ENHANCED FAMILY CONFERENCING INITIATIVE (EFCI)

FINAL GRANTEE REPORT

2015 Family Connection Grant Cluster

Due: December 31, 2019

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Executive Summary

The New York City Administration for Children's Services (ACS) was the lead grantee for the Building the Evidence for Family Group Decision-Making in Child Welfare program. ACS is the City agency responsible for child welfare, juvenile justice, and early care and education. Its mission is to protect and promote the safety and well-being of New York City's children, youth, families and communities.

In September 2015, ACS was awarded an approximately $2 Million, three-year Family Group Decision-Making (FGDM) grant by the US Department of Health and Human Services Administration for Children and Families to pilot an enhanced model of Parent Advocate participation in Family Team Conferencing. Based in Bronx South Zone E (Highbridge/Concourse), this pilot is referred to as the Enhanced Family Conferencing Initiative (EFCI). The enhancements, in contrast to the pre-existing citywide initiative, are:

- Parents are encouraged by Parent Advocates to participate in the Initial Child Safety Conference and follow-up, as well as expanding their circles of support for future case planning.
- Caucusing – Private family time which allows for the family to meet on their own and/or with the Parent Advocates to process the information discussed during the conference and develop a safety plan to address identified concerns.
- Family case plan – Parent Advocates advocate for the initial safety plan to be developed by the family as long as safety concerns are addressed.
- Additional support – Parent Advocates provide additional support and encourage families to follow through with service referrals (approximately 10 hours of service per family).

ACS partnered with the Silberman School of Social Work at Hunter College and the Kempe Center at the University of Colorado School of Medicine to conduct a rigorous evaluation of the EFCI. The EFCI pilot program was implemented between June 2016 to September 2018. Parent Advocates are recruited, trained, deployed, and supervised by two non-profit organizations: The Center for Human Development and Family Services (CHDFS) and Jewish Child Care Association (JCCA).

Building on over a decade of ACS Family Group Decision Making practice, and the agency's strong support of the role of Parent Advocates, EFCI focuses on a key family team conference, the Child Safety Conference, and enhances the role of the Parent Advocate in the conference. Child Safety Conferences are held during a child protective investigation when the caseworker determines that there is a level of risk or safety concern that may lead to the filing an abuse or neglect petition in Family Court. The Child Safety Conference is convened in order to develop a safety plan for the children, with the goal of preserving the family unit whenever possible. Participants may include: child protective staff, parents, extended family members, Parent Advocates and others. Parent Advocates are "credible messengers" who are from the community and have had similar experiences with ACS. They help put families at ease and can help refer families for services.

The EFCI target population is families in the South Bronx whose children are in or at risk of entering or returning to foster care. Each year, EFCI served approximately 160 children/youth and their families who participated in Child Safety Conferences in Zone E. Zone E is in Bronx Community Districts (CD) 4 and 5 and the population of CDs 4 and 5 has received the "Highest Risk" rankings in the city in terms of measuring poverty levels. The victimization rates per 1,000 children were 24.1 in CD 4 and 22.8 in CD 5, while the citywide rate is 14.7. In 2010, the population of CD 4 was 63.1 percent Latino/Hispanic origin and 32.3 percent Black/African American Non-Hispanic origin, and CD 5 was 66.8 percent Latino/Hispanic origin and 28.7 percent Black/African American Non-Hispanic origin.

ACS had four major goals when it developed the EFCI demonstration program. First was to improve child safety by increasing family attendance at child safety conferences (initial and follow up) and increase culturally competent support for families that enables them to feel heard, respected, and supported. Second was to reduce out-of-home placements. Third was to increase family involvement to improve protective factors that are tied to child well-being. The fourth goal was to build credible evidence of the effectiveness of Family Group Decision Making.

It was anticipated that by adapting the family team conferencing process to increase the family's role in decision making that families would be more successfully engaged with appropriate service responses, demonstrate increased positive emotional response, be satisfied with the intervention, and participate in services to reduce the likelihood of future child maltreatment and out-of-home placement. When children must be placed in out-of-home care, kin will be more often engaged to support in-home safety plans.

