

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**STATE STANDARDS AND
PRACTICES FOR CONTENT OF
CASEWORKER VISITS WITH
CHILDREN IN FOSTER CARE**



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Inspector General

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Office of Inspector General

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E X E C U T I V E S U M M A R Y

OBJECTIVE

To determine (1) the written standards States have implemented for the content of caseworker visits with children in foster care and (2) the practices of States without written standards.

BACKGROUND

Caseworker visits are a critical element in maintaining the safety and well-being of children in foster care. There are no Federal requirements regarding specific activities that caseworkers must perform during visits with children in foster care. However, the Administration for Children and Families (ACF) reviews caseworker visits as part of its Child and Family Service Reviews (CFSRs). ACF reviewed all 50 States, the District of Columbia, and Puerto Rico between 2001 and 2004. During CFSRs, ACF determines, for approximately 50 cases per State, whether the frequency of caseworker visits with children was sufficient to ensure adequate monitoring of the child's safety and well-being and whether visits were focused on issues pertinent to case planning, service delivery, and goal attainment. States are either given a positive assessment (a strength rating) if visits were of sufficient frequency and content or are assessed as needing improvement. ACF reported that a strength rating for caseworker visits is associated with positive outcomes of achieving permanency and ensuring child safety.

ACF summarized the results of all States receiving CFSRs, and included additional information for the 35 CFSRs that were completed during 2002 through 2004. For these 35 States, the ACF summary included details about caseworker visitation for the child welfare cases reviewed, which included both children in foster care and those receiving in-home services. Fourteen of the 35 States were cited as needing improvement in the content of caseworker visits.

The difference between the CFSRs and this evaluation is that the CFSRs include a detailed review of approximately 50 child welfare cases per State (a combination of foster care cases and those receiving in-home services), whereas OIG's evaluation focused exclusively on State standards for children in foster care. OIG's report provides an analysis of States' written standards for the content of visits, as well as reported content activities for States without written standards.

E X E C U T I V E S U M M A R Y

ACF also funded a caseworker training initiative by the National Resource Center for Family Centered Practice and Permanency Planning in 2004; the resulting training materials state that caseworker visits are “. . . not a friendly visit or an opportunity to chat about how the kids are doing.” Instead, visits should be well planned and focused on children’s safety and well-being, as well as permanency.

At the beginning of our evaluation in 2004, ACF staff requested that we review the standards and practices related to the content of caseworker visits, emphasizing that the value of frequent caseworker visits is greatly diminished if visits do not focus on substantive content issues. The information in this report should enhance ACF’s oversight of State foster care programs related to the content of caseworker visitation. We define the content of caseworker visits as specific activities that caseworkers perform during visits with children in foster care. These activities include observations and assessments to help ensure the safety and well-being of children for whom care is provided.

This report is the second in a series of three reports about caseworker visits with children in foster care. In the first report, “State Standards and Capacity to Track Frequency of Caseworker Visits with Children in Foster Care,” OEI-04-03-00350, OIG examined standards States have established related to the frequency of caseworker visits. The third report in the series, “Compendium of State Standards: Content of Caseworker Visits With Children in Foster Care,” OEI-04-03-00353, provides State written standards guiding the content of caseworker visits with children in foster care. The compendium includes standards provided by 38 States.

A primary component of this evaluation was a document review of States’ written standards regarding the content of caseworker visits with children in foster care. Another key component, for States without written standards, was analysis of State-reported activities typically performed during visits. We collected information from all 50 States and the District of Columbia (referred to as 51 States throughout this report). Our data collection, conducted during February through July 2004, consisted of an e-mail data collection instrument and a structured telephone interview with each State’s child welfare program officials.

FINDINGS

Forty-one out of fifty-one States reported implementing statewide written standards for the content of caseworker visits with children in foster care. Thirty-eight of these States had written standards specific to caseworker visits. The most commonly cited activities recommended in the standards were related to building relationships and/or communication between the child and caseworker, and addressing the needs of and services for the child. Three of the forty-one States reported having written documents addressing the content of caseworker visits, but as part of broader program areas such as case planning and family service plans. Since these documents were not specific to caseworker visits, we did not analyze them.

Of the 10 States without written standards, 8 of the States reported the types of activities typically performed during caseworker visits. Generally, the activities reported by the eight States were similar to those of States with written standards. Three of the most commonly cited categories of activities were adjustment to the foster care placement, child safety, and physical health of the child. The remaining two States reported that visitation activities either depended on the case or were determined by local policy. The 10 States reported various reasons for not having content standards. For example, three States reported that they were exploring development of content standards or guidelines, or use of a “contact sheet” or checklist.

CONCLUSION

Caseworker visitation with children in foster care is a critical element for ensuring child safety and well-being. Through its oversight of the foster care program, ACF has underscored the importance of substantive content during caseworker visitation. The information in our report has never been provided on a national level before our evaluation. We hope it will be useful to ACF in its review of State activities and to the States as they carry out and consider ways to improve their own foster care programs.



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OBJECTIVE

To determine (1) the written standards States have implemented for the content of caseworker visits with children in foster care and (2) the practices of States without written standards.

