Section V

Community-Based Child Welfare Services: Listening to the Caregivers

Case Study Interviews with Birth, Foster and Adoptive Parents

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<table>
<thead>
<tr>
<th>SECTION</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Methodology</td>
<td>1</td>
</tr>
<tr>
<td>Measures/Research Questions</td>
<td>1</td>
</tr>
<tr>
<td>Participant Recruitment &amp; Human Subject Protection</td>
<td>1</td>
</tr>
<tr>
<td>Instruments/Data Collection</td>
<td>2</td>
</tr>
<tr>
<td>Analyses</td>
<td>2</td>
</tr>
<tr>
<td>Birth Parents</td>
<td>4</td>
</tr>
<tr>
<td>Sampling &amp; Sample Characteristics</td>
<td>4</td>
</tr>
<tr>
<td>Case Situation</td>
<td>4</td>
</tr>
<tr>
<td>Client Involvement</td>
<td>5</td>
</tr>
<tr>
<td>Services Offered/Provided</td>
<td>6</td>
</tr>
<tr>
<td>Service Quality/Satisfaction</td>
<td>7</td>
</tr>
<tr>
<td>Service Comparison</td>
<td>7</td>
</tr>
<tr>
<td>Overall Agency Satisfaction/Impression</td>
<td>7</td>
</tr>
<tr>
<td>Foster Parents</td>
<td>9</td>
</tr>
<tr>
<td>Sampling &amp; Sample Characteristics</td>
<td>9</td>
</tr>
<tr>
<td>Case Situation</td>
<td>9</td>
</tr>
<tr>
<td>Client Involvement</td>
<td>11</td>
</tr>
<tr>
<td>Services Offered/Provided</td>
<td>12</td>
</tr>
<tr>
<td>Service Quality/Satisfaction</td>
<td>13</td>
</tr>
<tr>
<td>Service Comparison</td>
<td>13</td>
</tr>
<tr>
<td>Overall Agency Satisfaction/Impression</td>
<td>14</td>
</tr>
<tr>
<td>Adoptive Parents</td>
<td>16</td>
</tr>
<tr>
<td>Sampling &amp; Sample Characteristics</td>
<td>16</td>
</tr>
<tr>
<td>Case Situation</td>
<td>16</td>
</tr>
<tr>
<td>Client Involvement</td>
<td>17</td>
</tr>
<tr>
<td>Services Offered/Provided</td>
<td>18</td>
</tr>
</tbody>
</table>
Case studies are the preferred evaluation method when questions of ‘how’ or ‘why’ are being posed, when the investigators have little control over events, and when the focus is on a contemporary issue within a real-life context (Yin, 1994). As such, this evaluation utilized a case study methodology to investigate and describe the characteristics, implementation, and impact of the community-based care model (the Coalition for Safe Families in Sarasota County) upon client families, from the perspective of client families. These case studies will help to provide a more comprehensive look at the impact of the Coalition’s implementation strategies upon client families. Themes, such as facilitators and barriers to family reunification/stability, were evaluated. In addition, findings reveal how families were served across systems, the perceptions parents had of the services, and levels of parent involvement in the process.

### Methodology

#### Measures/Research Questions

Several open-ended questions were asked of each group – with questions falling into one of five categories: client involvement; services offered/provided; service quality/satisfaction; services comparison; and, overall agency satisfaction/impression. Although the specific questions asked each cohort (birth parents, foster parents, adoptive parents) were slightly different, each fell into one of the above categories. Thus, five total experiential areas were examined, with the findings discussed below.

1. **#1:** How do families perceive their level of involvement within the CBC model, and how has this impacted their ability to achieve permanency?
2. **#2:** How do families describe the services provided by the CBC model utilized?
3. **#3:** To what extent are families satisfied with the quality of services provided under the CBC model?
4. **#4:** If applicable, how do parents describe the service array provided under the CBC model with those obtained from public child welfare agencies?
5. **#5:** To what extent are families satisfied with their overall involvement with the CBC model?

#### Participant Recruitment & Human Subject Protection

The sources of data within a case study methodology are the respondents, which was the head-of-household for each family interviewed. Once the invitation letters were sent, an attempt was made to call each family respondent to extend an invitation to participate. The potential respondent was informed of the evaluation, their potential contribution, as well as their level of risk due to participation. They were also assured of confidentiality, to the extent allowable by law, as well as their right not to participate. When an individual consented to talk with one of the evaluation team members, a confirmatory letter was sent, as well as follow-up phone contacts.
V.2

In addition, at the beginning of each interview (which were voice recorded and transcribed) an informed consent for was read, and their verbal consent was obtained.

Instruments/Data Collection

Standardized phone interviews were conducted with 8 participants – comprising over 257 pages of text. The interviews utilized pre-structured demographic response formats and open-ended questions. Some interview items remained the same from one interview cohort to the next, while other items attempted to capture that individual cohort’s experiences. The interviews, which took place over the phone and were voice recorded, occurred with one individual representative per family. In addition, detailed notes were taken and compared to the transcriptions to detect any obvious missing data or to help clarify points. The interviews lasted approximately one and one half hours. Data were collected at only one point in time during the evaluation period; thus, the data utilized for this study are not longitudinal and do not detect changes in client-agency interactions over time.

Analyses

The approach to analyzing the data was as follows:

1. Three members of the evaluation team were utilized in the analysis process, with each individual case interview read two team members (i.e., cases were read in an over-lapping round-robin format as shown in Table 1 below).

<table>
<thead>
<tr>
<th>Case Study</th>
<th>Reader #1</th>
<th>Reader #2</th>
<th>Reader #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>2</td>
<td></td>
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</tr>
<tr>
<td>8</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

The respondent statements were subjected to content analysis in order to represent the range of views expressed, and convergent and divergent themes. To establish a high-level of inter-rater reliability, the three readers examined the data from one randomly selected interview. For example, the readers highlighted those statements which each deemed to be indicative of either facilitating or impeding the case goals. This was conducted to ensure that a mutual understanding of the concepts were utilized.

2. After this first reading, material was organized so that all statements pertaining to one topic were placed together. Relevant statements (the complete and distinct responses of
participants to specific questions, rather than single sentences or utterances) were highlighted by
the readers for later correlation, rating and discussion. The statements were subsequently
reviewed by the other readers to ensure that all relevant statements had been captured from the
interview.

3. Next, statements were independently classified into discrete categories depending on the
topic of interest. Classifications were compared between the two assigned readers, with the third
reader consulted to resolve any discrepancies. The result of these discussions resulted in the
further refinement and clarification of the categories/issues identified.