A rigorous mixed-methods research design was used to answer questions about the implementation (e.g., organizational readiness and culture, intervention specification, implementation planning, fidelity, perceptions of youth, parents, family members, ACS staff, and others); intermediate outcomes (i.e., satisfaction, service provision, engagement); and outcomes (reduced placement use, increased use of kin placement, reductions in outcome disparities).

Process Study

The research team conducted a mixed-method process evaluation. The process evaluation design included two features, closely linked to the research questions. First, an assessment of how the EFCI model was designed and implemented by the agency, including the barriers and strategies for uptake, and how those may have changed over time as the project progressed during implementation. Second, a more detailed view of processes at the case-level, in conjunction with the outcome evaluation, was used to understand how other factors contribute to the success of or challenges with EFCI implementation. The process evaluation involved a combination of qualitative data (focus groups and interviews), conducted at multiple points during the project period, and quantitative data.

Overall, the researchers found that families were more engaged when they had a Parent Advocate to explain ACS processes, address parental concerns, and guided them through the process of completing their preferred safety plans. The influence of experienced Parent Advocates encouraged families to remain receptive to ACS' proposals. This was largely due to advocates' ability to hold parents accountable to agreements made at the conclusion of the Initial Child Safety Conference and by their continued guidance and support of parents as they navigated the child welfare system.

When parents were asked whether their family was better off or worse overall, because of their experiences with the Parent Advocates, 82 percent indicated they were better off, 17 percent indicated they were the same and no one indicated they were worse off.

When researchers asked caseworkers about the helpfulness of Parent Advocates to staff, caseworkers largely acknowledged the positive influence of advocates as para-professionals uniquely positioned to assist families as "they can reach clients in a way that we can't or clients who build trust with them that they won't build with us because of the sort of adversarial role that we play" (CPS-06). Staff found families were more inclined to speak truthfully with advocates and that they did not hesitate to divulge difficulties and concerns as might be the case when speaking to agency staff. The ability to connect with harder to reach families was particularly helpful to caseworkers as "we share resources, we talk about the services that the family is getting, and any kind of difficulties or issues that families might stumble upon. When caseworkers reflected on challenges intrinsic to EFCI, they often cited scheduling difficulties as the allotment of caucusing time could interfere with timely afternoon court appearances. This occurred since Initial Child Safety Conferences, which normally spanned several hours, grew prolonged with

considerations for caucusing so that "what normally can be a two-hour conference can take another hour, hour and 45 minutes sometimes. It's really the fact that conferences just tend to run a lot longer now."

Outcome Study

The EFCI outcome study consisted of a cluster random assignment design to intervention or control groups where outcomes were longitudinally assessed for families who experience an investigation for a minimum of four months of follow-up.

ACS selected four Protective/Diagnostic units in Zone E in the Bronx to deliver the new EFCI model, while the remaining Protective/Diagnostic units in Zone E continued providing "business-as-usual" Parent Advocate/Child Safety Conference services under existing protocols. Eligible child protective investigations were assigned to Protective/Diagnostic units within the Zone office based on a standard intake rotation formula, meaning that case assignment between the control and treatment/study units occurred at random.

An "intent-to-treat" rule was used in the data construction and analytic procedures. The primary eligibility criteria for inclusion in the study was that the investigation included an Initial Child Safety Conference during the investigation. Consistent with intent-to-treat approach, EFCI-assigned cases where Parent Advocates did not participate and control cases where Parent Advocates were involved were included in the comparative analyses.

The Kempe Center also provided a non-experimental comparison that explored the association between aspects of EFCI and outcomes. Still, these results should be viewed with caution as the presence of selection biases (e.g., parents with more motivation to agree to accept the support and assistance of a Parent Advocate) influencing the outcomes cannot be ruled out.

Most of the outcomes of the study were derived from administrative data sources drawn from the ACS information systems. Where administrative data sources were not used, data collection instruments were used and linked to the administrative data sources.

The outcome study was guided by the questions outlined below:

1. Are families who experience EFCI processes more engaged with child welfare compared to families in the control population?
2. Are children in families in the population of focus who experience EFCI interventions less likely to experience placement compared to children in the control group?
3. If children are placed out of home, are they more likely to be placed with relatives compared to the control group?
4. Are families in the population of focus who experience EFCI interventions as likely as families in the control group to experience child maltreatment re-reports?
5. For all the outcomes identified above (placement, relative placement, re-reporting) are families less likely to have disparate experiences based on race or ethnicity compared to families in the control group?

