

Findings from the 2011 Division of Family Services (DFS) Prevention Survey

August 2011

Executive Summary

In 2009, a statewide DFS Prevention Committee was convened to promote child safety, placement stability and permanency throughout the child welfare services continuum (See addendum). The purpose of the Committee is to:

- a. Give clarity to the definition of prevention that provides the framework for a common language to use across the continuum of child welfare services;
- b. Promote prevention services as a “core” program within the VDSS system;
- c. Develop the capacity of our local departments to recognize, promote, and support prevention services; ,
- d. Build a repertoire of prevention strategies and best practice guidelines that can be used by localities in their delivery of prevention services;
- e. Create a presence for prevention in the DSS database so that services can be recorded and outcomes measured;
- f. Coordinate and collaborate with our community partners to maximize our prevention efforts.

In spring, 2011 the Prevention Unit of the Division of Family Services conducted a survey of local departments of social services (Idss) to ascertain the types of early prevention services they provide to families (delivered prior to a valid CPS referral), the populations who receive the services, and the funding sources used to purchase the services.

The purposes of the survey were to provide baseline data to inform the effort to create a presence for prevention services in the Division’s Guidance Manual and to make the necessary changes to OASIS to allow local agencies to record their prevention-related services.

Local agencies responded overwhelmingly, with a 96% return rate for the survey. This level of response, along with the work of the Prevention Committee, will ensure the relevance and accuracy of the guidance created for prevention services.

Key Findings from the Survey

The focus of the survey was on Early Prevention services, which are defined as those prevention-related services provided prior to, or in the absence of, a current valid CPS referral. Three types of prevention services were identified: Public education and awareness activities to the general public; services to groups of individuals at high risk for abuse/neglect/out of home care; and, services to specific families who are at risk of abuse/neglect/out home care but who are not currently involved with child protective services.

Survey responses revealed that the great majority of local agencies provide some type of Early Prevention services. These services include but are not limited to: providing information to the general public; specific high risk groups (e.g. single parents and fathers) and individual families; training to community-based organizations; distributing parent education and child development materials to high

risk groups; case management; finding relatives to enhance parent support for individual families and facilitating parents' placing children with other families, either temporarily or permanently, to avoid foster care placement. **Tables 1 and 2.**

Services to the general public and to high risk groups are most frequently **funded** by the Safe and Stable Families Program and local community resources. Comprehensive Services Act funds, budget line 829 Family Preservation funds, and the Promoting Safe and Stable Families Program are the most frequently used funding sources for individual families, although community resources also play a significant role in this funding. **Table 3.**

Staffing: In May 2011, 93% of LDSS utilized current staff to provide prevention services. Most agencies use a wide range of available staff who may be working in any child welfare, adult services or eligibility program (CPS investigation, family assessment, CPS on-going, Foster Care, VIEW, other benefit programs and child care). Staff utilized to provide prevention services include workers and supervisors in all program areas, as well as local directors, family support workers, school based workers, intake workers in all program areas, interns, generic workers, training staff, Family Partnership Meeting (FPM) coordinators and volunteers (included in "Other Worker" stats below). In some instances, staff members volunteer their time for prevention efforts when it is not their primary program responsibility. In other agencies, since they began using Family Partnership Meetings, they have been able to divert children from foster care and use foster care workers to conduct prevention activities. **Tables 4, 5, and 6.**

Family Strengthening to Groups and Families: A key component of prevention services in LDSS involves efforts to strengthen families so that they can remain intact and their children do not have to enter foster care. Local departments identified low income families and single parents as the two most frequently served groups. Forty-three percent (43%) of the respondents identified fathers as a focus of their group prevention efforts, indicating their attention to involving and re-involving fathers in their children's lives.