4. Lastly, in the development of the case study reports, the information written in the report
will be reviewed by additional readers for completeness and accuracy with the data collected.
Sampling Frame

The sampling plan for the birth parent sample was to choose 30 children by a stratified random sample from a list of all children that currently have open cases with the Coalition. The Coalition provided names for 29 of the 30 requested subjects. For eight of the 29 potential subjects either an address or a phone number was missing from the provided information. Twenty-one letters were subsequently mailed to invite potential subjects to participate, with five returned due to an incorrect addresses. Research assistants attempted phone contact two or more times for all remaining potential subjects at varying times. Ten of the subjects were never reached through phone contact. Of the five who were reached, two declined to participate in an interview and three consented. Three birth parents participated in interviews.

Sample Characteristics

Two of the parents who participated characterized their race or ethnicity as African American and one was Caucasian. Two participants were female and one was male. The subjects ranged in age from twenty-six to sixty-nine years old. Two of the subjects had not completed high school or a high school equivalency exam; one completed high school. Two of the parents reported having one other adult living in the home with them and one did not. All had biological children living in the home; ranging from 1 to 4 children. Two of the three parents reported having birth children living outside the home; one reported two children outside the home and the other reported one child. Two were not currently employed and one was employed full-time. One parent reported receiving Medicaid funds. One parent reported receiving Food Stamps. One parent receives Social Security. None of the parents reported receiving Medicare, Unemployment, or AFDC funds.

Case Situation

The three birth parents that consented to be interviewed came to the attention of the agency through very different ways. One parent was called to take his daughter approximately 6 months ago, as she had been molested by her step-father. This was clearly a shock to him, as he choked-up and began crying when describing this trauma. The second parent had a relative call the hotline to report her. The result was having her children removed from her care and placed in the relative’s custody. The last parent was reported for aggravated child abuse and had one of her children removed from the home. The parents ranged in their time with the agency, from 6 months to over 4 years.

The birth parents interviewed also had varying amounts of contact with their children. One spent time with the child daily - as she was living at home under protective supervision. The other had two children in care, and saw one child weekly and the other monthly. The parent could see
them anytime, but has other children to care for, as well as juggling work – so 'they usually come down or I go up once a month'. The last parent has supervised visits once per week at the agency for one hour. The case manager sits in the room, and the parent brings the other kids and 'they all play and we talk and stuff like that'.

Since starting with the agency, the parents have had a range of case managers. One parent has had only one case manager whom the parent says is not good. She is slow and 'drags her feet...[taking] forever to do something'. Although the parent reports that other than the current case manager, 'they’ve all been real good'. Another parent has had two case managers, with the current one being new to the case and agency - having been on the case about 2 months. The last parent has had four case managers. The parent describes the current case manager as 'nice...I like her a lot...she is very helpful...she has not been on the case long (about 5 months)...[but] she is the one I like a lot'.

Overall, it appears that the case managers are readily available to the parents interviewed. One parent saw the case manager a week before the case study interview, although that was the first time in a couple of weeks. The parent conveyed that in the past they had a confrontation and she has not called much since. Nevertheless, the parent reports that the case manager continues to see the child once per week at school – the case manager just does not come to the house much. Another parent reported that the case manager meets with her about once per week. This is similar for the last parent, who meets once per week with the case manager through the supervised visitation process (although this sometimes alternates between the clinical specialist one week and the case manager the next).

**Client Involvement**

One parent stated that there has not been an opportunity to participate in case planning since the daughter has been placed in the home. The other parents were split, with one stating that, 'no…we do case planning here [at the home] whenever the case manager comes – well, no, I have not…no…there is no like formal meetings of any kind with the case manager specifically regarding that…no'. However, the other parent stated that, 'yes' – she was definitely involved in the process.

The receipt of notification prior to the case plan being implemented was inconsistent among the parents. One had not received any early notice, while the other two had been notified either by phone and/or letter.

One parent described the process as having the case manager call and tell me what’s going on and what’s going to happen at the meeting and what to expect. There is usually the parent's case manager, clinical specialist, attorney, supervisors, and the guardian ad litem. However, the other two parents described situations in which the case manager said she would do things, such as paying certain things, ‘which they have never done’ - and that the agency had a low involvement in this from them in this. As one parent states, 'sometimes I get to provide input, sometimes I don’t...I cannot really say why'.

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As such, two of the parents did not find their experience in the case planning process to be helpful. They did not feel their voices were heard, nor that the case managers would follow through on what was agreed upon. The third parent stated that she indeed found it a helpful process, and that ‘it made [her] think about things before getting angry, and it taught me never to be in this situation again’.

One parent felt that the case manager did not follow through on what was agreed to. Although it was generally agreed that the case managers could be contacted when needed. One parent noted that her case manager ‘always calls back if I have a question or something – she gets back with me...she is real good.

All of the parents where informed about the legal process and all court hearings through both the case manager and their own attorneys.

**Services Offered/Provided**

The services offered by the Coalition appear to be the standard fare of parenting classes, anger management, individual/family therapy, etc. One parent reported attending a group meeting for parents and children having problems. The parent stated that they attended, but have missed a couple. Another parent stated that referrals were received for parenting classes, individual/family therapy (for parent and children), and a mentoring program for kids. In addition, the parent they also offered domestic violence and anger management – but did not participate. Instead, the parent chose things she felt were applicable to her family situation. The parent went to classes every week for 12 weeks for 2 ½ hours a session. The last parent was also referred to the same array of services - primarily anger management (26 week class), parenting classes (12 week class), and counseling.

The first parent did not get assistance of any kind in setting-up appointments. The parent conveyed that help was asked for with another matter, but the case manager said it was not her job – so the parent had to do it alone. For the other parents the wait times differed depending on the service. Parenting was started relatively quickly, with a 3-4 week time between referral and starting. Mentoring for the children was immediate. However, accessing therapy services had a very long wait - approximately 7-8 months.

