable or inaccessible. In these circumstances, perception of the worker-parent relationship appeared to have been positively influenced by the provision and relevance of services (Chapman et al., 2003).

More relevant to the purpose and intent of this investigation, identified literature also addresses the prevalence of recurrence of maltreatment, and discusses a number of factors that may contribute to recidivism, recurrence and re-entry. For instance, one study suggests that children who have been left in the care of their parents at the close of an investigation were more likely to be re-reported and experience recurrence of maltreatment, and a faster rate, than children who were removed from their parents' care immediately and taken into out-of-home care (Casanueva et al., 2015). Other factors shown to be connected to increased, and faster, rates of recidivism and recurrence include social support deficits, co-occurrence of domestic or intimate partner abuse, family stress, child vulnerability, and the interaction and interplay of stressors and support deficits (Depanfilis & Zurayin, 2002), and it has been suggested that the strongest associations with re-reporting were found in respect to family and parent characteristics, as well as provision of services (Drake et al., 2006). Interestingly, severity of maltreatment was measured in respect to recurrence of maltreatment and was found to not be related to the time until first recurrence (Depanfilis & Zurayin, 1999).

While many of the above-referenced findings and outcomes may be considered or perceived as generally negative, it should be noted that additional findings provide some degree of hope for implementation of a BBCP framework. In respect to reduction of risk, it has been reported that, simply by attending services and supports, risk may be reduced by up to 32%, and engagement in treatment and the importance of a helping alliance have been suggested to be essential elements in effectively reducing risk of harm and recurrence of maltreatment (Depanfilis & Zurayin, 2002). Additionally, when motivational pretreatment is implemented in conjunction with identified treatment, findings suggest significant improvement in retention among individuals who may initially exhibit low to moderate motivation to engage or participate in formal services, resources or supports (Chaffin et al., 2009). Furthermore, research regarding specific methods and modalities of treatment have yielded promising results, particularly in respect to more individualized interventions (Franks et al., 2013; Skowron & Reinemann, 2005), and it is suggested that implementation of training results in an increase of effective demonstration of skills across various settings (Smagner & Sullivan, 2005), and the effect on positive outcomes is even more pronounced when “booster trainings,” or supplemental, follow-up trainings to ensure skill maintenance and retention, are implemented (Van Camp, Montgomery et al., 2008). On a broad, general level, the respective findings of the various sources identified and reviewed herein can be essentially tied back to one imperative principle, and that is the importance of identifying, acknowledging and understanding the influence of individual, family and societal contexts and constructs in developing models of recidivism, recurrence and re-entry, as well as assessment, intervention and maintenance (Depanfilis & Zurayin, 2002).

Next Steps: Research, Theory and Practice

In respect to avenues for future research, investigation and exploration, development of a broader research base in respect to EBPs is needed, along with greater focus and attention on the influence of client values and preferences in provision of services (Antle et al., 2008). Additionally, given the relatively limited research base supporting the efficacy of SBC, and the absence of investigation or exploration regarding the impact or effectiveness of SOP or BBCP practices on recidivism, recurrence and re-entry, there is a profound need for further exploration and understanding. While conceptualization and development of a BBCP framework suggests that such a model may be feasible, and even theoretically effectiveness in addressing the needs of parents, children and families, and reducing rates of recurrence, a number of factors still must be considered. Implications for BBCP practice are similar to the implications and challenges posed by other methods of treatment and intervention, including operationalization of practice models, addressing the challenges of fully implementing the practice model, and accounting for the potential of system improvements through outcome oversight and accountability (Antle et al., 2012). To understand and generalize the impact of a BBCP model on current child welfare practice across jurisdictions, however, it is first necessary to investigate the feasibility of implementation, as well as effectiveness and influence of child welfare outcomes, including both short- and long-term objectives within a more limited, more easily measured context.

Summary

Within the field of public child welfare there is a clear and evident need for effective, long-lasting means of intervention and risk mitigation; however, such treatments have heretofore remained elusive. The literature suggests that such a model of treatment must account for the environmental and ecological factors impacting families that come within the purview of public child welfare agencies. Furthermore, such an

approach requires the input and active participation of clients and consumers in creating a plan of change that is truly theirs, in all facets, rather than simply a “to-do list” to satisfy judicial requirements. Through a combination of theory and practice drawn directly from SOP and SBC practices, in conjunction with other ancillary approaches, a BBCP model of intervention and case plan development may serve to address this need in a manner that ensures the safety of children while also promoting and encouraging the active involvement and participation of parents, children and support persons in actualizing the long-term safety and stability of children and adolescents with their families of origin.

CHAPTER 3: METHODOLOGY

Introduction

Shifting from a discussion of the theoretical and practical underpinnings and application of the Behavior-Based Case Plan (BBCP) model, the methodology section seeks to highlight the evaluative processes developed by the Agency, and subsequently utilized through the context of the current inquiry, to discuss fidelity to and effectiveness of the BBCP model in practice. In this respect, the section serves to address the variables associated with evaluation of the model, both by the Agency and through this inquiry, and discusses the importance of these variables in regards the process of evaluating and refining the BBCP model, as a whole. Data collection and analysis processes are also discussed as descriptors of the research design being utilized, in respect to secondary data collection, including extraction of data points associated with identified measures.

Research Questions

On a broader scale, long-term inquiry will focus on whether the implementation of a behavior-based case plan process, in its totality, correlates to a positive impact on child welfare outcomes, including child safety, permanency and well-being, as well as improvements in the subjective interpretations and impressions of the client-worker relationship. Due to the limited timeframe within which the BBCP model has been active in Tulare County, and due also to the various impacts of the current COVID-19 pandemic, however, such data are not yet available. Within the scope and intent of this inquiry, research will instead narrow and attempt to address two primary questions.

1. Is faithful adherence to the BBCP model of theory and practice achievable within the context and constraints of public child welfare / child protection agencies?
2. Does a BBCP model demonstrate a positive impact on outcomes?

Note that, within the context of this inquiry, it is hypothesized that the expectations and standards of the BBCP model are achievable within the scope of public child welfare practice. In respect to representation of a positive impact, it is supposed that the BBCP model will correlate to a shorter period of time from removal to reunification, as defined below, when compared to a sample utilizing a standard case plan approach. It is also hypothesized that the BBCP model will represent a shorter timeframe from removal to case dismissal / closure, as well, when compared to a standard case plan approach.

Variables Identified

For the purposes of this inquiry, variables were identified in respect to either of two focuses: first being the fidelity of worker practice to the BBCP model, and second being the impact of the BBCP model when compared to a more traditional approach. This distinction was intended by design, though it may also be viewed as an organic differentiation, as the data derived to address both aspects were extracted from two separate tools, as is discussed under the “Research Design” heading below.

Worker Fidelity to the Model

Data pertaining to worker fidelity were extracted directly from the “BBCP Case Reading Tool” developed and utilized by the designated Policy and Program Specialist, as discussed further under the “Research Design” heading. While the tool addresses a number of aspects of the BBCP implementation, three primary values and measures are addressed, including:

1. Were Safety-Organized Practice (SOP) tools used?
2. Were strengths identified?
3. Did parent(s) participate in the development of safety goals?

Note that the measures identified herein adopt a nominal data signifier, in that each of these data points, as extracted from the reading tool, can be essentially reduced to a “yes” / “no” orientation.

Were SOP Tools Used?

Within the context of the Agency’s policy and practice, this measure points to worker fidelity, not only to the BBCP model, but also the general adoption and implementation of an SOP mindset in respect to general practice within the Agency. For the specific purposes of the BBCP model, however, this measure addresses the foundational principle of the “use of tools” as guiding and assisting with engagement, assessment and case plan development with families. As referenced throughout, the BBCP model is underpinned by several different theories and frameworks; however, the two (2) most profound contributors are arguably the SOP and Solution-Based Casework (SBC) models of practice. While SBC provides multiple useful skills and techniques, SOP certainly provides a greater number of physical, tangible tools that can be utilized and more clearly explained to families in the course of interviews and other conversations. As such, the “use of tools,” specifically SOP tools, is an important determinant of faithful BBCP practice, as this is a powerful practice in promoting mutual involvement and a shared understanding of the reasons underlying the Agency’s involvement. In order to meet affirmative criteria under this definition, a BBCP case must include the use of at least one SOP tool (note: this standard varies from the Agency’s expectations regarding use of tools due to the implementation of Program Memorandum #85, as addressed later).

Were Strengths Identified?