BACKGROUND

Caseworker visits are a critical element in maintaining the safety and well-being of children in foster care. There are no Federal requirements regarding specific activities that caseworkers must perform during visits with children in foster care. However, the Administration for Children and Families (ACF) reviews caseworker visits as part of its Child and Family Service Reviews (CFSRs). ACF reviewed all 50 States, the District of Columbia, and Puerto Rico between 2001 and 2004. During CFSRs, ACF determines, for approximately 50 cases per State, whether the frequency of caseworker visits with children was sufficient to ensure adequate monitoring of their safety and well-being and whether visits focused on issues pertinent to case planning, service delivery, and goal attainment. States are either given a positive assessment (a strength rating) if visits were of sufficient frequency and content or are assessed as needing improvement. ACF reported that a strength rating for caseworker visits is associated with positive outcomes of achieving permanency and ensuring child safety.

ACF summarized the results of all States receiving CFSRs, and included additional information for the 35 CFSRs that were completed during 2002 through 2004. For these 35 States, the ACF summary included details about caseworker visitation for the child welfare cases reviewed, which included both children in foster care and those receiving in-home services. Fourteen States were cited as needing improvement in the content of caseworker visits.¹

The difference between the CFSRs and this evaluation is that the CFSRs include a detailed review of approximately 50 child welfare cases per State (a combination of foster care cases and those receiving in-home services), whereas OIG's evaluation focused exclusively on State standards for children in foster care. OIG's report provides an analysis of States' written standards for the content of visits, as well as reported content activities for States without standards.

ACF also funded a 2004 initiative by the National Resource Center for Family Centered Practice and Permanency Planning to develop training materials for States to guide the content of caseworker visits. The training materials state that caseworker visitation is “. . . not a friendly visit or an opportunity to chat about how the kids are doing.” Instead, the visit should be well planned, purposeful, and focused on children’s safety and well-being, as well as permanency.

At the beginning of our evaluation in 2004, ACF staff requested that we review the standards and practices related to the content of caseworker visits, emphasizing that the value of visits is greatly diminished if they do not focus on substantive content issues. The information in this report should enhance ACF’s oversight of State foster care programs related to the content of caseworker visitation. We define the content of caseworker visits as specific activities that caseworkers perform during visits with children in foster care. These activities include observations and assessments to help ensure the safety and well-being of children for whom care is provided.

The Foster Care Program

The Title IV-E Foster Care Program is an entitlement program administered by the Children’s Bureau within ACF. According to ACF, foster care is defined as “twenty-four-hour substitute care for children placed away from their parents or guardians and for whom the State Agency has placement and care responsibility.”² Children in foster care live in a variety of placement settings, including family foster homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and preadoptive homes.³

The Federal budget for the Foster Care program in fiscal year (FY) 2005 is \$4.9 billion.⁴ The Department of Health and Human Services (HHS) anticipates that it will provide funding monthly for 233,000 children eligible for assistance under Title IV-E during FY 2005. States receive Federal matching funds under Title IV-E for children in foster care whose families meet income requirements.

Federal Role

As part of its Federal oversight role, ACF conducts reviews to assess States’ compliance with Federal requirements. These reviews include Title IV-E Eligibility reviews, Adoption and Foster Care Analysis and Reporting System reviews, Statewide Automated Child Welfare Information System reviews, and CFSRs.⁵ Of those reviews, only the CFSRs address the frequency and content of caseworker visits.

Pursuant to 45 CFR §§ 1355.31-37, promulgated under section 1123A of the Social Security Act (the Act), ACF conducts CFSRs to ensure conformity with Federal child welfare requirements and to measure compliance with State plan requirements under Titles IV-B and IV-E. CFSRs are a joint Federal and State process. Three categories of child welfare outcomes are reviewed: safety, permanency, and well-being. In addition, the reviews address systemic factors affecting the child welfare system. If States are not found to be in substantial conformity, they must submit to ACF within 90 days a Program Improvement Plan (PIP) outlining steps to correct deficiencies. All States not in substantial conformity in the first round of CFSRs begin a full review 2 years after approval of their PIP. None of the States (including the District of Columbia and Puerto Rico) were in substantial conformity after the first round, and therefore ACF will schedule each State's subsequent review upon State completion and ACF evaluation of the PIP.

As part of the CFSRs, a total of approximately 50 child welfare cases (a combination of foster care cases and those receiving in-home services) are reviewed in each State from selected sites.⁶ One of the items assessed is caseworker visits with children. Each case is given either a positive assessment (a strength rating) or is rated as needing improvement, and the State is given an overall rating for all cases reviewed.

State Role

Although all States must comply with Federal regulations to receive Federal funding, each State determines how services are provided to children in foster care. The structure of foster care systems varies from State to State and often varies within States. Some have State-administered systems in which the State directly provides foster care services to children. Other States have county-administered systems in which the State retains responsibility for the safety and well-being of children in foster care, while counties provide the services. Adding a further layer of complexity, some State and county-administered programs contract a portion of or all foster care services to private agencies.