Regarding engagement, parents were accompanied by a Parent Advocate in the Initial Child Safety Conference in 60 percent of the EFCI cases, while for the control group, Parent Advocates and parents were in attendance 48 percent of the time. On the placement question, the researchers found the likelihood of placement into out of home care during or within 60 days of the close of an investigation did not differ between EFCI recipients (49 percent) and the control group (49 percent). However, when rates of placements with kin vs. other family foster homes were compared, EFCI families were more likely to be placed with kin (67 percent) compared to control group families (43 percent). Converting the results into

a risk ratio, when a case was associated with EFCI, it had 54 percent greater chance of a placement with kin, compared to control cases.

The evaluation team went on to analyze the effects of a Parent Advocate attending an Initial Child Safety Conference on the outcomes of the case, regardless of whether a case was affiliated with the EFCI or Control group unit. It was found that cases with a Parent Advocate present at the Initial Child Safety Conference were less likely to be associated with a placement. When a Parent Advocate attended this conference with a parent, a placement occurred in 12 percent (n = 53) of the cases. When a Parent Advocate did not attend this conference, a placement occurred 18 percent (n = 73) of the time. Converting the results into a risk ratio, when a Parent Advocate attends an Initial Child Safety Conference, the case has 31 percent less risk of a placement, compared to cases where a Parent Advocate did not attend the Initial Child Safety Conference.

On subsequent investigations, which are defined as any subsequent investigation that took place after the investigation associated with the Initial Child Safety Conference, the researchers found a reduction, but the difference was not statistically significant. Thirty-nine percent (n = 59) of EFCI children had subsequent investigations compared to 43 percent (n=196) of control group children.

Finally, regarding racial disparity, the researcher's analyses comparing re-referral, placements, and placement type outcomes by racial and ethnic groups found only one statistically significant difference with respect to re-referrals. Hispanic children were less likely to be re-referred to Child Protective Specialist (37 percent) than white (47 percent) or black/African American (51 percent) children.

Project Implementation

Implementing EFCI was made possible by the existing ACS practice to hold Child Safety Conferences during an active child protective investigation and the existing contractual relationship with Parent Advocate organizations. The commitment by ACS administration created conditions that facilitated EFCI implementation, as did the buy in by front line staff and managers.

The project encountered several challenges that led to lower than expected take up and some issues regarding data collection. Overall, the researchers found that staff turnover, workloads constraints, crisis response and confidentiality restrictions impacted program implementation and evaluation.

Conclusion

Outcomes based on the qualitative data suggest that families felt supported and that staff in EFCI were generally supportive of the EFCI process in terms of the benefits to the families they serve. Further, EFCI resulted in greater use of kin placements compared to business-as-usual.

EFCI has demonstrated a degree of effectiveness in an enhanced Parent Advocate model and should be considered for citywide implementation, as resources permit. The current citywide Parent Advocate contracts have been extended by one year until September 2020 and is expected to be extended an additional year – to September 2021. This will allow time for an internal advisory group to study both the EFCI and citywide research findings and potentially incorporate this learning into program planning and development.

1. Overview of EFCI Community, Population and Needs

1.1. Grantee Description

The Administration for Children's Services protects and promotes safety and well-being of New York City's children and families by providing child welfare, juvenile justice, and early care and education services. In child welfare, ACS contracts with private nonprofit organizations to support and stabilize families at risk of a crisis through preventive services and provides foster care services for children not able to safely remain at home. Each year, the agency's Division of Child Protection conducts more than 55,000 investigations of suspected child abuse or neglect.

ACS' Five Key Commitments are:

- No child we come into contact with will be left to struggle alone with abuse or neglect.
- No family who needs and wants help to keep their children safe will be left without the help it needs.
- Every child we come into contact with will get the help she/he needs to be healthy and achieve her/his full educational and developmental potential.
- No child in our care will leave us without a caring, committed, permanent family.
- Every team member at Children's Services and each of our partner agencies can expect guidance, respect and emotional support to achieve our goal. Every child, family, community member and foster parent we come into contact with will be treated with concern and respect.