The survey results also revealed that Family Partnership Meetings (FPMs) are frequently used as a family strengthening tool. While the majority of agencies reported they use FPMs while responding to CPS referrals, 50% utilize FPM's for Early Prevention cases for which there has been no CPS referral. Survey respondents also indicated that they utilize FPMs to avoid disruption of foster and adoptive placements and for youth in independent living arrangements who are preparing to leave the supervision of the local agency. Family Engagement and Family Partnership Meetings are already imbedded in Child Protective Services and Foster Care guidance. These results indicate that local agencies recognize the efficacy of FPMs across child welfare programs at various stages, including Early Prevention. **Tables 7 and 8**

Community Collaboration: Local departments partner with a wide variety of community groups and organizations to deliver Early Prevention Services. Schools, Child Advocacy Centers, Virginia Cooperative Extension offices, Prevent Child Abuse Virginia, Healthy Families programs, and the Stop Child Abuse Now organization are just a few of the local partners who share responsibility for Early Prevention Services in Virginia localities. Among a multitude of other prevention activities, community partners in 65% of responding localities offer workshops and trainings directed toward the general public, high risk families, foster families and a number of high risk groups. **Tables 9, 10, and 11.**

Foster Care Diversion: Foster Care Diversion in Virginia is defined as: “a strategy to prevent foster care placement by engaging caregivers in a process to identify relatives and nonrelatives who can provide short term care for their children.” **Ninety four per cent (94%) of the agencies responding indicated that they diverted children from foster care, indicating that foster care diversion is a widespread prevention practice in Virginia.** An estimate of the number of children diverted in FY 2010 ranges from 1400 to 1800+. Forty per cent (40%) of respondents indicated that diversion cases remained opened for 5-6 months. Referral for services and case management were the most frequently indicated services for diversion cases, with other services such as child care, school transfer, and therapeutic respite care were also being provided. **Tables 12, 13, 14 and 15.**

Next Steps:

- 1 The overwhelming response to the Local Agency Prevention Services survey underscores the need for program guidance, coordinated support for local agencies, and a standard method for local staff to record their work in OASIS. The DFS Prevention Unit and the Prevention Committee will lead the effort to meet these needs through the work of the Committee.
- 2 Local departments rely heavily on the same handful of funding sources for the provision of early Prevention Services. The Division of Family Services' Prevention Unit will organize the search for additional funding through websites and other information sources operated by private child welfare orgs, the federal HHS Child Welfare Bureau, and other state and local agencies and service providers.
- 3 Due to their frequent use as prevention strategies, Family Engagement and Foster Care Diversion will be specifically addressed in prevention guidance by including best practice guidelines gained from the ChildTrends FC Diversion study and this survey.

TABLE 1 The table below shows the types of early prevention services provided by local agencies. 74% of responding agencies indicated they provide early prevention services to the general population. 32% provide services to high risk groups. 94% provide services to individual families prior to a valid CPS referral.

REGIONS	Type of service		
	Services to the general population	Services to High Risk Groups	Services to Families before a current valid CPS Referral
Central	16	7	24
Eastern	21	8	22
Northern	18	12	21
Piedmont	16	4	22
Western	13	6	18
Total # of respondents	84 74%	37 32%	107 94%

Table 2 identifies the most frequently provided direct services by targeted population

General Population	High Risk groups	Individual families
Providing info on available services	Info on available services	Information and referral
Training to community-based organizations	Distributing parent educ/child devel material	Case management/coordination
Public speaking	Parent education for high risk groups	Advocacy on behalf of the family
Information and referral	Financial assistance	Finding relatives to enhance parent support
Community collaboration	Public speaking to high risk groups	Other financial assistance
Distributing parent educ/child devel material	Parent training for high risk groups	Transportation
Child Abuse Prevention Month activities	Parent support groups	LDSS funded child care

TABLE 3 The table below shows the most frequently used funding sources for early prevention services. The **Total** number under each column indicates the number of agencies that use each funding source for early prevention services for the general population, high risk groups, and individual families.