To be eligible for foster care payments, States must submit a plan to be approved by the HHS Secretary. Section 471(a)(22) of the Act requires that the plan include "standards to ensure that children in foster care placements in public or private agencies are provided quality services that protect the safety and health of the children." In addition, the State plan must provide for the development of a written case plan for each child and

provide for a case review system (section 471(a)(16)). The case plan must include steps for ensuring that the child receives safe and proper care and that services are provided to the child, parents, and foster parents to address the needs of the child while in foster care (section 475(1)(B)). State case review systems must include procedures for ensuring that the status of each child is reviewed at least every 6 months either by a court or by administrative review (section 475(5)(B)).

Related Work

This report is the second in a series of three reports about caseworker visits with children in foster care. In the first report, “State Standards and Capacity to Track Frequency of Caseworker Visits with Children in Foster Care,” OEI-04-03-00350, OIG examined standards States have established related to the frequency of caseworker visits. The third report in the series, “Compendium of State Standards: Content of Caseworker Visits With Children in Foster Care,” OEI-04-03-00353, provides State written standards guiding the content of caseworker visits with children in foster care. The compendium includes standards provided by 38 States.

In addition to OIG work, the Government Accountability Office examined the CFSRs in a 2004 evaluation and found that ACF and States viewed the CFSRs as a valuable process. The report offered several recommendations to further improve the CFSRs.⁷

METHODOLOGY

For the purpose of our report, we define “standards” as written procedures providing guidance for caseworker visits with children in foster care. Standards are included in State laws, regulations, policies, and other guidance. Our primary data source was State standards for the content of caseworker visits. We requested that the 50 States, the District of Columbia, and Puerto Rico provide State standards for caseworker visits. Puerto Rico did not respond. To gain a comprehensive picture of how the content of caseworker visits was addressed, the 50 States and the District of Columbia (referred to as 51 States throughout this report) also completed a structured data collection instrument via e-mail and participated in a structured telephone interview. We also interviewed organizations with expertise in child welfare and conducted site visits in two States.

Documentation Review, E-Mail Data Collection Instrument, and Phone Interview

A critical component of our data collection and analysis was our review of State standards related to the content of caseworker visits.

States with written content standards. To determine which States had content standards, we asked all 51 States, via the e-mail data collection instrument, to provide any State-written content standards about caseworker visits with children in foster care. We conducted a document review of standards to identify specific activities that the standards indicated should occur during caseworker visits.

We systematically grouped activities outlined in State standards into categories. As we constructed our categories, we developed category definitions to guide our qualitative analysis by utilizing common language found in State documents. Once we defined our categories, we consistently applied those definitions to the written standards and categorized all States' standards.

While categorizing the State standards, we identified key words or phrases associated with the categories. After completing our initial phase of categorization, we performed text analysis by conducting word searches within State standards to ensure that the standards were categorized appropriately. For example, for the safety category, we searched for the following key words in State standards: safe, safety, harm, and risk. If State standards included one of the identified words or phrases, we would review the specific standards again to ensure that the language was appropriate to the category. If the language addressed that category area, then we would include that area as one of the State's categories. Two of the twenty-four activity categories were associated with assessing the overall safety and well-being of children. In addition, many categories addressed more specific elements of child well-being, such as physical and mental health. We reported category areas found in at least two States' standards. For a complete listing of the categories of activities as well as the definitions we developed, see Appendix A.

To ensure consistency, we had two analysts with subject matter expertise code the standards and come to agreement on each categorization. We also had a third party (who was not involved in the study) review all of our coding decisions to ensure consistent application of our definitions.

States without written standards. For States that did not provide written content standards, we gathered two types of information. First, via our

e-mail data collection instrument, we asked States to describe content activities that typically occur during caseworker visits. Because the activities reported by the States without written standards corresponded to the activities in the States with written standards, we categorized the data using the same groupings and performed similar text analysis. In addition, during our structured telephone interview, States described reasons for not having written content standards. We present categories reported by at least two States.

We developed automated databases to compile survey and documentation information collected from States. We aggregated the data based on State responses using qualitative analysis to derive our results.

Our data collection instruments and interviews were completed between February and July 2004. When State information was incomplete, we continued to follow up with States throughout the fall of 2004. We confirmed with all States that we received and analyzed the correct written standards. The information presented in this report represents standards in effect between February and July 2004.

Interviews With Organizations and Site Visits to States

To gain a richer understanding of how caseworker visits are addressed in States, we interviewed organizations and conducted site visits in two States prior to designing our evaluation. The organizations included: Chapin Hall, the Center for Law and Social Policy, Children's Defense Fund, Children's Rights, Inc., Child Welfare League of America, the Heritage Foundation, and the Urban Institute. In addition, we visited one predominately urban State and one State that was more rural (Florida and Kentucky) to: examine foster care records and determine the format in which caseworker visits were recorded, interview State and local administrators, conduct a focus group with foster parents (Kentucky only), interview caseworkers, collect State regulations and policies regarding caseworker visits, and review computer data systems. We also solicited input from ACF staff.

Limitations

Our content analysis was systematic in developing specific categories with definitions for each category to guide our analysis. However, by its very nature, content analysis requires judgment in the selection and definition of categories. We made such judgments based on our expertise in the subject matter and our careful examination of the State data. Once we made these judgments, we took steps to consistently apply the criteria we

had developed. However, others could have made different judgments on the selection and definition of categories.