1.2. EFCI Community Description

The Division of Child Protection (DCP) Bronx Zone E comprises Bronx Community Districts (CDs) 4 and 5. Bronx CD 4, is in the southwestern Bronx and encompasses the neighborhoods of Highbridge and Concourse. Bronx CD 5 is known as West Tremont and is in the mid-western Bronx and encompasses the neighborhoods of Fordham, Morris Heights, Mount Hope and University Heights. CDs 4 and 5 are extremely high-need districts in terms of child welfare.

The population of CDs 4 and 5 is younger than the citywide population and has a greater proportion of people of color. In 2010, the population of CD 4 was 63.1 percent Latino/Hispanic origin and 32.3 percent Black/African American Non-Hispanic origin, and CD 5 was 66.8 percent Latino/Hispanic origin and 28.7 percent Black/African American Non-Hispanic origin. In total, 1 in 3 people are under the age of 18. In comparison, the citywide rate is 1 in 4. Additionally, the communities have a significant foreign-born population. As of 2012, 61.1 percent of the population of CD 4 and 65.3 percent of the population of CD 5 were receiving Medicaid, Cash Assistance (TANF) and/or Supplemental Security Income. The area has a high concentration of public housing facilities, shelters and other supportive services.

A recent report assigning risk rankings to each of the City's 59 community districts on 18 different indicators of child well-being ranked Bronx CD 4 and Bronx CD 5 as the fifth and sixth highest-risk CDs in the City (Citizen's Committee for Children, 2015). On issues related to economic security, health, housing, education and issues specific to teens and youths, families and the community, CDs 4 and 5 received Highest Risk" rankings, and the two CDs were the first and second highest-ranked districts in terms of housing risk, which is based on rent burden, rental overcrowding and incidence of families entering homeless shelters. Many of the challenges faced by families are directly related to poverty, and families in poverty are at greater risk of child welfare system involvement. Poverty not only causes hardships, but

it negatively impacts parenting capacity and consistency (Martin & Citrin, 2014). Child Protective Specialists routinely refer families to federal, state and local safety net programs and community supports, such as food pantries, that can help provide economic stability. They also provide additional supports to meet the needs of children and families, such as clothing, furniture, cribs and bassinets.

In 2013, the victimization rates per 1,000 children were 24.1 in CD 4 and 22.8 in CD 5, with indication rates of 38.3 percent and 37.2 percent, respectively (NYC ACS, 2014). In comparison, the Bronx borough victimization rate is 21.4 per 1,000 children, while the citywide rate is 14.7. The rate of repeat indicated investigations within one year is higher than the citywide rate of 16 percent in both CDs, with the rate being 22.2 percent in CD 4 and 20.6 percent in CD 5.

1.3. EFCI Problem Statement

ACS has had success implementing Family Group Decision Making (FGDM) and integrating Parent Advocates in its work with families. ACS continues to seek new and innovative strategies to increase the family's role in decision making. Parent Advocates are uniquely positioned to support the family to design and implement a safety plan and ACS is interested in pursuing opportunities to expand their involvement to ultimately improve family well-being. In addition, ACS was interested in continuing to build staff capacity in implementing the FGDM model.

1.4. EFCI Population Description

The target population for the proposed initiative were children and youth in the ACS Division of Child Protection (DCP) Bronx Zone E who were in or at risk of entering or returning to foster care and their families. Each year, EFCI served approximately 160 children/youth and their families who were receiving child safety conferencing services at the DCP Bronx Zone E field office (located at 2501 Grand Concourse in the Bronx).

See **Table 7** for details regarding parent demographics and children characteristics. (see page 56)

2. EFCI Program Model Overview

2.1 EFCI Project Goals and Objectives

According to the Kempe Center (2013), agency decision-making practices that are planned and dominated by professionals and focused narrowly on children and parents can deprive those children and parents of the support and assistance of their family group as well as deny child welfare agencies of key decision-making partners. As noted in the funding announcement and identified by the California Evidence-Based Clearinghouse (CEBC, 2015), there are several core elements of FGDM processes that should be adhered to in order to ensure fidelity to a model that positions the family group to have a maximum role in decision-making processes. These core elements are: 1) an independent coordinator who facilitates the family meeting; 2) the agency dedicating time and resources to actively finding family, understanding their family system, perspectives and worldviews, and engaging them in the decision making process; 3) during the family meeting, private family time is afforded to the family group to create a plan, and preference is given to that plan as long as child safety and other agency concerns are addressed; and 4) agencies organize service providers from governmental and non-governmental entities to access resources to implement the plans.