BBCP, as a practice, and as discussed throughout, is intended as a departure from the “deficit-based” models characteristic of traditional public child welfare intervention.

Instead, the BBCP model adopts a “strengths-based” approach that recognizes that every family has strengths and protective capacities that can be further developed to support safety and stability within the family system. Within the general and historical context of public child welfare / child protection, however, the concept that parents and families may have useful strengths and capacities is a relatively novel concept, suggesting that identification may not be an automatic process, and indicating that there is a need for workers and families to specifically and intentionally work to identify these strengths and capacities. In doing so, intervention and practice can shift from creating strengths and capacity and focus instead on further developing and reinforcing strengths and capacities already in place, thereby working to ensure more successful outcomes on a long-term basis. In order to meet affirmative criteria in this measure, a BBCP case must include documented identification of at least one parent / family strength.

Did Parent(s) Participate in the Development of Safety Goals?

As addressed earlier, it is generally recognized that parents and families are far more likely to engage in and cooperate with a plan of action that they feel is truly theirs, or that they at least had some part in creating. When goals and objectives are developed unilaterally by public child welfare entities, they are essentially reduced to a task or “to-do” list that families must complete in order to prove that their family situation is now “safe.” Conversely, when the family is involved directly in the identification of safety issues and the development of goals and objectives to address those issues, there is a greater potential for their voices to be heard, and for their beliefs, values and opinions to be taken into account. As such, what otherwise may have amounted to a list of tasks to check off instead manifests as an agreement, or at least a general approximation of an agreement (understanding that not all families are going to wholly agree with the other members of the team), aimed not at simply completing tasks, but instead on actualizing

legitimate and sustained behavior change. For this measure, an affirmative indication represents that the parent(s) were actively engaged and involved in the case plan development process, rather than simply being told what their recommended services would entail, and the worker's efforts in this respect must be adequately documented to verify that this cooperative engagement occurred.

Comparison – BBCP v. Traditional Approaches

Provided the presupposition that workers are able and willing to maintain practice that is faithful to the BBCP model, the next question arises as to whether the BBCP model is, in fact, more effective, or even largely different, from other traditional methods of public child welfare practice. While a number of subjective and objective measures could be implemented to address this matter more in depth, the reality of time and resource constraints has narrowed this inquiry to a focus on two primary outcomes:

1. The “amount of time from removal to reunification”
2. The “amount of time from removal to case closure.”

Both of these measures, as addressed above, are extracted and derived from the BBCP stat tracking tool developed and maintained by the designated Policy and Program Specialist for the purposes of the Agency's own comparative analyses of data points and measures between BBCP cases and cases employing more traditional methods of practice.

Removal to Reunification

Within the scope of public child welfare practice, the removal of a child from the physical care and custody of a parent is typically a demarcation signifying that the safety of the child is so far at risk, due to any variety of factors, that the only reasonable means of protecting that child is to remove them, physically, from their parent. Conversely, the

decision of public child welfare entities to return children to the homes from which they have been removed is generally indicative that the previously identified safety issues have been addressed and adequately ameliorated. In this respect, the measure of time from removal to reunification is incredibly important, as it can serve to quantify, to some extent, the time it takes for a safety issue to be largely resolved. Subsequently, such measures can then be viewed through the lens of program evaluation to determine whether a particular model or framework, such as the BBGP model of practice, may be more effective, or more efficient, in resolving issues of harm and danger to children, as measured, within the scope of the Agency's practice, in respect to more objective, quantifiable measures (e.g. number of incidents, arrests, positive substance tests, etc.), as well as subjective measures regarding feelings of safety and security.

Removal to Case Closure

If the decision toward reunification is symbolic of the amelioration of, or at least a recognition of considerable progress made toward addressing, a safety issue, then the decision to close a case is, generally speaking, indicative of the position that a safety issue has been fully, or at least adequately, resolved. In situations of case closure, the general assessment is that a parent has made such substantial progress as to suggest that the involvement of public child welfare entities is no longer necessary or warranted. In these circumstances, there is also a general belief or understanding that the safety of the child, or children, involved would not be negatively impacted by the removal of formal oversight. Much the same as "removal to reunification," this measure is incredibly important in evaluating the effectiveness and efficiency of a particular model or framework in that case closure points to a reasonable assurance or assumption of long-term safety, security and stability. Whereas reunification points to the presumption that a home or caregiving situation is now safe enough for a child, case closure signifies a

presumption that this same environment or situation will continue to be safe enough for the child to remain in the home. In this manner, the time from “removal to case closure,” much the same as “removal to reunification,” can serve as a quantifiable measure of the relative success of a particular practice in working to secure and maintain the safety, permanency and well-being of children, that is, the ability of children to safely remain in their family’s home without imminent risk or threat of harm or neglect.

Research Design

To address these questions, this inquiry utilizes a Descriptive Design to address the implementation of the BBCP model carried out within the context of public child welfare practice in Tulare County. As referenced herein, the BBCP model was initially developed for use by the Agency’s Child Welfare Services division as an alternative to more traditional, deficit- and task-based approaches to working with families. As such, in addition to development of the BBCP model, the Agency developed its own internal process of implementing, assessing and evaluating the BBCP process, beginning with the initiation of the BBCP program pilot on or about 02/01/2020.

As a component of the evaluation process, the Agency also assigned a designated Policy and Program Specialist to oversee the tracking and monitoring of BBCP cases, including identification of which cases were set apart for the BBCP pilot and which cases were approached utilizing traditional methods and frameworks. As a component of this oversight, the designated Policy and Program Specialist also served to extract and compile specific data points pertaining to BBCP fidelity and efficacy, as addressed below. The primary data collection completed by the designated Policy and Program Specialist was synthesized into two (2) primary evaluative tools, the BBCP stat tracking tool and the BBCP case reading tool, each of which is discussed in further detail below. Subsequent to primary collection of these data, these tools, and the information contained

therein, were then examined and specific data points were extracted via secondary data collection for the purposes of addressing the questions posed by this inquiry.

Please note, a total of 15 BBCP cases were identified for tracking and review, and the entirety of this group was identified for inclusion in the Agency's internal evaluation and this inquiry. Please also note that these cases were not selected at random, but rather represent the totality of the BBCP cases reviewed by the designated Policy and Program Specialist within the timeframe of this inquiry (e.g. 02/01/2020 to 03/12/2021). In order to obtain a comparable sample for the purposes of comparative analysis, a total of 15 cases, for which a standard case plan was utilized, were identified at random, via systematic random sampling, by the designated Policy and Program Specialist for inclusion in the Agency's evaluation and this inquiry. It should be noted that, due to time and resource constraints, the standard case plan sample was not matched with the BBCP group in respect to demographic (e.g. ethnic / racial identity, language preference, age, socio-economic status, etc.) or case component variables (e.g. type of maltreatment, number of prior referrals / cases, etc.). In identifying and reviewing these cases, both for the purposes of primary and secondary data collection, it should also be noted that no direct contact was made, either by the designated Policy and Program Specialist or the principal investigator of this inquiry, with any clients or caseworkers. Herein, this inquiry identifies a "client" as any individual who is identified as a party (e.g. parent, child / youth) in an ongoing, formal case under the purview of the Tulare County Juvenile Court, and who is receiving services, resources or supports under a case component of Family Maintenance (e.g. the children involved in the matter remain in the care and custody of the identified parent) or Family Reunification (e.g. the children involved in the matter have been removed from the care and custody of their parent(s) and currently reside in out-of-home care). Similarly, for the purposes of this inquiry, a case worker (also referenced as "worker") is defined as any individual who is employed by Tulare County

Health and Human Services Agency - Child Welfare Services in the capacity of a Lead Social Services Worker III-Child Welfare Services or a Social Services Worker III-Child Welfare Services.

Primary Collection of Data

As indicated above, primary data collection, carried out by the designated Policy and Program Specialist for the purposes of the Agency's internal evaluation process resulted in the creation and utilization of two primary tools: the BBCP stat tracking tool and the BBCP case reading tool.

BBCP Stat Tracking Tool

The BBCP stat tracking tool is a spreadsheet-style document, developed using Microsoft Excel, that identifies numerous data points for four separate categories of cases: BBCP cases - Court Writers, BBCP cases - Continuing, standard case plan cases - Court Writers, and standard case plan cases - Continuing. For the Agency's internal purposes, the tool provides the ability to obtain a "quick look" at general data and information regarding objective measures, such as dates, case identifiers, tools used by workers, etc.