We selected standards specifically related to caseworker visits with children in foster care as our area of analysis because visits between caseworkers and children are a critical element in maintaining child safety and well-being. However, we recognize that visitation with children is one of many factors in the complex child welfare system that may affect child safety. We analyzed only those documents specifically related to caseworker visits with children in foster care. A few States' documents pertained to program areas such as case planning and family service plans (not specific to caseworker visits). However, we did not review these documents because they did not specifically address visits with children, and therefore were outside the scope of our evaluation. Similarly, some States submitted documents related to caseworker visits with the foster caregiver, in addition to those related to visits with children. Although documents specific to caseworker visits with foster care providers could outline activities similar to those related to visits with children, this was not the focus of our review, and therefore these documents were not included in our analysis.

Our review focused exclusively on standards and related information from the State level. We did not examine standards from local or county levels of State child welfare systems, nor did we examine standards that private agencies may have in place. We did not review States' performance relative to their content standards, nor did we assess the quality of those standards. We recognize that States may be performing other activities that were not outlined in written standards. However, since our evaluation focused on documented standards, we did not ask States with written content standards if there were any other content activities typically performed by caseworkers in addition to their standards. Additionally, we did not examine how States without written standards conveyed expected content activities to caseworkers (e.g., caseworker training).

Standards

We conducted this inspection in accordance with the "Quality Standards for Inspections" issued by the President's Council on Integrity and Efficiency and the Executive Council on Integrity and Efficiency.

Forty-one States reported implementing statewide written standards for the content of caseworker visits with children in foster care

There are no Federal standards regarding specific activities that caseworkers must perform during visits with children in foster care.

However, 41 out of 51 States reported implementing standards addressing the content of caseworker visits at the State level. Thirty-eight of these States had written standards specific to caseworker visits. Three of the forty-one States reported having written documents addressing the content of caseworker visits, but as a part of broader program areas such as case planning and family service plans.

Thirty-eight of the forty-one States had implemented written standards specific to caseworker visits

These States had standards that specified activities that should take place during caseworker visits. To emphasize the importance of content of caseworker contact, one State's standards described the content of caseworker visits in this manner: "worker visits are to be of such substance and duration as to promote strong assessment, help children see that their well-being is a priority to the social worker, and ensure the worker's professional awareness of children's safety and circumstances."

The most commonly cited visitation activities were related to relationships and/or communication between the caseworker and the child, and caseworkers' addressing the needs of and services to the child. States addressed relationships and/or communication with the child in a variety of ways. One State's standards detailed that caseworkers must "develop and maintain a good working relationship with the child," while another State outlined that caseworkers should have open, age-appropriate communication with the child during visits. States often addressed needs of and services to the child in similar ways. For example, one State's standards directed caseworkers to "assess the effectiveness of services provided to meet the child's needs."

In addition to relationships and/or communication with the child and needs of and services to the child, other categories of visitation activities were commonly found in State standards. What follows are the most common categories and excerpts from State standards to illustrate how States address these activities:

- Safety of the child: Maintains monthly face-to-face contact with each foster child for the purpose of assessing appropriateness and

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safety of the placement, including the monitoring of questionable illness, incidents, or injuries.

- Case planning: The worker should assess and document whether or not . . . [the] child, if of appropriate age, [is] actively participating in case planning; there are effective services in place to address areas of need outlined in the case plan agreement . . . or, if there is lack of progress, identification of specific barriers that are impeding progress.
- Physical health of the child: Determine the extent to which the child's . . . medical . . . needs are being met.
- Private discussion with the child: All contacts with a child (age three and older) should include an opportunity to meet privately with the child out of the presence of the foster parent or facility staff person. This "private time" allows the child to more openly share any concerns . . . as well as to discuss the treatment and care the child is receiving.
- Adjustment of the child to the foster care placement: Face-to-face visits shall be made as frequently as is necessary to assure the child's adjustment to the placement.
- Addressing the child's concerns: Address the child's concerns, including issues of separation and loss as well as any other issues.
- Progress of the child: The child's worker must regularly see the child in person to assess the child's progress . . .
- Mental health needs of the child: Arrange for . . . services including, but not limited to . . . psychiatric [or] psychological services . . .
- Educational needs of the child: Assess and monitor the care the child receives, including the child's . . . education progress.
- Child's relationships or visits with parents, siblings, and other relatives: The assigned worker will inquire about the frequency, duration, and any issues related to parent and sibling visitation [with the child].
- Well-being of the child: During the interview with children, the worker shall seek to determine . . . whether [the child's] safety and well-being needs are being met.

Appendix A describes how we categorized State content standards. In Appendix B, Table 1 lists the most commonly cited content categories and

which States’ standards are included in these categories. Appendix B, Table 2, lists additional, less common categories and the States with these categories.

Three of the forty-one States reported having written documents addressing the content of caseworker visits as part of broader program areas

The remaining three States—Florida, Michigan, and New Hampshire—reported that they had documents addressing content. However, these States addressed content as a part of documents related to broader areas such as case planning and family service plans. Case planning and service planning documents may address similar areas found in standards specific to visitation. For example, in Michigan, the service plan directs caseworkers to describe the current status of the child (e.g., significant events since the last assessment, relevant medical/dental and optical information). However, since these documents were not specific to caseworker visits, we did not analyze this information, and Florida, Michigan, and New Hampshire are not included in the tables in Appendixes B and C.