One parent felt that the services offered did not meet the family's needs, and felt the service offered was not age appropriate for his daughter (too young – musical chairs, drawing, etc.). The parent felt it was a waste of time, and got nothing out of it whatsoever. The other parents both felt positively, overall, about their service experiences. The first said that, 'yes, the parenting classes have met her needs'; while the other said that the services definitely helped the parent a whole lot...100%...all of them were good. Mentoring was also seen as a positive service experience, and as a good thing for the kids. The children get one-on-one attention and do things – movies, outings, etc.; and is also a good source of support for the parent, alleviating some of the burden of having all the children with her at once. One of the parents did not enjoy therapy, stating that 'it is not doing any good...[and that] it has hurt more than helped'. 
Service Quality/Satisfaction

One parent felt that no services had been provided, so the parent stated that they had had no impact on the family. Another parent felt disempowered by the services received, stating that, 'since I have been getting these services (therapy and counseling), the kids feel they can do whatever because they tell them they are here to help them and are looking out for their safety – and it makes me think that they can do whatever they want. There is nothing I can do about it. Its like the kids are in control now. The therapy has contributed to that’. Thus, while services should ensure the safety of the children, to engage the parent they must be empathic and empowering as well.

Some services were thought of as helpful, while others were not. The parents were satisfied with mentoring, anger management and parenting services, but not with therapy. One parent stated that, 'I have learned how to deal with my anger, or how to deal with my kids instead of picking up a belt or spanking them, I know how to deal with it better…either try time out or take a walk'. However, the parents generally agreed that the overall impact of their agency involvement has been negative.

For the most part, parents could not identify additional services that would have been helpful. One parent explained that the parent had to secure clothing for the child, but could have used some assistance finding this. Another stated that help could have been used to find and secure a bigger apartment; which was required for reunification. The parent stated that, 'they just said I needed to do this...I said I could not afford it, and they said they could not help…they did not have any funds'.

Unfulfilled promises and respecting the parent are the themes for improving services delivery with birth parents. One parent stated that, 'the in-home therapist wasn’t listening to me…understanding my side…they was taking sides and just giving the kids the okay to do whatever they wanted to do…I was just crying out for help and I’m just saying they wasn’t there for me'. Another parent felt that all of the identified tasks had been done, and 'it feels that they have something over her (her son) to make her do things…okay…I did this, this and this…and still my son is not here...what I am saying is I have done everything…anger management, parenting…it's been almost two years since I completed those and he is still not here'. Lastly, the time from referral to beginning services, specifically for therapy, is, as reported, several months long.

Service Comparison

None of the birth parents interviewed had ever had any contact with another child welfare agency in any jurisdiction. Thus, services comparisons between the Coalition and other providers is not possible with these families.

Overall Agency Satisfaction/Impression

There have been many ups and downs for the birth parents interviewed. One parent is disappointed in the way the Coalition operates, and feels betrayed by the case manager - 'They
tell you one thing and do something else’. Another reported that she had a good relationship with her first case manager, but she left the agency and is now having problems. The parent explains that, 'the first case manager was pretty good…she helped us through…when we changed case managers everything fell apart…she does not want to come around until we have a problem…she shows up when things are chaotic'. By only showing up when there is a crisis, there has not been adequate time to build the trust and communication in the relationship needed to intervene. The last parent had the opposite case manager situation. She stated that, 'things are going pretty well because everything is now on the right track…not as fast as I would like it, but its going well'.

Asked to describe their most positive (1\textsuperscript{st}) and negative (2\textsuperscript{nd}) experiences with the Coalition within the last six months produced almost entirely negative comments. One parent reiterated the theme of unfulfilled promises, stating 'I am just disappointed with them – I just don’t think they are doing their job right…they found a place to put the child, and more or less other than that they could care less…that’s the way I feel about it…unfulfilled promises'. Similar comments were obtained from another parent - who explained that, 'I don’t know if I should say this…you know, I do not have too much to say about that...I’ll just be glad when its all over with…we talk about a problem and we do contracts and, you know, its not working…they do not follow through with their end of the bargain…they just don’t listen…it seems like they don’t listen to my feelings or respect me…they tell me to take a time out (which makes her feel like a child)'. The one parent to discuss a positive interaction, also stated the most disturbing negative interaction. The parent stated unsupervised visits were beginning, and it was hoped that they would continue. However, the parent was very scared by the clinical specialist. The parent states that they do not get along, and that they 'have a rough time…we do not get along and her gives me a hard time'. The parent describes that the clinical specialist, 'likes to push…[the clinical specialist] is just a person that loves to push my buttons…I think [the clinical specialist] does it on purpose…I am always on pins and needles when [we] talk…I am scared that I will say the wrong thing and make [the clinical specialist] upset…[the clinical specialist] says some foul stuff sometimes…[the clinical specialist] said that [the clinical specialist] would fix it so that I would not have my son anymore…sometimes I feel that if I had a different clinical specialist I would have my son back already…[the clinical specialist] tells me all the time that [the clinical specialist] has the upper hand'. Finally, when asked if there was anything else they would like to add regarding their experiences with the Coalition, the unanimous feeling, as expressed by one parent, was, 'I will just be glad when I am done with them'.
Foster Parents

Sampling Frame

The sampling plan for foster parents was similar to that employed to recruit birth parents. The Coalition was able to provide a complete list of all licensed foster parents. Thirty foster parents were chosen from the list in a stratified random sample, and invitation letters were mailed to all of them. Two of the letters were returned due to incorrect addresses. Research assistants attempted phone contact two or more times for each of the 28 remaining potential subjects. Two of the telephone numbers supplied by the agency were incorrect. Nineteen of the potential subjects were not reached by telephone. Of the seven who were reached, four chose not to participate and three consented to an interview. Three interviews were completed with the consenting foster parents.

Sample Characteristics

All three participants in the foster parent interviews were Caucasian; two were female and one was male. Participants ranged in age from 44 to 65 years old. All of them had completed some college and two had completed Bachelor’s degrees. Two reported having one other adult in their home and one reported no other adults. One foster parent currently did not have any children, one had six (five foster children and one adopted child) and another had seven (all foster children). Two reported receiving Social Security payments, and one foster parent reported receiving Medicaid funds. None reported receiving Medicare, Food Stamps, AFDC, or unemployment funds. The two foster parents who currently had children received an average monthly foster care board payment of $331 per child. The parent with the adoptive child reported receiving an adoption subsidy of $360 monthly.

Case Situation

Foster parents came into their role through various means. The first respondent had been a foster parent since before the move to privatization when child welfare was still under the auspices of DCF. The couple had originally wanted to adopt, but they were told at that time to foster first to get an idea of the children that were available. Another parent had also wanted to originally adopt a lot of kids and called 1-800-96-ADOPT, but later changed her mind and decided to foster. The last foster parent knew someone who was a foster parent, and she thought this individual would be good at it and encouraged her to try it. The range of time as a foster parent was from approximately 1 year to over 8 years.