While the differentiation between BBCP and standard case plan cases is addressed throughout this section, the distinction between "Court Writers" and "Continuing" is less-well established and warrants further explanation. Within public child welfare policy and practice in Tulare County, "Court Writers" cases are designated as cases that are assigned for further investigation, including engagement, assessment and development of case plans, subsequent to initial intervention by Emergency Response (ER) Teams, but prior to the Tulare County Juvenile Court adopting and ordering a case plan into effect. Once the Court has adopted and ordered the case plan, these cases are assigned as "Continuing" cases for ongoing management, supervision and monitoring.

Both “Court Writers” and “Continuing” cases are circumstances under which the Agency and the Court have become formally involved with a family for the purposes of securing and ensuring the immediate and ongoing safety of the child(ren) in the home.

Within the stat tracking tool, data points are identified and separated based on their designation as “Court Writers” cases and “Continuing” cases, rather than by “BBCP cases” and “standard case plan cases.” For “Court Writers” cases, both BBCP and standard case plan cases, a total of 39 data points are identified, including, but not limited to, data regarding demographic information on the case, legal dates and timeframes, and the use of specific tools. For “Continuing” cases, a total of 50 data points are identified, mirroring the points identified in the “Court Writers” cases, with the addition of points addressing review hearings, as well as the quantity and quality of ongoing communication and engagement with families, support networks and service providers.

BBCP Case Reading Tool

In contrast to the format of the stat tracking tool, the case reading tool adopts a more “narrative” style and is generally borne out of the Agency’s established case review process, tailored specifically to address fidelity to the BBCP model. This tool serves the benefit of providing a degree of context, accounting for subjectivity of information or data within the scope of reading and reviewing the case in its entirety. Unlike the stat tracking tool, the case reading tool is specific only to BBCP cases and does not explicitly differentiate between “Court Writers” and “Continuing” cases.

Given the “narrative” design of the tool, the sheer number of data points is significantly reduced in comparison with the stat tracking tool, in that only 14 specific areas are identified, focusing primarily on the use of tools, engagement with families, support networks and service providers, identification of strengths and protective capacities, and the development of safety goals and plans to meet these goals. The style

of the tool also lends to the opportunity to go beyond a basic “yes” or “no” interpretation of fidelity to the model. Instead the tool provides the case reviewer, in this instance the designated Policy and Program Specialist, the chance to not only indicate what has or hasn’t been done, but also to address what aspects of the case are being done well, and which areas need improvement. This aspect of the tool is vital to the concept of continuous quality improvement, both within the general context of the Agency’s policy and practice and also the specific relevance to continued development, evaluation and refining of the BBCP model, both in theory and in practice.

Secondary Collection of Data

As an extension of employment with the Agency and direct involvement with the development, implementation and evaluation of the BBCP model, the principal investigator in this inquiry was granted authorization and access to review the tools identified and described herein. Please note that the data provided in these tools did not include any specific identifying information regarding the families and clients involved with the selected cases, as each case was identified via a 19 digit “Case ID” number. Please also note that, while the Agency’s collection of primary data is an ongoing process, for the purposes of this inquiry only data collected during the timeframe of 02/01/2020 (e.g. initiation of the BBCP pilot) to 03/12/2021 (e.g. the date data were extracted by the designated Policy and Program Specialist for provision to the principal investigator) were considered and synthesized for secondary analysis.

In the course of this review, and for the expressed purposes of this inquiry, specific data points were extracted from the broader data sets to more directly address the questions of worker fidelity (for BBCP cases only) and model efficacy (comparison of both BBCP and standard case plan cases), as discussed in detail above. These data points included the following:

1. Date of detention / arraignment hearing
2. Date of jurisdiction / disposition hearing
3. Service component at the time of initial intervention
4. Current case status
5. Date of reunification
6. Date of dismissal / case closure

For the BBCP group, these data points also included whether SOP tools were used, whether the strengths and capacities of parents were identified, and whether parents were involved in the case plan development process. These points were then synthesized into a secondary matrix (e.g. a spreadsheet, Microsoft Excel-style document) (Appendix A) in efforts to provide a more narrowed visual representation of fidelity to and impact of the BBCP model, and to promote a more streamlined means of analyzing the identified data points.

Data Analysis

Analysis of identified data points is carried out utilizing the matrix compiled by the principal investigator through the process of secondary data collection to provide a descriptive comparative analysis between the two groups: BBCP and Standard. For the purposes of evaluating worker fidelity to the BBCP model, analysis will focus on the three data points pertaining specifically to the BBCP protocol, which include the use of tools, the identification of strengths and capacities, and the inclusion of care providers in the case plan development process. Evaluation of the effectiveness and efficiency of the BBCP model will focus on the amount of time from “removal to reunification” and “removal to case closure,” as referenced above. This information will be derived for both the BBCP and standard case plan groups utilizing the calculation of time elapsed from “date of detention / arraignment hearing” to “date of reunification” and “date of dismissal

/ case closure,” respectively. The calculations for each group will then be measured against the other and a descriptive comparison will be conducted for the purposes of further developing an understanding of the impact of the BBCP model.

Human Subjects Considerations

As indicated throughout this section, information utilized for the purposes of this inquiry is obtained solely through secondary data collection utilizing data already gathered by Tulare County Health and Human Services Agency in the course of its own internal processes and procedures. As such, there was no direct contact or communication between the principle investigator and any clients and / or workers for the purposes of this inquiry. Furthermore, as indicated above, the data provided in these tools did not include any specific identifying information regarding the families and clients involved with the selected cases, as each case was identified via a 19 digit “Case ID” number. On these bases, a request for exemption from Human Subjects Application and Institutional Review was requested and obtained on March 9, 2021 (copies of the Memorandum Regarding Request for Exemption for Human Subjects and the Memorandum Regarding Exemption for Human Subjects are attached under the Appendices section as Appendix B and Appendix C, respectively). In addition, a Letter of Support was obtained from the Agency for the use of collected data within the scope of this inquiry, and a copy of this letter is also attached under the Appendices section as Appendix D.

Summary

The use of tools to inform worker engagement and assessment with families, the identification of strengths and capacities already present, and the involvement of parents in the case plan development process are integral to the actualization of behavioral change within the BBCP model, arguably more so than the actual services and resources being recommended and carried out. As indicated herein, effective implementation of the

BBCP framework can be evaluated by way of objective measures, including evaluation of worker fidelity to the model and comparison of case outcomes (e.g. time to reunification and time to case closure) between BBCP and standard case plan cases.

While the scope of this inquiry is undoubtedly limited in terms of fully assessing and evaluating the impact of the BBCP model, it also serves as a platform, of sorts, to begin addressing and discussing future lines of inquiry. Additionally, each of these measures may be utilized to directly evaluate the efficacy of the framework, and also, and perhaps more importantly, be applied to identify what aspects of the framework may require or benefit from amendment or further development, and thereby result in more positive, impactful outcomes, both on short- and long-term bases.

CHAPTER 4: FINDINGS

Introduction

This inquiry sought to address two primary issues regarding the implementation of a Behavior-Based Case Plan (BBCP) model in public child welfare. First, is faithful adherence to the BBCP model of theory and practice achievable within the context and constraints of public child welfare / child protection agencies? Second, does a BBCP model demonstrate a positive impact on outcomes (e.g. reduction in time to reunification, reduction in time to dismissal / closure, as referenced above)? While the scope of this inquiry was certainly limited by a variety of external factors, many of which will be addressed in the discussion in chapter five, it also provided a basic foundation of the applicability and efficacy of the BBCP model as a viable alternative to traditional, deficit- and task-based models of public child welfare practice.

Results

As indicated above, this inquiry sought to address two primary concepts within the BBCP process. While both aspects are interconnected in respect to the development, implementation and evaluation of the BBCP model they are, for the purposes of this section, separated for analysis and discussion of the respective, pertinent data.

Worker Fidelity to the BBCP Model

As discussed in chapter 3, for the purposes of this inquiry worker fidelity to the BBCP model was characterized as meeting each of three conditions: the use of Safety-Organized Practice (SOP) tools, the identification of strengths, and involvement of the parent(s) in the case plan development process. Analysis of these measures was conducted for the entirety of the BBCP sample, consisting of 15 cases. As with the broader assessment of the BBCP model, while each of these aspects is integral to and

deeply connected to evaluation of worker fidelity, they are, for the purposes of this analysis, addressed as separate components.