Of the 10 States without written standards, 8 of the States reported the types of activities typically performed during caseworker visits

Ten States did not provide written content standards for caseworker visits with children in foster care. However, 8 of these 10 States

reported that caseworkers performed certain activities routinely during visits with children. These eight States reported performing activities generally similar to those of States with written standards. The three most common activity categories were related to adjustment to the foster care placement, child safety, and physical health of the child. For adjustment to the foster care placement, States most often reported that caseworkers should discuss with the child how he/she is adjusting or if there are any problems in the placement. For the other two most common categories, States reported that caseworkers should assess safety during visits and observe or assess the physical health of the child.

In addition to adjustment to the foster care placement, child safety, and the physical health of the child, other areas of activity were commonly reported by States. What follows are excerpts of the remaining most common categories:

- Educational needs of the child: During contact with children, caseworkers may discuss with the child how the child is doing . . . in school.

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- Addressing the child’s concerns: The worker speaks with the child and inquires as to any problems in the placement, school, or other aspects of the child’s life. They then document any observations, problems, or concerns found.
- Relationships and/or communication between caseworker and the child: Discussion [with child] regarding progress . . .
- Case planning: Discussion regarding progress toward case goals.

In Appendix C, Table 1 shows the most common categories reported by States. Table 2 lists additional, less-common categories reported by the States. Please refer to Appendix A for a complete listing of categories and definitions.

Two of the ten States reported that visitation activities either depended on the case or were determined by local policy

One State reported that content activities vary from case to case. The other State reported that typical procedures are determined by local department policy. However, that State reported it was drafting State parameters for the content of visits.

The 10 States reported various reasons that they did not have written content standards

States could report more than one reason; therefore the total number of reasons is higher than 10. States gave the following reasons:

- The State is exploring development of content standards or guidelines or use of a “contact sheet” or checklist (three States);
- Caseworkers are expected to follow best practice or conduct certain activities; therefore, specific content standards are not needed (two States);
- Content is or will be addressed in the State’s CFSR PIP (three States);
- Content depends on the individual case, purpose of visit, and/or similar factors (two States);
- Caseworkers and supervisors meet and discuss the activities that are expected to be performed during visits (one State); and
- The State declined to implement standards that would impose additional work on caseworkers (one State).



C O N C L U S I O N

Caseworker visitation with children in foster care is a critical element for ensuring child safety and well-being. ACF staff requested that we review the standards and practices related to the content of caseworker visits, emphasizing that the value of visits is greatly diminished if they do not focus on substantive content issues. The information in our report has never been provided on a national level before our evaluation. We hope it will be useful to ACF in its review of State activities and to the States as they carry out and consider ways to improve their own foster care programs.

AGENCY COMMENTS

In its comments to the draft report, ACF underscored the importance of the content of caseworker visitation. The results of the first round of the CFSRs demonstrated the strong association between the frequency and quality of caseworker visitation with positive outcomes of safety, permanency, and well-being. ACF stated that the findings of the OIG report will be a useful tool for States working on program improvements.

OFFICE OF INSPECTOR GENERAL RESPONSE

We appreciate ACF's comments to this report. We agree with ACF's statement that the findings of this report are an excellent companion to the CFSR results, and look forward to any future program improvements States implement based on this report.

▶ A G E N C Y C O M M E N T S



DEPARTMENT OF HEALTH & HUMAN SERVICES

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NOV 10 2005

TO: Daniel R. Levinson
Inspector General

FROM: Wade F. Horn, Ph.D. *Wade F. Horn*
Assistant Secretary
for Children and Families

SUBJECT: Comments on the Office of Inspector General's (OIG) Draft Reports
Entitled, "State Standards and Capacity to Track Frequency of Caseworker
Visits with Children in Foster Care" (OEI-04-03-00350), and "State
Standards and Practices for Content of Caseworker Visits with Children in
Foster Care" (OEI-04-03-00351)

Attached are the Administration for Children and Families' comments on the above-referenced OIG draft reports.

Should you have questions or need additional information, please contact Dr. Susan Orr, Associate Commissioner, Children's Bureau, at (202) 205-8618.

Attachments

**COMMENTS OF THE ADMINISTRATION FOR CHILDREN AND FAMILIES
ON THE OFFICE OF INSPECTOR GENERAL'S (OIG) DRAFT REPORT
ENTITLED: "STATE STANDARDS AND PRACTICES FOR CONTENT OF
CASEWORKER VISITS WITH CHILDREN IN FOSTER CARE" (OEI-04-03-
00351)**

The Administration for Children and Families (ACF) appreciates the opportunity to comment on the OIG draft report.

OIG Conclusion:

Children in foster care represent one of the most vulnerable segments of our society. We recognize that child welfare programs are complex and that States face challenges related to competing priorities and resources. However, caseworker visitation with children in foster care is a critical element for ensuring child safety and well-being. The information in our report has never been provided on a national level before our evaluation. We hope it will be useful to ACF in its review of State activities and to the States as they carry out and consider ways to improve their own foster care programs.