PSSF=Promoting Safe and Stable Families funding

829-Family Stabilization SSBG

REGIONS	FUNDING SOURCES														
	General population					High risk groups					Individual families				
	PSSF	Comm. resources	Local Only	Other	Grants	PSSF	829	CSA	Comm. resources	Other	CSA	829	PSSF	Comm. resources	Other
Central	10	7	10	2	4	5	4	2	2	2	16	19	15	13	2
Eastern	16	10	7	8	7	6	5	3	3	1	19	19	20	15	4
Northern	12	10	9	2	3	7	7	4	5	2	18	15	17	12	5
Piedmont	7	8	5	2	1	1	1	3	1	1	19	16	14	15	2
Western	5	8	3	5	3	2	4	3	2	3	13	13	12	10	4
TOTAL number of respondents	50	43	34	19	18	21	21	15	13	9	85	82	78	65	17

Tables 4, 5 AND 6 The tables below reflect how local agencies utilize staff to provide Early Prevention Services. While agencies use a variety of staff, CPS workers most frequently provide prevention-related services.

TABLE 4: STAFF WHO PROVIDE UNIVERSAL PREVENTION SERVICES TO THE GENERAL PUBLIC		
Worker Type	Number	Percent of Respondents (n=84)
CPS investigative worker	64	76.19
CPS on-going worker	54	64.29
Intake worker	51	60.71
Foster care worker	50	59.52
CPS family assessment worker	49	58.33
Other worker	40	47.62
Generic worker	36	42.86
Staff devoted primarily to prevention	34	40.48
Adoption worker	29	34.52

TABLE 5: STAFF WHO PROVIDE SELECTIVE EARLY PREVENTION SERVICES TO HIGH RISK GROUPS		
Staff	Number	Percent of Respondents (n=37)
Family stabilization or other staff	21	56.76
CPS on-going services worker	20	54.05
CPS investigative worker	19	51.35
Other worker	18	48.65
CPS family assessment worker	17	45.95
Foster care worker	16	43.24
Adoption worker	11	29.73
Generic worker	11	29.73

TABLE 6: ALL STAFF WHO PROVIDE SELECTIVE EARLY PREVENTION SERVICES TO SPECIFIC FAMILIES AT RISK

Staff	Number	Percent of Respondents (n=106)
CPS on-going services worker	73	68.87
CPS investigative worker	65	61.32
Intake worker	61	57.55
CPS family assessment worker	55	51.89
Foster care worker	54	50.94
Family stabilization staff	48	45.28
Generic worker	41	38.68
Adoption worker	33	31.13
Benefit program worker	27	25.47
Other worker	22	20.75

Tables 7 and 8: These tables represent responses that identified high risk groups which receive Prevention Services as well as categories of families for whom Family Partnership Meetings are being utilized.

TABLE 7: GROUPS TARGETED FOR EARLY PREVENTION SERVICES (HIGH RISK)

Group	Number	Percent of Respondents (n=37)
Low-income families	25	67.57
Single parents	18	48.65
Fathers	16	43.24
Parenting teens	13	35.14
Parents with disabilities	12	32.43
Parents with children with disabilities	11	29.73
Other targeted groups	11	29.73
Non-English speaking parents	7	18.92
Incarcerated parents	6	16.22
Pregnant teens	6	16.22

**TABLE 8: SERVICE CATEGORIES THAT HAVE USED A FAMILY PARTNERSHIP MEETING
WITHIN THE LAST YEAR**

Service Category	Number	Percent of Respondents (n=112)
Families who had a valid referral	86	76.79
Families at risk prior to valid referral	56	50.00
Foster families at risk of placement disruption	52	46.43
Youth in IL arrangements	29	25.89
Adopted child/family at risk of disruption	28	25.00
Other use of FPM	22	19.64
Child aging out of foster care	19	16.96
Foster families at risk of abuse/neglect	12	10.71
None of the above	10	8.93
Adopted child/family at risk of abuse/neglect	9	8.04

Tables 9, 10 and 11: These tables reflect the community collaboration that takes place in Virginia to provide a comprehensive array of services to the general public and high risk populations

