

**Proposal: Area Office Focus Groups
Strengthening and Supporting Families through a Differential (Alternative) Response
Model**

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On Behalf of: The DRS Internal Implementation and Development Team**

Background Information

In 2006, the Department of Children and Families began developing a Differential Response System service delivery model. Connecticut's DRS model is a strength based, family centered approach to partnering with family supports to protect children and enhance parental capacity. This approach is predicated on partnerships and collaboration between families, the Department, and community providers. Following a mandatory safety assessment and determination that children in the home are safe, the intervention shifts from being agency to family driven. The Department and family partner to identify strengths, needs, formal and informal supports. Community specific service linkage is offered to address the family's identified needs which can be accessed at the family's discretion. Further, DRS families would be given access to an array of the Department's resources historically exclusive to active CPS cases including clinical assessment services and flex funding.

The Department's active engagement of community stakeholders, including families, community providers, and inter-jurisdictional child welfare agencies, has informed all levels of program development thus far. Inclusivity and inter-agency transparency, fostering community partnerships and creating a culture of collaboration is the central vision of Connecticut's DRS model. This philosophy of transparency and collaboration is a critical component to facilitating the paradigm shift necessary for successful integration into Connecticut's child welfare infrastructure.

Focus groups have been shown to be instrumental in the development and sustainability efforts undertaken by other state jurisdictions with alternative response systems. A resounding theme at the 2008 Conference on Differential Response in Child Welfare was the importance of capturing the input and perspective of all levels of staff when considering the impact DRS would have on the day to day functions of our agency. Through these focus groups we would gather community, area office specific, and system wide information crucial to program planning and integration efforts.

Proposal Methodology

12 focus groups would be held in six strategically chosen area offices to gather thoughts, insights, and perceptions from front line social work and supervision staff on the agency's efforts to develop a Differential Response service delivery model. Considering service array, area office size and culture, management set, and socio-economic and geographic make-up of the catchment area, the potential sites proposed are New Britain, Torrington, Willimantic, Bridgeport, Norwich, and Milford.

Participant disclosures would be documented by a note taker accompanying the moderator. At the conclusion of all 12 focus groups, the information would be delineated by participant category, i.e. SW/SWS, and analyzed through cross-referencing observations and disclosures in an effort to identify themes. Themes emerging from the analysis could be cross cutting, and may inform the following areas of implementation and development:

- Program Model and Development: Capacity of and interface with local providers, feasibility of proposed DRS protocols.
- Workforce/Organizational Development/Training: Identify area office and possibly discipline specific DRS implications, needs and supports and logistical considerations.
- Communications and Outreach: Key area office awareness and education effort and mechanism for identifying "champions" or potential DRS staff, an opportunity to recognize frontline staff as key agents of internal and external culture change pivotal to embracing DRS philosophy.

Goal

The goal is to utilize the focus group methodology as a mechanism for increasing area office awareness, educating, and stimulating focused discussion surrounding DRS.

Focus Groups

Ideally, the group must be small enough to allow all participants to offer insights and large enough to provide diversity of perceptions. A total of 12 focus groups would be held across 6 area offices, one each for social workers and supervisors respectively. Each group of 5 to 10 participants would be asked the same group of the following questions:

- Given what you know about DRS, what training and support needs would you see as most relevant to a Family Assessment Worker and Social Work Supervisor?
- What would be some of the factors impacting staff transitioning from serving families in a safety and risk assessment focused manner to a family driven approach predicated on collaboratively identifying needs and providing support?
- What are some of the current factors impacting the Department's ability to integrate strength based, solution focused engagement in every day practice?
(Successes/Challenges)
- What are some of the factors impacting your area office's ability to effectively partner with community providers and stakeholders? (Successes/Challenges)
- How effective would the local service capacity of your area office be at serving low risk frequently encountered families in a supportive capacity?
- Do community based services currently exist which could facilitate a "wrap around approach" to service delivery, i.e. establishing a support network for families? If not,

what are the service gaps specific to this ideology? If so, what providers would you include and why?