The process to become a foster parent was similar for each of the respondents – which included lots of paperwork. The parents identified several steps that each had to go through on the road to becoming a foster parent. These tasks included background checks, a series of home study visits, 30 hours of training (MAPP – Model Approaches to Partnerships in Parenting), writing your life
story, inspecting the home for fire safety and health violations, as well as subsequent relicensing
tasks annually.

Their current foster children have lived with them for a wide duration of time. One child had
been in one of the homes for less than one month to almost one year. But that varies greatly, as
one parent has had a child stay in the home for over four years, and another has had over 20
children placed in the home within a one year time frame. The foster parents generally agreed
that the children stay from three months to a year – although not all of the children leave to be
returned home. They may be placed in adoptive placements, relative placements, other foster
homes, group homes and other facilities.

On average, each of the children in these foster homes have had several placements. The first
home has one child that this is her first placement, with the others ranging from 5 to 10 previous
placements. The children in another home have had ‘probably 10 to 15 placements’…the foster
parent takes older kids and states that ‘they do not last long in any one placement…I had one that
had had 30 different placements’. The last foster parent stated that the children each had had two
placement because ‘a lot of first timers’ are placed in the home.

Some, but not all, of the children had a variety of special needs. One foster parent has a child
who is a crack addict. The child requires counseling and extra care when she goes into her
cravings. The foster parent has also had other children with special needs that include self-
mutilate, and ‘some girls who were lesbians which bothered some of the other kids’. Another
foster parent has a child who has manic depression requiring medication, another child with
sexually transmitted diseases, and all of them have learning disabilities – with about 90% have a
really hard time at school. The last foster parent describes her children’s special needs as
including ADHD and central auditory processing difficulties, as well as sexual abuse and
boundary difficulties.

Many of the children maintain contact with various family member, including birth parents
(primarily mothers). Three of the five children in one of the foster homes see their parents. For
one, the mother comes and picks the child up every weekend at the foster home. The foster
parent helps with transport the child to the birth mother when the birth mother is having
problems. Another child sees the mother sporadically, and the third has supervised visitation
through Family Resources. Another foster parent also allows the birth parents to come to the
home, stating that, ‘The parents come here to pick up the kids. Whatever the case worker allows.
I am pretty lenient in letting them be with their parents. I have not had any major problems with
the birth parents.’ The last foster parent noted that primarily the case worker picks up the child
and takes them for visits at the agency. This foster parent also drops a child off at the birth
mother’s house when the case worker is there. Lastly, one foster parent stated that, ‘Previously,
DCF would ask our input…although they did not always go with what we said. However…we
have systematically been excluded from all decisions and they just pick up the phone, call us,
and say there’s a visit at 3:00 o’clock this afternoon, be there...so I am not sure how they are
arranged’.

Face-to-face time with the case manager varied greatly, with some case managers visiting
weekly and others coming monthly (at most). One foster parent stated that the case worker sees
the child for maybe 30 minutes once per month - if that. The foster parent commented that, ‘They are so overloaded they do not have the time to make several visits to school and/or home. The agency will not pay them overtime to do the work - so at 5pm whether or not there is still work to do, they close their books, close their office door and go home. One child has had five case workers in one year.’ The other foster parents stated that the case workers visited at least monthly – ranging from ‘usually once per week or two - sometimes three or four weeks’ to ‘usually weekly…if the case manager did not see them weekly, the therapist will see them in-between’.

**Client Involvement**

Two of the three foster parents interviewed stated that they never received notification of case planning meetings. One stated that, ‘under DCF we were invited to every staffing…we would have the opportunity to either appear in person or we could send something in writing’. The other commented that notifications were ‘never’ received. The foster parent had attend some staffings, but had never been to a meeting in which the case plan is written. In fact, the foster parent stated that a copy had never even been received…and, in 20 cases one has yet to be received. The last foster parent stated that she receive notification and attended most of the time – although there are still numerous times that nothing was received. Notification, when received, was obtained either verbally in-person, in a letter, or by phone.

One foster parent reported that the case managers were very helpful in the case planning process. The problem she reported was with the follow-up. The case worker would not back up the contract if the child did not follow through with his/her end. The case worker gave the child ten chances and it just went on and on with no consequences. So the teens knew how to manipulate the case manager and would say there is nothing they are gonna do. So the process ultimately became a moot point. Another foster parent described being told, ‘I am the case manager, I have a college degree, you are just a foster parent, you have nothing to say’. The foster parent stated that although that was extreme, this attitude is systemic and not just a one-time occurrence. The last foster parent said she had no experiences with the case planning process because she was never invited.

As stated above, two of the foster parents felt the process was not helpful at all, and the third said that it would/could be if there was consistent follow-through with the contract. In addition, the two stated that the case manager was not available to answer questions/provide information to you regarding the process – while the third noted that it was inconsistent, ‘some days yes, and some days no…it varies depending on their other obligations, but they generally get back in a couple of days’.

Similar reports were collected regarding notices for the legal process and all court hearings. One foster parent noted that the notification was mixed - some cases it is explained well and some others she does not receive any information. For most cases she was informed of the court date. It was much worse for the other foster parents. One replied, ‘rarely…I do not get invited to court hearings or anything. My kids had two hearings on one day and I did not get notification for either. I end up hearing later from foster parent advocates who are at court’. The other notes that, ‘DCF notified us of every court hearing. We would go down and participate. We are no
longer invited. We never get notified. I find out through other means and it irritates the agency because I am there and the judge will ask what I think. The judge does not always do what I say, but at least he listens to me and takes that into consideration’.

Services Offered/Provided

Of the services that have been offered by the agency, one foster parent stated that therapy is a biggie - without the therapist the kids would be lost. However, she is also quick to note that the best place to get information on services is not the agency, but the Foster Parent Association (FPA). She states that, ‘I get more information at the FPA meetings than anywhere else - clothes, beds, learning from others’ experiences (practical things like what did you do when so-and-so was standing over you with a knife threatening to kill you). Agency representatives have come to FPA meetings and that has been very helpful - there should be more of that’. Another foster parent replied, ‘which agency - there are so many it is confusing. Most of the services I get are ones that I obtain. They provide some in-home counseling, but the waiting list is too long. Getting services usually falls back on the foster parent to find them, seek them out, and put them in place.’ The last stated that, ‘They tell us there is counseling available and transportation available, but that's all. They give us a list stating what is available, but then you cannot get it.’

One foster parent has utilized several services including Medicaid, therapy, independent living, and a sexual dysfunction program. The other foster parent asked to have a child get counseling, and stated that the case worker said ‘you’re not a psychiatrist, how do you know this kid needs counseling?’ The foster parent said it was then asked if she could be evaluated by a psychiatrist and was told that it costs too much money. This is despite having the child tell the foster parent - I have these problems I want to get it out. The last foster parent said that no services have been offered by the agency. The foster parent has seven children and does not have any counselor that comes from the agency.