ACF Comments:

ACF appreciates OIG's willingness to take on this important study. In 2004, ACF completed the first round of Child and Family Service Reviews (CFSR), a comprehensive monitoring protocol that assesses a State's compliance with Federal requirements such that it is achieving outcomes related to permanency, safety and well-being of children and families touched by the child welfare system. Findings from the first round of reviews reveal that the frequency and quality of caseworkers' visits with children and parents in their caseloads were strongly associated with positive ratings in all of the safety, permanency, and well-being outcomes. ACF reviewed 50 cases during the course of its review in each State to derive these findings. OIG's findings in this report are an excellent companion to those of the CFSR and will serve as a useful tool as States engage in program improvement.



E N D N O T E S

- ¹ <http://www.acf.hhs.gov/programs/cb/cwrp/results/statefindings/genfindings04/index.htm>, accessed November 1, 2005.
- ² <http://www.acf.hhs.gov/programs/cb/publications/cm01/appendb.htm>, accessed April 25, 2005.
- ³ <http://www.acf.hhs.gov/programs/cb/publications/cm01/appendb.htm>, accessed April 25, 2005.
- ⁴ <http://www.hhs.gov/budget/05budget/acf.html>, accessed April 25, 2005.
- ⁵ http://www.acf.dhhs.gov/programs/olab/legislative/testimony/2004/cw_testimony.htm, accessed April 25, 2005.
- ⁶ The cases reviewed onsite are selected from a random oversample of no more than 150 foster care and 150 in-home services cases. 45 CFR 1355.33(c)(6). The onsite review may take place in several political subdivisions of the State, but must include a State's largest metropolitan subdivision. 45 CFR 1355.33(c)(2).
- ⁷ <http://www.gao.gov/new.items/d04333.pdf>.

Categories and Definitions for Content of Caseworker Visits

This appendix consists of categories and definitions of caseworker content activities we developed to analyze State standards for the content of caseworker visits. We developed the categories to systematically guide our qualitative analysis; the categories are based on the activities found in States' written standards. They can be used as a reference for Appendix B, which provides an analysis of States' written content standards. Many of the categories found in States' standards were consistent with content activities reported by States without written standards. Therefore, these categories and definitions can also be used as a reference for the analysis of State-reported activities from those States without standards in Appendix C.

Relationships and/or communication between the caseworker and the child:

If States had language in their standards including caseworkers' establishing a relationship or communicating with the child, then they were included in this category.

Needs of and services to the child: If States had language in their standards including caseworkers' addressing the needs of or services or supports for the child, then they were included in this category. This category includes standards with general references to addressing child needs, services, or supports. If States had only specific references to particular types of needs such as safety, mental health, or physical health needs, then States were not included in this category as credit for these standards was given in the appropriate, more specific category(ies) (i.e., safety, mental health needs, physical health of the child).

Safety of the child: If States had language in their standards including caseworker assessment of child safety or risk from harm, they were included in this category.

Case planning: If States had language in their standards including caseworkers' addressing case, service, or treatment plans/goals, or progress towards permanency, then they were included in this category.

Physical health of the child: If States had language in their standards including caseworker assessment of the child's physical, medical, or health needs, then they were included in this category.

Private discussion with child: If States had language in their standards indicating that the caseworker is to have discussions with the child alone, separately, or out of the presence of the provider, then they were included in this category.

Adjustment of the child to the foster care placement: If States had language in their standards including caseworkers' addressing whether the child is adjusting specifically in the placement, then they were included in this category.

Addressing the child's concerns: If States had language in their standards including caseworkers' addressing the child's concerns of any kind (including those related to the placement, safety, separation, and/or discipline issues), or if the child was having problems (including those in the placement), then they were included in this category.

Progress of the child: If States had language in their standards including caseworkers' addressing general child progress, then they were included in this category. If States had only specific references to particular types of progress—such as progress toward mental health, educational, physical health, or social needs; or progress toward case, service, treatment plans, or permanency—then States were not included in this category. These standards were addressed in the appropriate, more specific category(ies) (e.g., case planning, mental health needs, educational needs, physical health needs, social and/or emotional needs).

Mental health needs of the child: If States had language in their standards including caseworkers' addressing children's mental, developmental, psychological, or psychiatric health needs, then they were included in this category.

Educational needs of the child: If States had language in their standards including caseworkers' addressing the child's educational, academic, school, or intellectual needs, then they were included in this category.

Child's relationships and visits with parents, siblings, and other relatives: If States had language in their standards including caseworkers' addressing the relationship or visitation between the child and parents, siblings, and other relatives, then they were included in this category.

Well-being of the child: If States had language in their standards including caseworker assessment of child well-being, then they were included in this category.

Social and/or emotional needs of the child: If States had language in their standards including caseworkers' addressing child emotional or social needs, then they were included in this category.

Needs of and services to the foster care provider: If States had language in their standards including caseworkers' addressing any needs, services, respite, or support for the foster care provider, then they were included in this category.