Please note, by way of establishing a greater understanding for the purposes of comparison, while more traditional methods of public child welfare practice in Tulare County may have involved the use of tools, specifically for assessment of a family's needs, this use of tools was not standardized, nor was it typically evident in the process of engagement with families. Furthermore, as referenced throughout, a standard case plan approach generally adopts a more deficit- and task-based focus, wherein strengths are not an integral component of assessment, and perceptions of child safety are largely connected to completion of services, rather than to the actualization of behavioral change. In this respect, a standard case plan approach generally assumes the worker as the "expert" of the family's circumstances, and the case plan development process is largely governed by the worker informing the parents what is expected of them, rather than working collaboratively to develop a mutually-agreed-upon plan to meet the family's needs and address the identified safety concerns.

Use of SOP Tools

Of the 15 BBCEP cases identified and reviewed, all but one were noted as having included the use of SOP tools within the scope of the workers' involvement with the family. For the one case that did not include the use of SOP tools, it was noted by the designated Policy and Program Specialist that the assigned worker did not appear to have had any contact with the parent involved in the case, as the whereabouts of the parent were unknown and the worker was unable to locate them.

Analysis of the use of SOP tools also highlights a seemingly minor variation between the recognition of worker fidelity within this inquiry when compared to the Agency's expectations. That is to say, within the scope of the Agency's training and

expectations, sufficient use of SOP tools is recognized as the identification and implementation of at least three separate tools. Conversely, recognition of the use of tools for the purposes of this inquiry is largely limited to whether any SOP tools were used, and is not contingent upon the number of tools being used (Note: the discrepancy in recognition of adequate or appropriate use of tools is the result of changes in the standards of practice within the Agency during the course of this inquiry. On 09/03/2020, after the parameters of the inquiry were established, the Agency adopted a policy change under Program Memorandum #85 that altered the standards and expectations regarding the use and documentation of SOP tools in general worker practice).

Nevertheless, even if assuming a stance that worker fidelity is contingent upon the use of at least three SOP tools, it should be noted that a total of 10 cases were identified as having had at least three tools completed. Additionally, three cases were identified as having had two tools completed, one case involved the use of only one tool, and, as stated above, one case did not involve the use of any tools at all. Presented another way, of the BBCP cases identified and reviewed, approximately 67% of cases met the Agency's standard and expectation for the use of SOP tools, and approximately 93% of cases involved the use of SOP tools, to some extent, as defined within the scope of this inquiry. Given these outcomes, it can be reasonably stated that the use of SOP tools within the context of the BBCP model, and as a standard and expectation of practice, is certainly feasible.

Identification of Strengths

As the antithesis of and departure from deficit-based assessment, the BBCP model, as addressed throughout, relies on the identification of family strengths, as well as the inclusion of these strengths for safety and case planning. For this reason, identification of strengths is a key component in the evaluation of worker fidelity to the

BBCP model. For the purposes of this inquiry, it should be noted that translation of family strengths and capacities into practical application is not addressed; however, a discussion regarding this matter, as a future line of inquiry, will be discussed in chapter 5.

Of the 15 BBCP cases reviewed, 13 involved interactions between workers and clients wherein strengths and capacities were identified. To meet the expectation of “identification of strengths,” a case had to involve the identification of at least one strength; however, it should be noted that most of the cases identified multiple, substantial strengths. Of the two cases where strengths were not identified, it was indicated that one of these cases involved a parent whose whereabouts were unknown; therefore, the worker was unable to interview the client regarding their perception of the family’s strengths. As for the other case where strengths were not identified, the designated Policy and Program Specialist indicated that the case was marked for transfer to another public child welfare agency, meaning that the worker involved with the case did not develop a case plan with the family. As such, it was suggested by the designated Policy and Program Specialist that lack of strengths identification may have been due to the worker’s perception that strengths identification was not warranted or necessitated in matters where a case plan was not being developed by the Agency.

By and large, the vast majority (e.g. approximately 87%) of the BBCP cases reviewed included identification of family strengths, to some extent, with the majority identifying multiple, significant strengths. As for the two cases that did not involve strengths identification, one involved an absent parent and the other could potentially be attributed to a misunderstanding regarding the expectations of the BBCP model. Regardless, based on the results of this measure, it is apparent that the identification of strengths as an expected practice of the BBCP model is, in fact, reasonable and achievable. Furthermore, these data suggest that, for the most part, the workers involved

in the identified BBCP cases maintained fidelity to the strengths-focused and strengths-based intent of the model.

Involvement of Clients in Case Plan Development

As addressed at various points, a core understanding of the SOP, SBC and BBCP frameworks is that, in order for safety or case plans to be effective, the individuals identified in those plans must be included in their development. As such, involvement of parents in the case plan development process is integral to the BBCP model and key indicator of fidelity to the model. Unlike the other two measures, however, data pertaining to the involvement of clients in the case plan development process does not paint a clear picture regarding worker fidelity in this respect.

Out of the entire sample of BBCP cases, only one case was identified clearly as having met the expectation for inclusion and involvement of clients in the case plan development process. Absolute clarity was also demonstrated in two other cases in which clients were definitively determined to have not been involved in the process. Both of these cases have already been identified in this section as not having met the other standards and expectations of the BBCP model, in one circumstance due to a parents' whereabouts being unknown, and due, in the other situation, to the case being marked for transfer out of Tulare County.

Of the remainder of the sample, however, all 12 cases were documented by the designated Policy and Program Specialist as being "unclear" in respect to whether clients were involved in case plan development. While the designated Policy and Program Specialist documented that, in most of these cases, the clients were aware of and were in agreement with the services, resources and supports identified in the case plan, there was no clear documentation as to whether the clients were integrally involved in the identification of these services, resources and supports. Herein, the data raise the question of whether worker fidelity in this respect is impacted by failure or inability to effectively

engage and involve the family in the case plan development process or whether, perhaps more likely, it is instead suggestive of a breakdown or lack of knowledge regarding appropriate documentation.

Effectiveness of the BBCP Model vs. Traditional Practice

As addressed earlier, this inquiry utilizes a comparative lens to conceptualize the effectiveness of the BBCP model by looking at two primary outcomes. First, the length of time from initial involvement to reunification of families serves to address the mitigation of an identified safety threat and suggests that the identified threat has been ameliorated, at least to such an extent as to allow children to return to and remain in their parents' care and custody, with the expectation of safety. Second, the length of time from initial involvement to case dismissal / closure serves as an indicator that the identified safety threat or circumstance has been adequately addressed and sufficient progress has been made to suggest that the formal oversight and involvement of the Agency and the Court is no longer necessary or appropriate. For the purposes of this inquiry, both of these measures are addressed utilizing data extracted from the identified BBCP cases, as well as from the identified sample of traditional, standard case plan cases, as outlined in chapter three. It should be noted that there were two cases in the BBCP group that did not meet the parameters and expectations for that group and, as such, these cases have been excluded from comparative analysis. It should also be noted that both the BBCP and standard case plan groups included cases under components of both Family Maintenance (FM), wherein families work to address the identified safety issues while the children remain in the physical care and custody of their parent(s), and Family Reunification (FR), wherein children have been removed from the physical care and custody of their parent(s) and the family works to address the identified safety issues while the child(ren) remains in out-of-home care (e.g. foster care). As such, cases in which children remain in the care

of their parent(s) under a component of FM will be excluded from the “time to reunification” measure.

Time to Reunification

Of the cases included in the BBCP group, eight were designated a case component of FR at initial intervention. For the standard case plan group, a total of 13 cases included a case component of FR for at least one parent at the time of initial intervention (note: three of these cases included an FR component for one parent and an FM component for the other parent, and “reunification” in this context is identified as the return of partial custody to the parent previously receiving FR services). It should be noted that cases, in both the BBCP and standard case plan groups, designated under FM are not included in this measure, except as indicated above, as the families in those cases were not separated and children were not removed, meaning that a measure of time to reunification would be extraneous.

For the BBCP group, only two out of the eight FR cases, or 25%, experienced reunification within the focused time period for this inquiry (e.g. from the initiation of the BBCP pilot on 02/01/2020 to the date of data extraction on 03/12/2021). It should be noted that this does not serve to suggest that reunification is not a possibility or eventuality for the other FR cases identified, but rather that reunification has not been actualized within the time limits and parameters of this inquiry. Of the two cases where reunification was actualized, one achieved reunification 259 days after the Detention / Arraignment Hearing (e.g. the hearing at which the Court determines whether there is sufficient “prima facie” / “at first impression” evidence to suggest that detention of the child(ren) involved, or formal supervision by the Agency, is a matter of immediate and urgent necessity to protect the child(ren) from harm), and the other achieved reunification 115 days after the Detention Hearing. Provided an understanding that only two BBCP

cases achieved reunification within the scope of this inquiry, the average time to reunification for the BBCP group was 187 days.