For those foster parents attempting to access services, it was reported that the initial paperwork must be completed by the case manager - which has taken between 1 to 3 weeks to get the forms done. From that point, it was about a month between referral and seeing someone. Therapy took a couple of weeks to get someone. The foster parent noted that it was not that long a wait, and independent living sessions are on-going - so they just go. One foster child went to a counselor for about five months while in the home - but started prior to coming and continued after leaving. The teens go to independent living every Thursday night, and therapy is on-going for most of the kids. One child went to therapy for the entire four years she was placed in the foster home.

Foster parents subsequently described how each service used either met or did not meet the need. For one foster parent, ‘the counseling helped several of the children, but for a majority it was pretty much a waste of time’. Another reported that, ‘The agency has had picnics, but most teens do not want to go to those things…. [in addition] the therapists are fresh out of school and get manipulated by the kids real well. They need more therapists that are trained in substance use. The therapists help with surface issues (i.e., do not shoplift), but on the deep emotional scars they do not help a lot. The sexual dysfunction program has experienced therapists.’ The last foster parent noted that her satisfaction with the services was lousy…’they do not provide any…they do not even pay mileage when you turn it in…they lose the paperwork’.
**Service Quality/Satisfaction**

When attempting to describe how the services at the agency had affected her foster family, one foster parent noted that there had not been enough services offered to really tell…’some of the kids need tutoring, but that has been difficult to arrange due to transportation logistics…[but] the case manager has offered to help find a solution, and has located someone who may be able to go to the home.’ Another foster parent felt that the therapist, ‘helped a lot with concrete things such as behavioral charts…what is lacking is the lack of attention on the children’s emotional scars from childhood’. She noted that many of the case workers help in making appointments, getting everything situated; although they do not provide enough information when placing the child. She notes that they used to come with a yellow jacket with information…’I had one child with sexual problems that I did not know the extent of until she started acting out - she had to go to a home with all girls…they do not match the child's needs with the foster parent's capabilities…I also had a bi-polar child who grabbed the steering wheel and tried to make the car wreck while laughing hysterically…I did not know why - making it unsafe for me and her’ The last foster parent had no comment – as she felt she had not received any services.

Overall, when describing the service that was the most helpful, the foster parents were limited. One stated that none have been very helpful, but that ‘tutoring would be helpful once implemented’. The other stated that for the children - therapy…for the foster parents - the FPA.

Conversely, the foster parents had several suggestions for services that were not offered that would have been helpful. Assistance with medical services not covered by Medicaid. One foster parent has a child in need of braces, but does not meet the Medicaid requirement. This is placing a great burden on them. It is also asserted that the board payment is often late and the placement paperwork is often wrong. One foster parent reported getting paid for a child that left the home for several months after she left. The case worker was called and told, but nothing happened and the foster parent continued to get paid. Then they have to correct everything - which makes for big swings with little assurance that it is ever totally correct. In addition, it was felt that the attitude at the agency was one of condescendence when trying to call and report these errors. One foster parent suggested establishing groups for children of substance abusers (alcoholics), a foster parent/teen group, and better coordination with the police department on runaway protocol – she gets different stories on reporting or not, and what time frame, etc. Lastly, foster parents need copies of the case plans, need to be notified of all meetings and court hearings far enough in advance, need to be notified of policy changes well in advance and have the opportunity to provide input, and, all agreed vehemently, that they need to be treated with more respect by some of the workers.

**Service Comparison**

All three foster parent respondents had been foster parents within a foster care system that was different from the agency or community-based system that they are currently involved with. One was a foster parent with DCF, and reported being much more satisfied with DCF. It is felt that ‘the agency does not care what we think, or at least that is the impression we get. Overall, they cannot keep foster parents...they cannot keep case managers...to me it's a disaster’. Another was
also a foster parent for HRS/DCF before privatization, and the last was a foster parent for a state run system 20 years ago. She stated that, ‘You had only one person to deal with, but it still lacked many of the same things’.

When the child welfare system was run by DCF, according to one foster parent, things were more timely and there was less of an emphasis on money. In addition, the foster parent states that, ‘you dealt with one central agency rather than numerous - which are all vying to be number 1…there were a lot of problems with DCF, and I thought that going private would be a possible benefit, but the way it is running now…no…absolutely not. Before, you felt that you were included in the case planning, court hearings…that your input was valuable’. Coming from the other end, another foster parent reports that, ‘[I] definitely think it is an improvement. When it was HRS, other than the yellow jacket, you could go months without seeing a case workers, and therapy was hard to get. I think it is 100% improved. It is easier to get a hold of people now’. The third foster parent felt it was difficult to compare her previous experience with this because of the vast chronological differences – ‘It was much different then - they did not do counseling and the other services which are more acceptable nowadays’.

**Overall Agency Satisfaction/Impression**

Over the previous 6 months, one foster parent’s experiences with the agency has gotten reportedly worse. The foster parent states that, ‘[I] have dealt with very inexperienced case workers that have not even had time to read the kids' folder. I was told by 3 separate case managers that the supervisors are telling the case managers to delete us from the loop and do not pay any attention to what we say’. These feelings are not unique, as the other foster parents also report that there is a lot of difference between what they expect and what the case workers expect – although, in general, they have worked pretty well together. Another foster parent sticks it out because, ‘[I] love the kids, but the agency stinks…its bad. They do not notify you of anything. I am the one doing the work, but they treat you like you are not worth anything. Some workers are really nice, but I have several that are something else’.

When trying to think of their most positive interaction with the agency during the past six months, one foster parent stated that there was not one, but then reported that she thought of one - we got permission to use the YMCA tax exempt number so that when we go buy clothes we do not have to pay taxes. Another felt the family meetings with the therapist were helpful – ‘They help keep the peace’. The last foster parent stated that, ‘My newest child has a case worker who is very friendly and nice and upbeat about everything and open and honest…so there are some good ones in there…but I still do not have a case plan’.