Over the past decade, there have been numerous FGDM models or approaches implemented throughout the United States and elsewhere that adhere to the core elements described above to varying degrees. Some of the models most commonly used in child welfare settings include: the family group conference

(FGC), family team conference (FTC), family team meeting (FTM), child safety conferences (CSC), team decision making (TDM) and others. This constellation was well-documented by Nixon and Burford (2005) in their international survey of family group decision making processes. Because each model that has fallen under the FGDM umbrella has unique features, including core components that may differ from what was identified by the CEBC, and has been evaluated to varying degrees, it can be difficult to ascertain the impact of "FGDM" on child welfare practice and outcomes.

Complicating our understanding about the essential components that will lead to ultimate impact is that many evaluations of FGDM have ignored the importance of implementation science (Kaye, DePanfilis, Bright, & Fisher, 2012) and failed to focus evaluations on the process of implementation including assessing how well the model was implemented as intended in the real world (Breitenstein et al., 2010). Exploring FGDM fidelity has significantly evolved in the past decade (Pennell 2003; Rauktis, 2013; Merkel-Holguin, 2014). Early fidelity efforts relied on professional observers documenting what they believed occurred in the meeting (Pennell, 2003). More recently, evaluations have involved all participants (family and professionals) who attended to complete a fidelity instrument at the conclusion of the meeting (Rauktis, 2013) and/or to rank their perceptions of what occurred before the meeting to prepare them, and what happened at the meeting (Merkel-Holguin, 2014). This newest instrumentation, developed as part of a 2011 Family Connections grant and implemented in about 10 communities, is analyzed by developing a fidelity score that allows each meeting to be categorized as having high, medium or low fidelity. Given that family members rate their level of influencing the plan lesser than the rating given by professionals (Kempe Center, forthcoming 2015; Rauktis, 2013), measuring fidelity, particularly as noted by the family participants, is critically important. This proposal specifically outlines the process the EFCI Implementation and Evaluation team will use to build, implement, and sustain knowledge about FGDM (DePanfilis, 2014).

Noting the gaps of previous FGDM evaluations, and leveraging the assets of ACS, the project main goals and objectives were the following (also see **Table 1** below):

- Improve and/or maintain the safety of children and youth in Bronx Zone E who are the subject of an ACS Child Safety Conference
- Reduce out-of-home placements and increase the achievement and maintenance of permanency
- Increase family involvement to improve protective factors that are tied to child well-being for the target population
- Build credible evidence of the effectiveness of EFCI to improve child welfare outcomes

TABLE 1: Goals and Objectives of the Enhanced Family Conferencing Initiative	
Goal 1: Improve and/or maintain the safety of children and youth in Bronx Zone E who are the subject of an ACS Child Safety Conference.	
Objective 1.1:	Increase family attendance at and participation in the enhanced initial child safety conferences (ICSCs) and enhanced follow-up child safety conferences (Follow-up Child Safety Conferences), including the involvement of extended family and fictive kin.
Objective 1.2:	Improve EFCI staff's attention to the capabilities and strengths of families.
Objective 1.3:	Improve the responsiveness of the safety planning process to meet the needs of children, youth and their families.
Objective 1.4:	Improve families' safety plan adherence by increasing culturally competent support for families that enables them to feel heard, respected, and supported.
Goal 2: Reduce out-of-home placements and increase the achievement and maintenance of permanency for children and youth in Bronx Zone E who are the subject of an ACS Child Safety Conference.	
Objective 2.1:	Increase families' knowledge of non-removal options and requirements for safety plan adherence to avoid out-of-home placement.
Objective 2.2:	Improve families' engagement between the initial and follow-up child safety conference through increased support from Parent Advocates (PAs).
Objective 2.3	Reduce utilization of foster care services.
Objective 2.4:	Reduce disproportionate outcomes for African American children and youth through more robust and culturally resonant support from PAs.
Goal 3: Increase family involvement to improve protective factors that are tied to child well-being for the target population.	
Objective 3.1:	Improve family engagement through active family finding and providing sensitive, culturally appropriate, and strengths-based support to families.
Objective 3.2:	Increase the development of family resources through effective service referrals and through leveraging community supports.
Goal 4: Build credible evidence of the effectiveness of an FGDM initiative to improve child welfare outcomes for children and youth in the target population and contribute new knowledge to the child welfare field.	
Objective 4.1:	Conduct a highly rigorous local evaluation of EFCI that both informs project implementation and produces evidence of FGDM's impact on the target population.
Objective 4.2:	Participate in a cross-site evaluation that assesses the success of collective efforts by grantees to generate evidence in support of FGDM.
Objective 4.3:	Disseminate EFCI project learning broadly at the local, state and national levels.
Objective 4.4:	Integrate EFCI project learning into ACS practice and policy and adjust budget allocations to support EFCI sustainability.