For the standard case plan group, 3 of the 13 FR cases identified, or approximately 23%, experienced reunification within the scope of this inquiry. Of these cases, one achieved reunification at 221 days after the Detention Hearing, the second at 202 days, and the third at 243 days. Provided this information, the average time to reunification for the standard case plan group was 222 days.

Time to Dismissal / Closure

In measuring time to case dismissal / closure, it is understood that, within the scope of this inquiry, dismissal can occur only after reunification has occurred. Nevertheless, both FR and FM case components can achieve dismissal / closure, though, reasonably speaking, it can be expected that dismissal / closure in FR cases may take longer to achieve than in FM cases. For these reasons, both FR and FM cases are represented in the analysis of time from initial intervention to case dismissal / closure.

For the BBCP group, 3 out of the 13 identified cases, approximately 23%, achieved case dismissal / closure within the scope of this inquiry. Time to case dismissal / closure for the BBCP group was represented at 179 days, 243 days, and 235 days, for an average of 219 days.

For the standard case plan group, only two of the identified 15 cases achieved or experienced case dismissal / closure, approximately 13% of the total sample. It should be noted, similar to the BBCP group, that one case appears to have been somewhat of an outlier, in that one of the two cases was dismissed at the Jurisdiction / Disposition Hearing, 21 days after the Detention / Arraignment Hearing, though the reason for the dismissal / closure in this circumstance is unknown. Were this case to be removed from consideration, in a similar facet as the “outlier” in the BBCP group, case dismissal /

closure would then be represented in only 7% of standard case plan cases. Including both of these cases in consideration, the time from initial intervention to case dismissal / closure for the standard case plan group is 196 days and 21 days, an average of 108.5 days. If the “outlier” is removed, the time to case dismissal / closure for the standard case plan group is 196 days.

Summary

Evaluation of the BBCP model, as a viable alternative to traditional practice in the field of public child welfare, is imperative to understanding the capacity to carry out such an endeavor, as well as to determining whether the costs or difficulties of such an approach may be outweighed by the recognized benefits. Within this understanding and determination, the current data seem to point to hopeful early findings in respect to the scope of the outcomes represented in this inquiry. To reiterate, this inquiry focuses on worker fidelity to the BBCP model, in efforts to determine if such a model is feasible within the timelines and constraints of public child welfare agencies, as well as the effectiveness of the BBCP model when compared with a “traditional,” standard case plan approach. The results of this inquiry seem to suggest that the BBCP model may be feasible and reasonable within public child welfare practice, though practice fidelity may benefit from further coaching and clarification regarding standards and expectations, not only for practice, but also for documentation. Evaluation of short-term outcomes (e.g. time to reunification and time to case dismissal / closure) suggests that implementation of a BBCP model does not correlate to negative outcomes, nor does it appear to have a deleterious impact on practice with families. Data pertaining to time to reunification and time to case dismissal / closure seem to hold some degree of promise for further research. In this respect, however, the majority of the identified cases have not met completion (e.g. case closure or dismissal), and it is therefore difficult to make any definitive

statements regarding the effectiveness of the BBCP model in comparison to standard case plan cases. As such, further inquiry, particularly in respect to long-term outcomes, and including greater sample sizes, is necessary to fully ascertain and come to a conclusion regarding the potential benefit and impact of the BBCP model on public child welfare objectives.

CHAPTER 5: DISCUSSION

Introduction

As a matter of discussion, this section seeks to briefly address the findings of this inquiry, attempting to address these findings in respect to their importance and relevance to the field of social work and public child welfare practice. In doing so, this section seeks to not only address the impact and significance of the BBCP model through traditional and proposed practice, but also to identify directions for future inquiry. Such inquiry, as referenced below, must include continuous evaluation and improvement of the model, seeking not only to describe and assess practice, but also to provide means of refining and enhancing practice. Ultimately, this section seeks to identify the current inquiry not as a standalone design, but rather a small portion of a much greater whole, being the ongoing, long-term evaluation and advancement of the BBCP model as a departure from traditional practice and a return to true social work practice.

Discussion of Results

In highlighting the development, implementation and evaluation of the BBCP model of theory and practice within the context of public child welfare practice in Tulare County, this inquiry sought to address two primary questions. First, is faithful adherence to the BBCP model of theory and practice achievable within the context and constraints of public child welfare / child protection agencies? Second, does a BBCP model demonstrate a positive impact on outcomes (e.g. reduction in time to reunification, reduction in time to dismissal / closure)?

Fidelity to the BBCP Model

By and large, an analysis of relevant and available data suggests that the standards and expectations of the BBCP model, specifically in respect to the use of SOP tools,

identification of strengths, and involvement of clients in case plan development, are certainly feasible within the scope and context of practice in public child welfare agencies. Of the cases identified as adopting a BBCP approach, nearly all demonstrated fidelity to the expectations of the use of SOP tools and identification of strengths, and several were noted to have strong adherence to these standards. The inquiry identified worker fidelity as meeting three conditions, and two of these conditions were clearly achievable within the established parameters. The third, involvement of clients in the case plan development process, was somewhat lacking, by comparison.

Of the cases identified, only one demonstrated clear adherence to this standard, and two were identified as not meeting this standard at all. The remaining cases were noted to be “unclear” in respect to the involvement of the parent(s) in the case plan development process; however, it was also noted that, in these cases, the identified services, resources and supports appeared to have been discussed with clients, and clients were in agreement with the identified resources. Herein, the issue arises of whether workers’ apparent failure to adhere to this third expectation / standard is, in fact, a failure to adhere to the model itself. Rather, it appears that this issue is more indicative of a lapse or lack of clarity in documentation regarding interactions and conversations with the family regarding the case plan development process. Further, it might even be possible that there is a deficiency in training or coaching that provides clear examples and expectations of what constitutes “involvement” of the family in the case plan development process.

The question of the sufficiency of training and on-going coaching in BBCP practice lends back to a concept noted in the literature, pointing to the importance and benefit of “booster trainings” (e.g. supplemental, follow-up trainings) in supporting skill acquisition, maintenance and retention (Van Camp et al., 2008). This concept is further highlighted through the understanding and realization that practice often varies, to an

extent, from worker to worker, and that effective practice, regardless of the theory or model being utilized, is often contingent upon the worker-client relationship (Chapman et al., 2003). This relationship, as was also addressed in the literature, is impacted by the competing values, responsibilities and expectations within public child welfare agencies, and between these agencies and the families they serve (Chapman et al., 2003; Kemp et al., 2014). This conflict further underscores the need for a unified standard of theory and practice, such as the BBCP model, as well as the need for applicable, ongoing training and coaching, as well as improvements to worker supervision, agency policy and procedure, and continuous quality improvement, to better ensure adherence to such standards.

Effectiveness of the BBCP Model

Generally speaking, the data identified through this inquiry suggest that implementation of a BBCP model of theory and practice may be reasonable and achievable within the context of public child welfare practice, however, more examination is needed including additional qualitative and workload indicators to further support early findings. This inquiry also sought to address whether such a model was, in fact, a suitable or preferential alternative to the current standard of practice in public child welfare at-large. A review of the relevant data points suggests that the BBCP model does not seem to correlate to negative outcomes, nor does it appear to have a deleterious impact on work with families, as compared to more traditional methods; however, there is insufficient information, at this time, to support claims that the BBCP is comparable or preferable to standard case plan models.

In respect to the measure of time from initial intervention to reunification, it is noted that 25% of BBCP cases experienced reunification within the scope of the inquiry. This compares to an approximate 23% reunification rate in the standard case plan group.

Where the BBCP group differs most notably from the standard case plan group, however, is in respect to the time from initial intervention to reunification. In the BBCP group reunification was achieved with an average time to reunification of 187 days, as compared to the standard case plan group's average of 222 days. It should be noted again, however, based on the limited sample size and the fact that the majority of the identified cases have not met completion, this finding needs further confirmation.