The most negative interaction with the agency during the past six months was problems in the timeliness for getting paid. Not knowing when the money is going to come hurts. Also, the foster parent noted that the agency treats the kids like 3rd class citizens…”The kids tell me they would rather go to school naked that wear something from Goodwill, and I do not blame them. With teen peer pressure, you cannot ask them to wear used clothes’. A foster parent had one child who was getting ready to run away. The child made accusations and the foster parent had to prove there was food, etc. in the home. The foster parent kept saying she wanted the child removed because the tendency when they are going to runaway, according to the foster parent, is
to set-up house somewhere else and take most of her houseware items...and that is what the child did. The foster parent has had jewelry stolen, dishes, towels, sheets, etc. The case worker needs to get them out sooner once this pattern starts. A foster parent also noted negative case worker interactions – stating that, ‘there is a case worker that makes everyone uneasy and says stupid stuff. The case worker, in response to a scared 7 year old child's question, told her that I already ate one foster child and it did not taste good and walked out the door. The child was in shock and her eyes were bulging out of her head’.

Last comments by the foster parents regarding their relationship with the agency included; ‘Tallahassee needs to send in a disinterested person from outside the agency to go down and really investigate, talk to each FP...whatever is necessary to find out what the problems are’. In addition, another noted that, ‘There should be a fund to let [the foster children] have the biggest graduation or prom they can have. I have teens and they want to go to the prom, but it costs like $600+ dollars. The agency's answer is that not all kids get to have that. I think if they make it that far they should get to have it’. Lastly, one foster parent voiced that, ‘I do not do it because the agency is great, because it has a lot of pitfalls. I do this for the kids’.
Adoptive Parents

Sampling Frame

The planned and adopted sampling frame for the adoptive parents was to use a list of all parents who had finalized adoptions with the Coalition within the past year. The agency provided a list of 21 names and complete contact information for all but two potential subjects (for whom phone numbers were not provided). Twenty-one letters were sent and none were returned. Phone contact was attempted two or more times with each of the nineteen potential subjects. Three of the given phone numbers were either disconnected or wrong numbers. Ten potential subjects were never reached by phone. Of the six who were reached, two declined to participate and four consented. One who initially consented withdrew because of work obligations and one interview was not completed because the given telephone number was disconnected when the research assistant telephoned at the appointed time to complete the interview. Two adoptive parents completed interviews.

Sample Characteristics

Both of the adoptive parents were Caucasian females in their late forties. Both had completed at least some college. Both adoptive parents reported having at least one other adult living in the home. Both parents had two adopted children, in addition to other children. One adoptive parent was employed full time, the other was not currently working. Both reported receiving Medicaid for their adopted children.

Case Situation

One adoptive parent respondent knew a foster family in her church who was fostering two children and the children’s adoptive placement fell apart. After some thought and prayer, she and her husband contacted the agency and the children were in the home in three weeks. The second adoptive parent was licensed as a foster parent since before privatization.

The process to become an adoptive parent was basically the same as that to become a foster parent. Agency representative came and checked the physical home and family. The adoptive parents all took the MAPP class. For one family the children were placed prior to completing the class, and were adopted six months later. The children were in the home pre-finalization a total of nine months. The other family adopted transracially. The adoptive parents decided it was in the children’s best interest to adopt them given their special needs (i.e., sibling group, minorities, and with physical challenges). Since they were already licensed foster parents for the children, only minimal paperwork was required to change their status. The adoptive parent did comment that, ‘the application was quite effective, but the training was ineffective. The [trainers] dwelt too much on how horrible the children are, and that there are no infants…which is not true…It
was intended to weed people out. It did not give enough practical information on dealing with the system’.

One family has had the two children for two years; while the other has had their two children for six years and seven years, respectively. The children in one home had had one previous foster family and a failed adoptive placement that did not work so they went back to the same foster home and then to the respondent adoptive family. The other children were both placed as infants straight from the hospital and had no other placements.

One set of children have no physical needs, but ‘standard emotional’ issues that impact many adopted children. The other children were both drug affected and premature births. One child has a serious life-threatening illness, but is currently stable. The adoptive parents were told that she would not live to be a year old, but she is currently six and has never had any major illnesses. She is OK and is not on any medication.

All of the children maintain some form of contact with their respective birth families. The first set of children have some contact, through the adoptive parent, with an out-of-state aunt. The adoptive parent and aunt correspond by e-mail. The adoptive parent has set-up a separate account that she uses, and she e-mails around birthdays and Christmas. The children also see the previous foster family through church. The other children do not have direct contact, but the adoptive and birth mother do. The adoptive parent has stayed in touch with the children’s birth mother, and, until she died recently, their birth grandmother. The adoptive parent states that she typically sees the birth mother when she is in jail. She stated that she cares a lot about her. The adoptive parent said that the birth mother ‘is very sweet and has a wonderful smile that makes everyone feel good…she was a foster child and has had a lot of abuse…she loves me dearly and is very happy the kids are with me…she is very happy to hear about them…I make sure she has tons of pictures and I tell her everything…the kids do not visit because of her continued drug use’.

None of the children in either adoptive placement have any current post-placement contact with the case managers.

When asked if they would consider adopting from this agency again or recommending it to a friend, the responses were dichotomous, with one responded with a responding, ‘yes - I have already’ – while the other stated, ‘no - I will not even consider fostering from this agency again…they are so concerned with their statistics that the children are not properly cared for…and foster families are treated horribly if they advocate for their children’.

**Client Involvement**

Both adoptive parents stated that when their cases were still open they received an opportunity to attend and participate in case planning meetings…’but very often we were not notified or the date changed and we are not notified of the change. I missed several staffings because of either no or late notification (i.e., the day before)’. Notification, when received, was by either phone or mail.
In the case planning process, an adoptive parent describes it as meet with case managers, attorneys, agency head, previous foster family and talking about how things are going, what the next step should be, what we need to do in court, share information. It was found to be helpful some of the time. The case manager was available some of the time to answer questions/provide information, but it required tenacity...’it is an experience’ reports one adoptive parent...’it was a case of calling and calling and calling and then finally getting someone’. The other adoptive parent’s experience was not that productive, as she describes sending e-mails and get no response.

These adoptive parents were informed about the legal processes and court hearings about 75% of the time. There was a time when the previous foster mother called the adoptive parent because she was still listed and a hearing was that day. The adoptive parent stated there were only about four hearings between placement and finalization. The other parent received an initial notification for three hearings in a row, but all were changed and no one told her.

Services Offered/Provided

One adoptive parent reported that the agency did a Christmas Angel for the children, and that they get a subsidy because the children are considered special needs. The other adoptive parent has been offered speech therapy and early intervention services, as well as the Watch Program. She felt that the services that are offered are good.

One adoptive parent has tried to use Medicaid, but it has been very hard to find doctors - especially dentists. However, when a therapist was needed, the case manager did provide me with this wonderful woman. The other adoptive parent declined speech therapy and physical therapy for her children, and instead worked with them at home. She stated that, ‘the offer of services is good, and that is one of the strengths of the agency...they have the community all wrapped-up under one roof’.