Observing interactions or relationships between the child and foster care provider: If States had language in their standards including caseworkers' addressing the observation of the interactions or relationships of the child and foster care provider or family, then they were included in this category.

Addressing the foster provider's concerns: If States had language in their standards including caseworkers' addressing any foster provider's concerns and problems (including placement or discipline problems), then they were included in this category.

Informing the child of upcoming events: If States had language in their standards including caseworkers' informing the child of upcoming or future events, then they were included in this category.

Adequacy of the foster care environment: If States had language in their standards including caseworkers' assessing the physical environment or clothing of the child, then they were included in this category.

Supporting the child's values: If States had language in their standards including caseworkers' supporting issues related to the child's values, identity, culture, and religion, then they were included in this category.

Child's relationships with foster provider or foster family: If States had language in their standards including caseworkers' addressing the relationship between the child and the foster provider or family, then they were included in this category.

Developing a child's lifebook: If States had language in their standards including caseworkers' addressing beginning or updating a lifebook with the child, then they were included in this category.

Visual assessment of where the child sleeps: If States had language in their standards including caseworker visual assessment of where the child sleeps or sleeping arrangements, then they were included in this category.

Changes in household composition: If States had language in their standards including caseworkers' addressing changes in household composition or changes in the family system, then they were included in this category.

► A P P E N D I X ~ B

Table 1: Most Common Content Categories by States With Written Standards as of July 2004

| State | Relationships and/or communication between caseworker and child | Needs of and services to the child | Safety of the child | Case planning | Physical health of the child | Private discussion with child | Adjustment of the child to the foster care placement | Addressing the child's concerns (e.g., separation, discipline, or problems) | Progress of the child | Mental health needs of the child | Educational needs of the child | Child's relationships and/or visits with parents, siblings, and other relatives | Well-being of the child |
|-------|---|------------------------------------|---------------------|---------------|------------------------------|-------------------------------|--|---|-----------------------|----------------------------------|--------------------------------|---|-------------------------|
| AK | X | X | X | X | | | | | | | | | X |
| AL | X | | X | | | X | | | | | | | X |
| AR | X | | | | X | X | X | | | X | X | | |
| AZ | X | X | X | X | X | | X | | | X | X | X | |
| CA | X | X | X | | | | | | X | | | | X |
| CO | | | | | | X | | | | | | | |
| CT | X | X | | X | | X | | | | | | | |
| DC | | X | X | X | | X | X | X | | | | | X |
| DE | X | X | | | | | | | | | | X | |
| GA | X | X | X | X | X | X | X | X | | X | X | | X |
| HI | | X | X | X | | X | | | X | | | | |
| IA | X | X | | X | X | | X | | X | X | X | | |
| ID | | X | X | X | X | X | | X | | X | | | |
| IL | | | X | | | X | | | X | | | X | X |
| IN | X | | | | | | | | | | | | |
| KS | X | | X | X | | | | | X | X | | X | |
| KY | X | | | X | X | X | | X | X | X | X | X | |
| LA | X | X | X | X | X | X | | X | | | X | X | |
| ME | | X | X | | | | X | X | | | | | X |
| MN | | X | X | | X | | | | | | | | X |
| MO | | X | | X | X | | | X | X | X | X | X | X |
| ND | | X | | | X | | | | | | | | |
| NE | X | X | X | | X | X | | X | X | | | | X |
| NJ | | | X | X | | | X | | X | | | | |
| NV | X | | | | X | X | X | X | | | | X | |
| NY | | X | | | | | X | X | | X | | | |
| OH | X | | | | | | X | | | | | | |
| OK | X | X | X | X | X | X | X | X | X | X | X | X | |
| OR | X | X | X | X | X | | | | | X | X | | |
| PA | | | X | | | | | | | | X | | |
| RI | X | X | | X | X | | | X | X | | X | X | |
| SC | X | X | X | | X | | X | | | | X | X | |

Table 1: Most Common Content Categories by States With Written Standards as of July 2004

| State | Relationships and/or communication between caseworker and child | Needs of and services to the child | Safety of the child | Case planning | Physical health of the child | Private discussion with child | Adjustment of the child to the foster care placement | Addressing the child's concerns (e.g., separation, discipline, or problems) | Progress of the child | Mental health needs of the child | Educational needs of the child | Child's relationships and/or visits with parents, siblings, and other relatives | Well-being of the child |
|--------------|---|------------------------------------|---------------------|---------------|------------------------------|-------------------------------|--|---|-----------------------|----------------------------------|--------------------------------|---|-------------------------|
| SD | X | | X | X | X | X | X | X | | X | X | X | X |
| TN | | X | | X | | X | X | | | | | | |
| TX | X | | | X | | | X | | X | | | | |
| UT | | X | X | X | | X | | | | | | | |
| WA | X | | X | | X | | | X | | X | | | |
| WV | | | | | | | X | X | X | | | | |
| Total | 23 | 23 | 22 | 20 | 18 | 17 | 16 | 15 | 13 | 13 | 12 | 12 | 12 |

Please refer to Appendix A for definitions of each category. For a detailed description of how we categorized State written standards, including the limitations to our methodology, refer to page 4.

Source: Analysis of content standards compiled by OIG.