The differences between the BBCP and standard case plan groups can also be seen when addressing time to case dismissal / closure. When accounting for apparent "outlier" data, as discussed in chapter four, the BBCP group experienced a dismissal / closure rate of 23%, as compared to 7% in the standard case plan group. It should be noted, however, that the standard case plan group experienced dismissal / closure at an average of 196 days, as compared to the BBCP group, which experienced dismissal / closure at an average of 219 days.

Overall, data analysis and assessment of the effectiveness of the BBCP model is somewhat of a "mixed bag." In some areas, the BBCP model appeared to show less favorable outcomes than the standard case plan. In other areas, however, the BBCP group seemed to show more favorable outcomes when compared with the standard case plan group.

The difficulty in drawing any discernible conclusions from this data, however, lies in the fact that, for the BBCP and standard case plan groups, only 13 cases and 15 cases, respectively, were identified for inclusion and full analysis in this inquiry. Furthermore, as noted in this chapter and in chapter four, the majority of cases, in both the BBCP and the standard case plan groups, have not seen completion (e.g. dismissal / closure). As such, any findings or conclusions regarding the effectiveness or efficacy of the BBCP model, as compared to a standard case plan approach, would be premature at this time. In spite of these issues, however, the data extracted and analyzed through the

course of this inquiry appears to suggest, at the very least, that a BBCP model of practice does not correlate to negative outcomes, nor does it appear to have a deleterious impact on work with families. Given this impression, there is a profound need for further research and continued inquiry in order to determine whether a BBCP model of practice is, in fact, as or more effective than a standard case plan model and, if so, whether such a model would be preferable to traditional approaches to public child welfare practice.

Implications of Findings for Child Welfare Social Work Practice

As discussed throughout, the BBCP model was developed and implemented as an alternative to public child welfare practices that have largely been dominated by child-centered, deficit-based, task-focused methods of intervention (Antle et al., 2009; Christensen et al., 1999; Fong, 2017; Pelton, 2015; Smith, 2008). The model represents a departure from authoritarian policies and practices that elevate child welfare workers as seemingly omniscient practitioners and strives to reestablish the family as the experts of their own circumstances (Antle, et al., 2009; Christensen et al., 1999). Underpinned by theory and practice influenced and supported by other models of practice, including, but not limited to Safety Organized Practice (SOP) (CalSWEC, n.d.; Signs of Safety, 2020; The University of California, Davis, 2020) and Solution Based Casework (SBC) (Antle et al., 2009; Christensen & Antle, n.d.; Christensen et al., 1999), the BBCP model attempts to shift the standard of public child welfare practice from merely case management to truly engaging in social worker practice with the clients and families being served.

From a practical standpoint, the BBCP model was developed, in part, to address and mitigate the recurrence of child maltreatment and reentry of children into out-of-home care by promoting sustained behavioral change with clients and families, rather than simply measuring “case compliance” and child safety through the lens of task completion. From a purely ethical standpoint, however, the BBCP models demarcates a

commitment to the NASW Code of Ethics, specifically addressing the dignity and worth of the individual and the importance of relationships, specifically the client-worker relationship (NASW, 2017). In this way, the BBCP model strives to establish a standard of practice that is not only more effective or practical than traditional methods of intervention, but that is also more ethical, as well.

The BBCP model is rooted, at least in theory, in the provision of ethical, engaging and effective practice with families. However, one of the primary issues of concern during the development of the BBCP model was whether such a model could reasonably be implemented within the ever-changing context and limited time and resource capacities inherent in a public child welfare setting. This concern, more specifically stated, was based on the understanding that, in order to implement the standards and expectations of the BBCP model, there would be a greater requirement in term of agency capacity and resources, specifically the increased amount of time workers would be spending with clients to obtain the necessary information and meet the expectations of the model. The outcome of this inquiry shows, at least on a preliminary basis, that such concerns may be unfounded, as faithful adherence to the BBCP model appears to be achievable within the scope of this research design, with short-term outcomes that are comparable to those actualized through a standard case plan approach. Whether BBCP model is superior to standard case planning is unknown and more inquiry is needed.

Relationship of Findings to Social Work Practice

Aside from theorized and apparent benefits of the BBCP model in working with families, there is also a component of the model that works directly to the benefit of public child welfare agencies. As has been discussed in the literature, public child welfare and other government agencies typically turn to “evidence-based practices” (EBPs) to address treatment and intervention needs, due largely to the low-cost, short-term nature of

these methods (Melton, 2013; Skowron & Reinemann, 2005; Thomas & Zimmer-Gembeck, 2012). Unfortunately, however, implementation of these practices often adopts or contributes to a “hurry up and change” mentality that may achieve short-term, “quick change,” but does not always result in sustained behavioral change (Christensen & Antle, n.d.). Furthermore, traditional practice in public child welfare often adopts a “cookie-cutter” style of case plan development, wherein workers may refer or assign parents to services that are not actually necessary or beneficial, simply based on perceived expectations of the Agency or the Court, or potentially due to inaccurate or incomplete assessments of the family’s actual needs and inherent strengths and capacities.

Within the context of public child welfare practice, there is a consistent, if somewhat colloquial and circumstantial, theme surrounding the lack of available resources, typically centered around the need for more workers, more time, and more money. While the BBCP model may, on its face, appear to serve as an additional drain on already limited time resources, it can be argued that the individualized, tailored approach to case planning limits the total number of resources needed in order to address a family’s needs. The model may also, in turn, reduce or replace formal resources and services with informal, community- or family-based supports, thereby reducing the strain on constricted fiscal provisions.

To address the perceived lack of human capital within public child welfare practice, it should be noted that one of the anticipated effects of the BBCP model is a general improvement in the worker-client relationship, thereby potentially contributing an increase in morale and worker satisfaction. Engagement and case plan development within the BBCP model hinges on the construction of a functional relationship between workers and the families they serve. This relationship is capitalized upon to create a shared understanding of the reasons underlying the Agency’s involvement with the family, to create a mutual understanding of expectations, roles and responsibilities, and to

ultimately, and collaboratively, develop a plan to address the family's needs, thereby addressing the safety concerns and issues identified by the Agency and the family (Chapman et al., 2003; Haight et al., 2002). In this respect, the worker-client relationship is designed to be much more of a partnership, and the worker is no longer positioned to assume the sole burden and responsibility of determining what the family needs, or what interventions would be of benefit. Not only would this, in theory, lend to an overall reduction in the stress experienced by the worker, but it also serves, again in theory, to reduce or eliminate perceived resistance or hostility in clients, thereby potentially contributing to generally more amicable, productive interactions between workers and families (Cohen & Canan, 2006; Mirick, 2012). Unfortunately, the scope of the current inquiry does not include aspects of engagements, worker satisfaction, or the impact of the BBCP model on the worker-client relationship; however, these factors can be identified as avenues to address for future inquiry, as addressed in greater detail below.

Limitations of the Study

While the current inquiry resulted in a number of useful measures and data points, as well as directions for future research, it should be noted that the research design presented herein varies from the design initially conceptualized at the outset of this inquiry. Initially, the inquiry sought to address additional aspects of the BBCP model, including the impact of the model on client engagement, perceptions of the worker-client relationship, and worker satisfaction with change in practice. Due to a number of factors, however, the initial research design was modified and came to serve as a reminder and representation of the impact of external variables, including those at the state, national and global level, on local policy, procedure and practice.

As stated earlier, the BBCP model was initially implemented through a pilot program that was effectively initiated on 02/01/2020. On 03/19/2020, California State

Governor Gavin Newsom issued a state-wide “stay-at-home order,” in response to rising concerns pertaining to the COVID-19 pandemic, that profoundly impacted the practice of state, county and local governments and agencies, particularly those working in direct practice with clients. Policy and procedure in Tulare County was subsequently modified, a reality that undoubtedly impacted the ability of workers, specifically those identified as participants in the BBCP pilot, to fully engage and interact with their clients. In addition to changes in direct practice, the pandemic response also resulted in the reassignment of support and administrative staff, including the Agency’s Policy and Program Specialists Team, to areas and assignments that were understandably and reasonably determined to be more urgent or to serve a greater need. This impact was further compounded by the Agency’s requisite response to communities battered by wildfires during the summer months of 2020, most notably including the SQF Complex Fire that ravaged over 170,000 acres in eastern and south-eastern Tulare County, beginning in the month of August.