**TABLE 9: COMMUNITY GROUPS WITH WHOM THE AGENCY
COLLABORATES FOR FUNDING AND/OR SERVICES FOR UNIVERSAL
PREVENTION**

Community Groups	Number	Percent of Respondents (n=84)
Schools	75	89.29
Community based resources	52	61.90
Local CSA	52	61.90
Health department	39	46.43
Local or regional coalitions	37	44.05
Prevent Child Abuse Virginia	31	36.90
Smart Beginnings	23	27.38
Other groups	21	25.00
Home visiting programs	19	22.62
Other physicians and clinics	13	15.48
Foundations and corporations	9	10.71
Parent groups	7	8.33
OB/GYN clinics	3	3.57

**TABLE 10: COMMUNITY-BASED RESOURCES USED TO PROVIDE PREVENTION SERVICES
IN ANY PROGRAM AREA**

Resource	Number	Percent of Respondents (n=111)
Public mental health providers	107	96.40
Intensive in-home service providers	106	95.50
Head Start	93	83.78
Schools	93	83.78
Mentoring program providers	83	74.77
Private mental health providers	82	73.87
Public health providers	78	70.27
Domestic violence prevention providers	78	70.27
Churches	71	63.96
Part C Early Childhood Intervention	69	62.16
Private health providers	67	60.36
Healthy Families providers	65	58.56
Workshops and trainings by community groups	61	54.95
VA Cooperative Extension programs	59	53.15
Child Advocacy Centers	58	52.25
Respite care providers	53	47.75
Early Head Start	52	46.85
Other home visiting providers	45	40.54
Parent support group providers	43	38.74
Sexual Assault Centers	40	36.04
Other early childhood intervention programs	36	32.43
Stop Child Abuse Now	22	19.82
Other resources	9	8.11
Foundations and corporations	7	6.31

**TABLE 11: POPULATION(S) TARGETED FOR WORKSHOPS AND TRAININGS PROVIDED BY
COMMUNITY GROUPS**

Population	Number	Percent of Respondents (n=111)
The general public	55	49.55
Foster families	50	45.05
High risk families	46	41.44
Families where domestic violence is present/suspected	39	35.14
Families where abuse/neglect has occurred	38	34.23
Adoptive families	38	34.23
Families whose children have been removed	27	24.32

Tables 12, 13, 14, 15: These tables indicate the extensive use of foster care diversion as a prevention tool

TABLE 12: NUMBER OF AGENCIES THAT FACILITATE ALTERNATIVE LIVING ARRANGEMENTS WITH RELATIVES OR NON-RELATIVES

	Freq.	Percent	Cum.
Yes	106	94.64	94.64
No	6	5.36	100.00
Total	112	100.00	

TABLE 13: ESTIMATION OF THE NUMBER OF CHILDREN DIVERTED FROM FOSTER CARE THROUGH ALTERNATIVE LIVING ARRANGEMENT

	Freq.	Percent	Cum.
1-5	37	34.26	34.26
6-10	22	20.37	54.63
11-15	15	13.89	68.52
16-20	14	12.96	81.48
21-30	6	5.56	87.04
31-40	1	0.93	87.96
41-50	1	0.93	88.89
More than 50	12	11.11	100.00
Total	108	100.00	

TABLE 14: SERVICES THAT ARE PROVIDED IN DIVERSION CASES

Service	Number	Percent of Respondents (n=93)
Referral for services to providers outside agency	92	98.92
Referral for services within your agency	91	97.85
Case management	86	92.47
Other	8	8.60

TABLE 15: AVERAGE LENGTH OF TIME SERVICES ARE PROVIDED IN DIVERSION CASES

	Freq.	Percent	Cum.
1-2 months	10	10.75	10.75
3-4 months	27	29.03	39.78
5-6 months	38	40.86	80.65
More than 6 months	18	19.35	100.00
Total	93	100.00	

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