The time between referral and when the adoptive parent and/or child actually received them was brief - because the adoptive parent advocated for the children...about two weeks. The therapist is meeting the children’s needs so far, and the Christmas Angels was a big plus. The subsidy goes a long way towards helping the adoptive families provide for the children. Lastly, the early intervention evaluation provided a comprehensive evaluation along with information that could be utilized.

Service Quality/Satisfaction

The subsidy has affected us positively by making the financial impact easier to take. Otherwise we could not have done this. Not being able to find a dentist to take Medicaid is a negative. The early intervention evaluation was helpful and a comforting presence. Overall, the service that was the most helpful has been the therapist and early intervention evaluation.

One adoptive parent feels that a service that was not offered that be helpful would be access to the Florida Kid Care insurance instead of Medicaid. Unfortunately, in its present state, if they
qualify for Medicaid that do not qualify for the Kid Care. The adoptive parent has her other kids on it and feels it is much better.

To improve service delivery, the adoptive parents feel there should be better access to case managers. One person to call who knows a fair amount and could help you figure out where you need to go, or make sure the case manager would get back with you. There were times the adoptive parent was out in left field and did not know what to do and was not able to speak with someone until later. They wish they had control over case manager turnover – as the case manager is the key to getting services and if they are leaving, they are not gung-ho to help.

**Service Comparison**

One of the two adoptive parents had been a foster parent since before privatization. The other had never been a foster and/or adoptive parent with this or another agency. The adoptive parent with previous child welfare experiences ‘thought HRS was a frustrating system until I dealt with this agency. The HRS system was preferable over this system. They did not wield their power and abuse their power over people. I think the community-based model is preferable and has potential to be very advantageous for kids...however, it is the dictatorial abuse...things do not happen that are in the child's best interest...they happen because it is in the agency's best interest. The statistics are very important so that they can prove they are doing better to the State’.

**Overall Agency Satisfaction/Impression**

In general, neither parent had extensive contact with the agency in the previous six months. One called the case manager to refer me to a therapist for the child. The other calls her interactions, ‘horrible...horrible...the communication has really broken down’.

The most positive interaction with the agency during the past six months for one adoptive parent was when the case manager brought Christmas gifts for the children. The other adoptive parent, when describing positive interactions, noted that, ‘Jim Lenahan and Chris Card are both very capable people. I think Chris Card has opted for more of a power base instead of a child oriented base...and that is very sad to me. Both are very capable people...intelligent people. There are some people in place that are excellent’.

Conversely, the most negative interaction with the agency during the past six months for one was trying to get a dentist. The adoptive parent took the children to a non-Medicaid dentist because their teeth were so horrible. I paid for it and the agency paid part, but said it was only a one time payment. The second adoptive parent’s negative experience with the agency is the shift between the agency’s initial mission and its current stance. She states that, ‘When the agency started, Chris Card stated that 'My door is always open...if you as a foster parent have a problem, you come to me and I'll solve it. If you, as a biological parent, have a problem, come to me and I'll solve it. My door is always open’. We have lost him. He is in Tallahassee. He is lobbying...he is schmoozing with the politicians and, understandably, but we have lost that 'my door is always open' and there is no replacement for that’.
The last comments from the adoptive parents were: ‘I was allowed to read through some of the file, but things were not volunteered. Information was not volunteered - so I do not even know if I am using all the services available or needed. Since I do not have all the information, I do not know what questions to ask. I wonder if I am doing the best thing for my kids or if there is something else I should know.’; and ‘I think this type of evaluation is a good thing....I am very glad to see a good evaluation being done. I hope it brings out the good things about the system and I hope it brings out the necessary changes that need to take place’.
Limitations

It is important to note that the findings presented in this report represent the opinions, thoughts, and feelings of those parents who were interviewed (n=8). In addition, the data has been interpreted by the researchers, and, although measures have been taken to reduce bias, their experiences must also be considered as a potential source of judgmental error. Thus, the themes which have emerged from the data must be taken to pertain only to these subjects, and cannot necessarily be generalized to the experiences of all birth, foster and adoptive parents. Furthermore, for adoptive parents in particular, neither had had extensive contact with agency representatives within the previous six months. As such, services may have either improved or worsened – it is unknown. These findings give just one picture of agency-caregiver experiences, including the various positive and/or negative implications of this exchange, what needs to be addressed and how they have been addressed. Additional evaluation methods can and should be employed to gain a triangulated view of the importance of these thematic experiences, and the needs that have been highlighted.

Recommendations

Within the context of this discussion and the rich qualitative data obtained from the parents, the primary recommendations derived from the data are:

- In general, parents from all three groups reported that their input was not valued, and their experiences discounted. As such, it is recommended that the input from all parent groups should be consulted and obtained and subsequent decisions should not be made unilaterally.
- Case planning and court notices were, overall, either non-existent or extremely inconsistently distributed. Notifications should be distributed to all parties in a timely manner, and meetings scheduled at the convenience of all parties. Parents should receive copies of each child’s case plan, as well as other pertinent information (medical, psychological, abuse history, etc.).
- There were both foster and adoptive parents that became such due to their previous relationship with other foster and/or adoptive parents. This networking effect should be encouraged among current foster and adoptive families willing to assist in recruiting new families. Agency representatives could partner with foster and adoptive parents to do outreach into the community.
- Foster and adoptive parents worked to maintain the child’s previous connections. This should be supported and encouraged, when safe and appropriate, so that other children can experience these concurrent relationships – thus reducing the effect of discontinuity between caregivers.
- Children presented to each family with a variety of special challenges. Further preparation beyond the initial MAPP training is recommended so that better matching between parent’s skills and child’s needs may be accomplished.
- Therapists, especially those with less experience, should be provided with appropriate licensed clinical supervision so, as reported by the respondents, they can effectively assist the children in addressing their emotional needs.
• It was reported that the one time an agency representative visited the FPA meeting was very helpful. To build connections, this should be a regular interaction.
• A central person, or Ombudsman, to assist in directing individuals to the correct people is needed, as many newer case workers may be unaware of the system’s intricacies.
• Lastly, it appears that all three groups of parents want the same thing – respect. The primary over-arching theme that emerged from the data provided by the parents was the need for respect – for their experiences, knowledge, frustrations, and sacrifices.