While these events certainly had an impact on the ability of workers to work effectively with their clients, including maintaining adherence and fidelity to the BBCP model, the clearest impact on this inquiry can be seen elsewhere. As stated above, both the COVID-19 pandemic and the SQF Complex fire were crises that required and resulted in the reassignment of administrative staff to other duties and responsibilities, including the Policy and Program Specialist designated for tracking and reviewing BBCP cases. Furthermore, the COVID-19 pandemic had a discernible impact on the ability of the principal investigator to conduct interviews with workers and clients, necessitating a withdrawal from the research methodology previously conceptualized. Both of these factors contributed to the somewhat anemic sample groups represented in this inquiry, ultimately resulting in only 15 identified BBCP cases and, in order to ensure a

comparable comparative sample, a random selection of 15 cases from the standard case plan group.

Based on the limited sample sizes, one of the greatest limitations of this inquiry is that the measures and outcomes identified and extracted from the stat tracking and case reading tools are insufficient to assume adequate representation of BBCP and standard case plans, in general. That is to say, while the inquiry serves as a description and presentation of the BBCP model, both in theory and in practice, as well as a cursory glimpse of the feasibility and effectiveness of the model, by no means are these data satisfactory to draw any concrete conclusions. Nevertheless, despite the limitations of the inquiry in respect to generalization and explanation of the measures and outcomes observed, the inquiry may serve to support the larger, broad-scale evaluation of the BBCP model by identifying additional avenues for inquiry and investigation, above and beyond those already considered through and during the research design development process.

Directions for Further Inquiry

In addressing directions for future research, consideration must first be given to the lines of inquiry that were unfortunately omitted and removed from this research design. Specifically, the impact of the BBCP model on client engagement is paramount to the success of the model, in that engagement must precede assessment as a means of effectively gathering accurate information regarding the family's strengths, needs and current circumstances. Furthermore, engagement must also serve as the precursor to the development of rapport and the worker-client relationship, which is integral, not only to case plan development, but also to ongoing assessment and evaluation of behavioral progress and the family's changing needs. In this respect, further inquiry should focus on respective perceptions of the worker-client relationship and how both workers and clients

perceive this relationship as impacting, benefitting or hindering the clients' progress toward their behavioral goals, the family's progress toward achieving established safety goals and objectives.

Similar to the impact of the worker-client relationship on behavioral change and progress toward safety, future lines of research should also look at the impact of the worker-client relationship on overall worker satisfaction and morale. Does the BBCP model impact this relationship positively? Negatively? Does the model alter the context and content of worker-client interactions in such a way as to promote or inhibit worker satisfaction – that is, does the BBCP model change the way workers feel about their cases and their clients? In another facet, though also connected to worker satisfaction, does the BBCP model have an impact on workers' perceptions regarding the importance of their work? In other words, do the underlying values, theories and practices of the BBCP model actually contribute to a perception of the BBCP model as a form of "true" social worker, rather than merely case management, as may be the situation with more traditional methods of intervention? Such lines of inquiry are of particular import, in that the data extracted may subsequently be utilized to address job satisfaction and morale to such an extent as to potentially address or even reduce worker "burnout" and turnover.

While the other avenues of investigation represented in this section were derived at the outset of development of the research design, other aspects have become apparent through the course of the current inquiry. One such issue is the matter of adequate documentation in respect to worker fidelity to the BBCP model. The reality of public child welfare practice, colloquially stated, is "if it's not documented it didn't happen." While this adage applies to the BBCP process, in terms of general standards of practice, documentation serves an equally important role as a measure of skill acquisition, retention and utilization. In this respect, further inquiry may seek to determine whether the deficits in worker fidelity identified in chapter four are indicative of a lack of training

and understanding, or simply inadequate documentation, and whether these aspects can be adequately addressed through improvements in supervision, policy and procedure, and continuous quality improvement. This matter then translates into the need for ongoing training / coaching, as well as direct supervision, suggesting that future inquiry should ideally focus on retention of skills and knowledge across time. That is to say, is ongoing training / coaching, including inclusion of skills as measures of sufficient work performance, necessary or warranted and, if so, to what extent and how frequently?

Finally, the most important avenue for further study likely requires the greatest amount of effort, or at least the greatest degree of attention. As discussed earlier, this inquiry, even at initial conceptualization, was intended to serve as the foundation for a larger study of the long-term impact of the BBCP model on public child welfare outcomes of child safety, permanency and well-being. While inquiry is certainly intended to measure short-term outcomes, such as time to reunification and time to case closure / dismissal, long-term outcomes associated with recidivism, recurrence of maltreatment, and reentry of children into out-of-home care are equally as, if not more, important. These measures are particularly consequential, in that recidivism, recurrence and reentry each contribute to forced allocation and utilization of resources that are already limited, but, moreover and more importantly, each of these factors can also contribute to re-traumatization or compounded trauma for children and youth. In this regard, the BBCP model, as indicated above, seeks not only to serve to the benefit of child safety, permanency and well-being, but also to enhance the well-being of all clients involved. As such, the task of continuous evaluation and improvement of the model, in respect to both short- and long-term measures and outcomes, though daunting and possibly consuming, is absolutely imperative.

Summary

At the time of initial conceptualization of the inquiry, it was understood that the research design developed and implemented would not be sufficient to fully address all questions and concerns pertaining to implementation of the BBCP model. Instead, this inquiry, by design, was developed with the intention of serving as a foundation, a “springboard” of sorts, for future research and further lines of inquiry. Though the inquiry was impacted to a considerable extent by external factors, the data and measures obtained and analyzed still served their intended purpose in providing a brief description of the BBCP model and serving as a foundation for further research. As a theory and standard of practice, the BBCP model is new and relatively untested, further highlighting the need for continued evaluation and improvement. By continuing to identify, analyze and correct the issues identified, in respect to all aspects of implementation, it is possible to further refine the BBCP model into a standard of practice that works to truly address and ameliorate the circumstances of families in need, enhancing their well-being and ensuring child safety, permanency and well-being. In this regard, though this chapter seeks to identify possible avenues for further inquiry, it is recognized that these directions are merely the “next steps” of a much longer journey, a journey to instigate a change in the values, expectations and responsibilities of public child welfare agencies. In these “next steps,” and the steps that will hopefully follow, evaluation and enhancement of the BBCP model seeks to not only impact the short- and long-term success of families in need, but rather to prompt an exodus, a movement of public child welfare practice away from traditional methods of “case management,” and a return to the principles, values and practices of competent, ethical and effective social work.