- How would you envision SDM safety, risk, and family strengths and needs assessments in DRS service delivery? What would be some potential logistical issues surrounding their utilization?
- What level of ongoing monitoring would you feel is necessary for a family with no current safety concerns? How would you decide when to close the case and what would need to be in place for the Department to feel comfortable doing so? (With and w/out a service provider involved)
- How is family conferencing utilized in your everyday practice and how would you envision it serving DRS families?
- If you were starting a pilot DRS program in this office how would you structure staff and management sets?

Recruitment

Details surrounding the participant recruitment process would be at the discretion of the area office. The only prerequisite for staff participation in the process is the willingness to engage in a constructive dialogue, providing value to the process, while respecting other's opinions. Ideally, 10 staff of varying levels of experience and disciplines would be needed for each focus group. In this manner, if staff were unable to attend due to an emergent case issue or family obligation we would still have enough staff to hold the focus groups.

Date/Location/Time

Special consideration would be lent to agency needs, being mindful of staff schedules, and area office resources. An area Office meeting room would be requested to accommodate approximately 14 people with privacy and low noise interference. Each focus group would take approximately 60 to 90 minutes. All schedule and staffing considerations required for the process will be subject to the discretion of the area office administration.

Compensation

No formal form of compensation would be provided, however refreshments (coffee, bottled water, and snacks) would be available to focus group participants.

Procedure

Dialogue would occur between the project lead and an area office designee or point person who would assist in coordinating recruitment efforts and general logistics of the process. Staff identified as potential participants would be given a DRS information packet prior to the focus group, with focus group moderators available for follow up questions throughout the process. This information will include an overview of the Differential Response philosophy and approach to service delivery.

Focus group staff

Potential lead moderators of the proposed process include; Buck Gregory, Director of the Child Abuse and Neglect Hotline, Brian Mattiello, Director of Strategic Initiatives, DeAnna Lia, Director of Prevention, Douglas Howard, Quality Improvement Consultant, and Jane Goodell, Training Academy Child Welfare Trainer. Douglas Howard is CITI certified to conduct studies involving human subjects for research purposes and has previous experience facilitating, and analyzing qualitative information from focus groups of committed youth in anticipation of the 2008, Child and Family Services Review.

Confidentiality and Ethical Considerations

All information collected from participating staff will be kept confidential. Staff's name will not appear on any data form or in any part of the study and individuals will be coded by number and letter. Any disclosure that could potentially compromise the safety or well being of the children and families we serve or staff participating in the process would be discussed with leadership and reported to the appropriate authorities immediately.

Findings

Findings resulting from the focus groups would be presented in the form of a report, outlining and exploring the overarching themes identified in the analysis of participant observations and disclosures. The qualitative data collected from this process could be stratified by community, inter-office, practice, and systemic themes upon request.

This focus group methodology could provide information pertinent to our current implementation and development of DRS. By virtue of the process alone, this approach would symbolize our agency's commitment to adopting a Differential Response system, promote buy in at all levels of area office staff, and perhaps most importantly, highlight how many of the creative and promising practices employed in our every day work already align with the DRS philosophy.

Moreover, this effort would compliment many of our current DCF internal communication efforts, primarily focused on upper administration and external community providers. The focus group questions span across multiple topic areas which mirror our agency's current efforts to develop a Program Improvement Plan and system wide practice model. The questions place an emphasis on gauging front line staff sentiment in areas of casework decision making, family engagement, conferencing, and family driven, collaborative case planning, needs assessment and individualized service linkage.

Estimated Timetable

A multitude of DRS related activities are currently underway including collaboration with Casey Family Programs, North Carolina, Minnesota, and Pennsylvania child welfare jurisdictions, and various statewide audiences and stakeholders. In 3/09, the proposed process was approved by leadership within the Bureau of Child Welfare and subsequently presented to the area directors. In 4/09, a work plan was submitted by the project lead in anticipation of conducting the focus groups as soon as possible.