A P P E N D I X ~ B

Table 2: Less Common Content Categories for States With Written Standards as of July 2004

| State | Social and/or emotional needs of the child | Needs of and services to the foster care provider | Observing interactions or relationships between child and foster care provider | Addressing the foster care provider's concerns | Informing the child of upcoming events | Adequacy of the foster care environment | Supporting the child's values (e.g., culture, religion, identity) | Child's relationship with foster care provider or foster family | Developing a child's lifebook | Visual assessment of where the child sleeps | Changes in household composition |
|-------|--|---|--|--|--|---|---|---|-------------------------------|---|----------------------------------|
| AK | | X | | | | | | | | | |
| AL | | | | | | | | | | | |
| AR | X | | | | | | | | | | |
| AZ | X | X | | | | X | | | | | |
| CA | | | | | X | | X | | | | |
| CO | | | | | | | | | | X | |
| CT | | X | | | | | | | | | |
| DC | | | | | X | | | | | | |
| DE | | | | | | | | | | | |
| GA | | | | | | | | X | | | |
| HI | | | X | | | | | | | | X |
| IA | X | | | | X | | | | | | |
| ID | | | X | | | | | | | | X |
| IL | | | | | | | | | | | |
| IN | | | | | | | | | | X | |
| KS | | | | | | | | X | | | |
| KY | X | | | X | | | | | X | | |
| LA | | X | X | X | | X | | | | | |
| ME | | X | | | | | | | | | |
| MN | X | | | | | | | | | | |
| MO | X | X | | | | | X | | X | | |
| ND | | | | | | | | | | | |
| NE | | | | X | X | | | X | | | |
| NJ | | | | X | | | | | | X | |
| NV | | | | X | | X | | X | | | |
| NY | X | | | | | | | | | | |
| OH | | | | | | | | | | | |
| OK | | | X | | | X | X | | | | |
| OR | | | | | | | | | | | |
| PA | | | | | | | | | | | |
| RI | | | | X | | | X | | | | |
| SC | X | | X | | | | | X | | | |
| SD | X | X | X | | | | X | | X | | X |
| TN | | | | | | | | | | | |
| TX | | | | | | | | | | | |

A P P E N D I X ~ B

Table 2: Less Common Content Categories for States With Written Standards as of July 2004

| State | Social and/or emotional needs of the child | Needs of and services to the foster care provider | Observing interactions or relationships between child and foster care provider | Addressing the foster care provider's concerns | Informing the child of upcoming events | Adequacy of the foster care environment | Supporting the child's values (e.g., culture, religion, identity) | Child's relationship with foster care provider or foster family | Developing a child's lifebook | Visual assessment of where the child sleeps | Changes in household composition |
|--------------|--|---|--|--|--|---|---|---|-------------------------------|---|----------------------------------|
| UT | | | | | X | | | | | | |
| WA | | X | X | | | | | | | | |
| WV | | | | | | | | | | | |
| Total | 10 | 9 | 7 | 6 | 5 | 5 | 5 | 4 | 4 | 3 | 3 |

Please refer to Appendix A for definitions of each category. For a detailed description of how we categorized State written standards, including the limitations to our methodology, refer to page 4.

Source: Analysis of content standards compiled by OIG.

▶ A P P E N D I X ~ C

Table 1: Most Common Content Categories Reported by States Without Written Standards as of July 2004

| State | Adjustment of the child to the foster care placement | Safety of the child | Physical health of the child | Educational needs of the child | Addressing child's concerns (e.g., separation, discipline, or problems) | Relationships and/or communication between the caseworker and the child | Case planning |
|--------------|--|---------------------|------------------------------|--------------------------------|---|---|---------------|
| MA | | X | | | X | | |
| MD | X | | X | X | | | |
| MS | X | | | X | X | X | |
| MT | | | X | | X | X | |
| NC | X | X | | | | X | X |
| NM | X | X | | | | | X |
| WI | X | | X | X | | | X |
| WY* | | X | X | | | | X |
| Total | 5 | 4 | 4 | 3 | 3 | 3 | 3 |

*WY reported implementing State standards for the content of caseworker visits after July 2004.

Please refer to Appendix A for definitions of each category. For a detailed description of how we categorized State responses, including the limitations to our methodology, refer to page 4.

Source: Analysis of content standards compiled by OIG.

A P P E N D I X ~ C

| Table 2: Less Common Content Categories Reported by States Without Written Standards as of July 2004 | | | | |
|---|--|--|---|---|
| State | Adequacy of the foster care environment | Child's relationships and/or visits with parents, siblings, and other relatives | Needs of and services to the child | Social and/or emotional needs of the child |
| MA | X | | | |
| MD | | X | | X |
| MS | | | | |
| MT | | X | | X |
| NC | | | | |
| NM | | | X | |
| WI | X | | X | |
| WY* | | | | |
| Total | 2 | 2 | 2 | 2 |

*WY reported implementing State standards for the content of caseworker visits after July 2004.

Please refer to Appendix A for definitions of each category. For a detailed description of how we categorized State responses, including the limitations to our methodology, refer to page 4.

Source: Analysis of content standards compiled by OIG.



A C K N O W L E D G M E N T S

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