The project's theory of change describes the anticipated impacts of EFCI.

Families with children who are in immediate or impending danger of serious harm will receive an Enhanced Initial Child Safety Conference and an Enhanced Follow-Up Child Safety Conference

so that

Parent Advocates are better positioned to provide enhanced advocacy for these parents/caregivers and their children

so that

Families, and/or caregivers, with support of their extended family, will be more successfully engaged with appropriate service responses, demonstrate increased positive emotional response, are satisfied with the intervention, and participate in services to reduce the likelihood of future child maltreatment and out-of-home care.

and

When circumstances make it difficult for families to initially build capacity to keep their children safely at home, kin will be more often engaged to support in-home safety plans and/or offer temporary placement to children to avoid formal foster care placement.

so that

The Enhanced Family Conferencing Initiative will reduce out-of-home care placements with non-relatives and maintain safety for children in their own homes or those of relatives.

2.2. EFCI Logic Model

Please see Appendix A for the EFCI Logic Model.

2.3. EFCI Service Model

The EFCI service model builds on ACS history implementing and testing new approaches in Family Group Decision Making and the use of Parent Advocates. The participation of Parent Advocates (defined as community members who have had life experience with the public child welfare system, plus specialized training) in ACS family team conferencing began in 2006, shortly after the inception of "Improved Outcomes for Children," a model for ACS casework practice grounded in Family Team Conferencing at various crucial points in the life of a case. In the spring of that year, six Parent Advocates affiliated with the Highbridge Community Partnership (a.k.a. "The Bridge Builders") staffed what were then called Pre-Placement Decision-Making Meetings in the Bronx Borough Office of the Division of Child Protection (DCP) at 2501 Grand Concourse. This three-month pilot was judged successful for a variety of reasons:

- The Parent Advocates were skilled at engaging other parents in the conference process. They were "credible messengers" who could authentically say "I know how you feel, I've been there, and I think it would be to your best advantage to use this conference process fully." Parents who might otherwise have been too angry, scared, or anxious to come to the table participated meaningfully in safety and service planning.
- The Parent Advocates had encyclopedic knowledge of community resources, not simply as service providers but as consumers of services. They were skilled at both recommending and effectuating appropriate referrals for services.

- The manifest competence of the Parent Advocates – who were all from the target community - helped enhance DCP personnel's appreciation of the strengths and potential of local parents in general. It was also true that as the Parent Advocates came to appreciate the competence and commitment of DCP personnel to strengthening families, they became good will ambassadors for ACS in their home community.
- The enfranchisement of representative, trained, informed, life-experienced community members in child safety decision-making at its most basic level was acknowledged as both a community engagement and a racial equity strategy.