Conclusions

Overall, the case study interviews produced a significant amount of data that reflects the agency’s involvement with parents providing care along the full service array. Many parents had a difficult time identifying and articulating positive interactions with the agency, and focused on the many challenges needing to be addressed. However, this is not to say that there are no strengths to be found. Despite the many hurdles encountered, such as high case manager turnover, limited resources, and others, there were many fine people described by the parents who are working at the agency. Indeed, some workers respond to calls, answer questions, and provide appropriate notification for meetings, etc., as well as display enormous respect for the role each parent plays. The challenge at hand is to further institutionalize those values into all interactions between the case managers and other agency representatives, and the day-to-day caregivers – with the focal point being that each has assumed the enormous responsibility of caring for a child that has been abused and/or neglected.
Appendices
Appendix A
Birth Parents Interview Guide
(Open-Ended Questions)

All of the questions below are in relation to your interaction with the Coalition for Families and Children, and their collaborating agencies. We would like for you to be as honest and complete as possible in your answers.

Case Situation

Describe the circumstances that led to your becoming involved with the agency.
How long have you been involved with the agency?
How often do you see you children?
Describe the visitation process.
How many case managers have you had during the time you have been involved with the agency?
About how long have you been with your current case manager?
About how often do you meet (face-to-face) with your current case manager (i.e., when was the last time you met with your case manager)?

Client Involvement

Have you been provided an opportunity to attend and participate in case planning meetings?
Did you receive prior notification?
How were you notified?
Describe your experiences in the case planning process.
Did you find it helpful?
Was the case manager available to answer questions/provide information to you?
Where you informed about the legal process and all court hearings?

Services Offered/Provided

Can you list the services (for you and/or child) that have been offered by the agency.
Which services have you chosen to use and why (i.e., how did you choose to use these and not the others)?
Describe the services that you chose to participate in.
How long was the time between when you were referred for these services and when you actually received them?
How long did you use each service?
Describe how each service offered either met or did not meet the need that you had when you sought the service?
Service Quality/Satisfaction

Describe how the services at the agency have affected your family - either positively or negatively.
Overall, describe the service that was the most helpful.
What service was not offered that would have helped you?
What needs to be done to improve service delivery?

Service Comparison

Have you ever experienced a foster care system that was different from the agency or community-based system that you are currently involved with?
How was the experience different?
Which service system do you feel was most helpful and why?

Overall Agency Satisfaction/Impression

In general, describe your experiences with the agency over the previous six months.
Describe your most positive interaction with the agency during the past six months.
Describe your most negative interaction with the agency during the past six months.
Are there any last comments that you would like to make regarding your relationship with the agency?
Appendix B
Foster Parents Interview Guide
(Open-Ended Questions)

All of the questions below are in relation to your interaction with the Coalition for Families and Children, and their collaborating agencies. We would like for you to be as honest and complete as possible in your answers.

Case Situation

Describe the circumstances that led you becoming involved with the agency.
Please explain the process you went through to become a foster parent?
How long have you been a foster parent?
How long have your current foster children lived with you?
On average, how many placements have they had?
If applicable, describe any special needs they may have.
If the children visit their parent(s), describe the visitation process.
About how often does each child see (face-to-face) his/her current case manager (i.e., when was the last time they met with their case manager)?

Client Involvement

Have you been provided an opportunity to attend and participate in case planning meetings?
Did you receive prior notification?
How were you notified?
Describe your experiences in the case planning process.
Did you find it helpful?
Was the case manager available to answer questions/provide information to you?
Where you informed about the legal process and all court hearings?

Services Offered/Provided

Can you list the services (for you and/or child) that have been offered by the agency.
Which services have you chosen to use and why (i.e., how did you choose to use these and not the others)?
Describe the services that you chose to participate in.
How long was the time between when you were referred for these services and when you actually received them?
How long did you use each service?
Describe how each service offered either met or did not meet the need that you had when you sought the service?
Service Quality/Satisfaction

Describe how the services at the agency have affected your family - either positively or negatively.
Overall, describe the service that was the most helpful.
What service was not offered that would have helped you?
What needs to be done to improve service delivery?

Service Comparison

Have you ever experienced a foster care system that was different from the agency or community-based system that you are currently involved with?
How was the experience different?
Which service system do you feel was most helpful and why?

Overall Agency Satisfaction/Impression

In general, describe your experiences with the agency over the previous six months.
Describe your most positive interaction with the agency during the past six months.
Describe your most negative interaction with the agency during the past six months.
Are there any last comments that you would like to make regarding your relationship with the agency?
Appendix C
Adoptive Parents Interview Guide
(Open-Ended Questions)

All of the questions below are in relation to your interaction with the Coalition for Families and Children, and their collaborating agencies. We would like for you to be as honest and complete as possible in your answers.

Case Situation

Describe the circumstances that led to your becoming involved with the agency.
Please explain the process you went through to become an adoptive parent?
How long was the time from approval to match/placement?
How long has your adoptive child lived with you?
How long was the child in foster care, and how many previous F/A placements did he/she have?
If applicable, describe any special needs he/she may have.
Does the child maintain any previous connections (i.e., relatives, foster parents, etc.)? If so, describe the connections.
About how often does the child see (face-to-face) his/her current case manager (i.e., how often has the case manager visited the home after placement?)?
Would you consider adopting from this agency again?
Would you recommend the agency to a friend?

Client Involvement

Have you been provided an opportunity to attend and participate in case planning meetings?
Did you receive prior notification?
How were you notified?
Describe your experiences in the case planning process.
Did you find it helpful?
Was the case manager available to answer questions/provide information to you?
Where you informed about the legal process and all court hearings?

Services Offered/Provided

Can you list the services (for you and/or child) that have been offered by the agency.
Which services have you chosen to use and why (i.e., how did you choose to use these and not the others?)?
Describe the services that you chose to participate in.
How long was the time between when you were referred for these services and when you actually received them?
How long did you use each service?
Describe how each service offered either met or did not meet the need that you had when you sought the service?
Service Quality/Satisfaction

Describe how the services at the agency have affected your family - either positively or negatively. 
Overall, describe the service that was the most helpful. 
What service was not offered that would have helped you? 
What needs to be done to improve service delivery?

Service Comparison

Have you ever experienced a foster care system that was different from the agency or community-based system that you are currently involved with? 
How was the experience different? 
Which service system do you feel was most helpful and why?

Overall Agency Satisfaction/Impression

In general, describe your experiences with the agency over the previous six months. 
Describe your most positive interaction with the agency during the past six months. 
Describe your most negative interaction with the agency during the past six months. 
Are there any last comments that you would like to make regarding your relationship with the agency?