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APPENDICES

APPENDIX A: SECONDARY DATA COLLECTION MATRIX

Case Type	Case ID	Det. / Plea	Juris / Dispo	Svc. Comp.	Case Status	Reunif.	Time to Reunif. (Days)	Dismiss.	Time to Dismiss. (Days)	SOP Tools	Strengths ID'd	Parents Inv.
BBCP	1349-1168-7077-6068874	2/7/2020	7/10/2020	FM - Mo.	Open	-	-	-	-	Only 2	Yes	Unclear
BBCP	1174-5532-4812-0068874	2/21/2020	8/18/2020	FM - Mo.	Dismissed	-	-	8/18/2020	179	Yes	Yes	Unclear
BBCP	0921-9681-4885-6081636	2/25/2020	6/11/2020	FR - Both	Open	-	-	-	-	Yes	Yes	Unclear
BBCP	1420-3647-1026-4068874	2/25/2020	7/7/2020	FR - Both	Open	-	-	-	-	Only 2	Yes	Unclear
BBCP	1202-6297-8008-8025974	3/3/2020	6/12/2020	FR - Mo.	Open	-	-	-	-	Yes	Yes	Unclear
BBCP	0546-1425-3196-0088339	3/12/2020	5/21/2020	FM - Mo.	Dismissed	-	-	11/10/2020	243	Yes	Yes	Yes
BBCP	0052-7959-1256-8088339	3/21/2020	5/11/2020	FM - Both	Dismissed	-	-	11/5/2020	235	Yes	Yes	Unclear
BBCP	0020-0039-4303-2068874	4/1/2020	5/20/2020	FM - Mo.	Open	-	-	-	-	Only 1	Yes	Unclear
BBCP	0970-9413-9148-0025974	4/1/2020	5/20/2020	FR - Mo.	Open	12/16/2020	259	-	-	Only 2	Yes	Unclear
BBCP	0248-5060-2892-0088339	4/21/2020	6/9/2020	FR - Mo.	Open	-	-	-	-	Yes	Yes	Unclear
BBCP	0295-6583-5378-4035858	5/12/2020	6/25/2020	FR - Both	Open	9/4/2020	115	-	-	Yes	Yes	Unclear
BBCP	1629-1573-9711-2068874	5/27/2020	7/15/2020	FM - Mo.	Dismissed	-	-	7/15/2020	49	Yes	No	No
BBCP	1595-0533-6050-4046092	6/15/2020	7/20/2020	FR - Both	Open	-	-	-	-	Yes	Yes	Unclear
BBCP	1112-7632-6232-8039373	7/1/2020	8/12/2020	FR - Mo.	Open	-	-	-	-	No	No	No
BBCP	1503-3410-1260-0046092	7/23/2020	9/3/2020	FR - Mo.	Open	-	-	-	-	Yes	Yes	Unclear
Standard	0562-8231-1256-8088339	9/1/2020	9/24/2020	FM - Both	Open	-	-	-	-	N/A	N/A	N/A
Standard	0799-7544-3852-0048037	8/27/2020	9/17/2020	FM - Mo.	Dismissed	-	-	3/11/2021	196	N/A	N/A	N/A
Standard	0573-6690-4204-0068874	8/18/2020	9/3/2020	FR - Both	Open	-	-	-	-	N/A	N/A	N/A
Standard	1472-7011-5928-8046092	8/10/2020	8/31/2020	FM - Mo.; FR - Fa.	Dismissed	-	-	8/31/2020	21	N/A	N/A	N/A
Standard	1647-6793-6677-6039373	8/7/2020	8/21/2020	FR - Mo.	Open	-	-	-	-	N/A	N/A	N/A
Standard	1208-4645-3285-6039373	6/29/2020	8/18/2020	FM - Mo.; FR - Fa.	Open	2/5/2021	221	-	-	N/A	N/A	N/A
Standard	0537-6989-2824-8046092	7/13/2020	7/31/2020	FR - Mo.	Open	-	-	-	-	N/A	N/A	N/A
Standard	0245-5314-6456-8048037	4/17/2020	7/23/2020	FR - Both	Open	-	-	-	-	N/A	N/A	N/A
Standard	1131-5284-1868-0035858	6/29/2020	7/15/2020	FR - Mo.	Open	-	-	-	-	N/A	N/A	N/A
Standard	0441-1959-3893-6081636	5/29/2020	7/2/2020	FM - Mo.; FR - Fa.	Open	12/17/2020	202	-	-	N/A	N/A	N/A
Standard	0609-4848-3391-2039373	5/14/2020	6/19/2020	FR - Both	Open	1/12/2021	243	-	-	N/A	N/A	N/A
Standard	0314-4736-6156-0039373	5/26/2020	6/11/2020	FR / FM - Both	Open	-	-	-	-	N/A	N/A	N/A
Standard	0896-6765-6562-4068874	3/12/2020	6/1/2020	FR - Mo.	Open	-	-	-	-	N/A	N/A	N/A
Standard	0169-0569-0354-4046092	3/2/2020	5/27/2020	FR - Mo.	Open	-	-	-	-	N/A	N/A	N/A
Standard	0399-0557-9506-4046092	4/8/2020	5/11/2020	FR - Both	Open	-	-	-	-	N/A	N/A	N/A

APPENDIX B: MEMORANDUM, RE: REQUEST FOR EXEMPTION
FOR HUMAN SUBJECTS

MEMORANDUM

Date: March 5, 2021

To: Dr. Marcus Crawford, PhD - Chair, DSWE Human Subjects Committee

From: William D. Myers, MSW Candidate - Thesis Author
Salvador Montana, PhD - Thesis Chair

Subject: Thesis - BEHAVIOR-BASED CASE PLAN (BBCP) PILOT IN TULARE
PUBLIC CHILD WELFARE: DEVELOPMENT, IMPLEMENTATION AND
INITIAL EVALUATION

The above-referenced thesis proposes a research design assessed as no-risk.

In addition to being a part-time student of the Masters in Social Worker program at Fresno State, Mr. Myers is also employed full-time as a Lead Social Worker with Tulare County Health and Human Services Agency (HHSA) - Child Welfare Services (CWS) (hereto after referenced as "the Agency"). In his capacity as an MSW Student Intern and an employee of the Agency, Mr. Myers assisted in the development and implementation of a Behavior-Based Case Plan (BBCP) pilot, which was launched in or about 02/2020. The aim of the BBCP protocol has been to utilize frameworks and foundations of various theoretical and practical orientations to develop a model of practice that adopts a strengths-based, behavior-based, family-centered focus. The ultimate goal of the BBCP protocol is to improve long-term outcomes for families under the purview of the Agency, specifically addressing areas such as reducing recidivism, decreasing the recurrence of child maltreatment, limiting re-entry of children into out-of-home care, and promoting federal outcomes (e.g. safety, permanency and well-being of children involved with public child welfare systems).

Subsequent to initialization of the BBCP pilot, the Agency has been tracking a number of separate data points for both BBCP and non-BBCP cases, based on case reviews conducted by the Agency's Policy and Program Specialists Team. The BBCP pilot has had a specially-designated Policy and Program Specialist, who has monitored these cases and compiled data as a component of the Agency's own internal evaluation and assessment process.

As an element of the proposed inquiry and thesis, Mr. Myers is in the process of securing authorization from the Agency to obtain the aforementioned data points and measures via secondary data collection for the purpose of evaluating worker fidelity to the BBCP model, as well as the impact of the BBCP model on short-term outcomes.

Please note, the proposed inquiry includes only data and measures already secured by the Agency through the course of its internal evaluation and assessment process, and Mr. Myers will, for the purposes of this inquiry, have no direct contact or communication with any workers or clients involved in the BBCP pilot.

Please also note that Mr. Myers has been advised by the designated Policy and Program Specialist that all cases marked for inclusion in this inquiry will be identified only by their respective nineteen- (19) digit Client ID numbers, as listed in the Child Welfare Services / Case Management System (CWS/CMS), and will not include the clients' first or last names.

Based on the facts presented herein, it is respectfully requested that the aforementioned proposal be designated as a no-risk proposal, and that authorization be granted to initiate the proposed inquiry.

Respectfully,

A handwritten signature in blue ink, appearing to read 'W. Myers', with a stylized flourish extending to the right.

William Myers, MSW Candidate - Thesis Author

APPENDIX C: MEMORANDUM, RE: EXEMPTION FOR HUMAN
SUBJECTS



Memorandum

March 9, 2021

Re: Exemption request for human subjects

Dear Thesis Committee Chair:

I have reviewed your request for the application for human subjects review to be approved as exempt. In order to be exempt, the study must use data that either does not contain human subject information or is sufficiently de-identified to make identification of the participants impossible. The research cannot include data collected in an unethical manner or from protected classes that would require additional review. Finally, the research cannot be funded from outside of the university.

In reviewing your request for the human subjects exemption for William Meyers, I agree that this meets the criteria established for exempt status. The data proposed for analysis is secondary and de-identified; therefore a review is not needed. If you or others have questions, please contact me at marcucrawford@csufresno.edu.

Sincerely,

A handwritten signature in blue ink, appearing to read "Marcus Crawford". The signature is written in a cursive style and is positioned to the right of a vertical line.

Marcus Crawford, MSW, Ph.D.
Assistant Professor
Chair of Human Subjects
Department of Social Work Education
California State University, Fresno

APPENDIX D: TULARE COUNTY HEALTH AND HUMAN
SERVICES AGENCY LETTER OF SUPPORT



**TULARE COUNTY
HEALTH & HUMAN SERVICES AGENCY**

Anita Ortiz, MS • Director • Human Services Branch

Timothy W. Lutz, MBA
Agency Director

March 17, 2021

Human Subjects Review Committee
Department of Social Work Education
California State University, Fresno
Fresno, CA 93740

Review Committee:

This is to inform you that I have reviewed Will Myer's overview and methodology and approve him to do research for his Thesis as to the impact of a behavioral-based case plan protocol on child welfare workers and families formally involved with Tulare County Child Welfare Services. Mr. Myers will work with Child Welfare Services (CWS) Manager Gary Kupfer, who will support Mr. Myers in his research. Mr. Myers has my full support to conduct this study as I believe it would add to our understanding of ways to improve our service delivery to families CWS is working with.

Do not hesitate to contact me if you have any question at my e-mail, CSallam@tularehhsa.org or call me at (559) 624-8080.

Sincerely,

A handwritten signature in black ink, appearing to read "Courtney Sallam", with a long horizontal flourish extending to the right.

Courtney Sallam, MSW
Deputy Director – Child Welfare Services