In 2007, ACS and the Child Welfare Organizing Project (CWOP) signed a Memorandum of Understanding (MOU) agreeing – in effect – that any time ACS was contemplating protective removal of a child from an East Harlem family, other than in an emergency, ACS would first invite CWOP to send a Parent Advocate to represent the family at what had been re-termed an Initial Child Safety Conference at the 125th Street Borough Office. Underwritten by the New York State Office of Children and Family Services (OCFS) through a subcontract with the Center for Family Representation, this pilot project ran from 2007 – 2013. The former National Resource Center for Permanency and Family Connections retained Dr. Marina Lalayants, a research professor from the Silberman School of Social Work at Hunter/CUNY, to conduct a multi-method evaluation of the pilot. The results of this study (published in 2014 as *Parent Representation Model in Child Safety Conferences,* Child Welfare, Vol. 92, No. 5) documented the value of the model as described above. Based on both this empirical support and the wealth of positive feedback from parents and DCP personnel, former ACS Commissioner Ronald Richter made the decision to take the model to scale citywide, and to offer the services of an independent Parent Advocate to every family seen in an Initial Child Safety Conference (ICSC).

The citywide initiative went live in December 2013. It was overseen by the ACS Office of Advocacy (OOA) with logistical support (budget and contract management, data retrieval and analysis from Policy, Planning, & Measurement (DPPM), and strong, integrally involved liaisons in the Division of Child Protection (DCP). Parent Advocates were recruited, trained, deployed, and supervised by two voluntary contractors, at a cost of roughly $1.4 Million per year: The Center for Human Development and Family Services (CHDFS) in the Bronx, Manhattan, and Staten Island; and the Jewish Child Care Association (JCCA) in Brooklyn and Queens. Accumulated data revealed:

- Parent Advocates staff roughly 10,000 Initial Child Safety Conferences per year. This represents about 50 percent of all Initial Child Safety Conference's held, with some significant variations between boroughs. In most instances where a Parent Advocate was not present, it was because a parent was not available and / or did not give consent. Logistical challenges in scheduling and notification account for a smaller percentage of conferences not including a Parent Advocate.

- Outcome data revealed an association between the presence of a Parent Advocate in the Initial Child Safety Conference and a recommendation other than non-relative Foster Care placement.

ACS's Enhanced Family Conferencing Initiative is an enhanced and expanded version of the agency's existing Parent Advocate/Child Safety Conference initiative that aligns with core elements of Family Group Decision Making. Child Safety Conferences have been implemented in New York City for more than a decade and are part of an overall practice model shared by New York City's public child welfare workforce and its private contractors based on the Family Team Conferencing approach. An Initial Child Safety Conference takes place during a child protective investigation when the Child Protective Specialist , in consultation with her/his supervisor, determines that there is a level of risk or safety concern that necessitates further intervention by ACS, up to and including filing an abuse/neglect petition in Family Court and/or placing a child in out-of-home care. The Initial Child Safety Conference is convened in order

to develop a safety plan for the child or children, with the goal of preserving the family unit whenever possible. Participants in the Initial Child Safety Conference may include: parents, guardians, extended family members and fictive kin, as well as various professionals including the Child Protective Specialists, supervisors, service providers and others. The existing Child Safety Conference model, as used throughout New York City, meets many, though not all, of the core components of FGDM. EFCI, however, was designed to include all these core components, as well as an enhanced parent advocacy component.

In 2013, ACS was one of the first child welfare jurisdictions in the country to offer Parent Advocacy services to any parent/guardian participating in an Initial Child Safety Conference who wants them. The services are voluntary and provided by two community-based organizations that secured contracts through a competitive solicitation. Parent Advocates encourage parents, guardians and extended family members to participate in the conference, explain terminology and procedures, answer questions, provide emotional support, and suggest resources from the parent's home community. Many of the Parent Advocates employed by the two contract agencies have been the subject of child protective investigations in the past or have been child welfare system service recipients. In standard practice, these contracts only fund the advocates' participation in the Initial Child Safety Conference itself. In EFCI, Parent Advocates were charged with working with parents during the interim period between Initial and Follow up Child Safety Conferences, expanding their scope of work and the level of support they were able to provide to families in the treatment units.

The Zone E borough office currently has a total of 16 Protective/Diagnostic (PD) Units. Protective/Diagnostic units investigate the vast majority of child maltreatment allegations in New York City; while some specialized units, such as hospital/sex abuse teams and differential response units, exist in some or all boroughs, a typical Protective/Diagnostic unit represents the best option for testing an enhancement of mainstream child protective conferencing practice and provides the best opportunity to achieve a strong study design, including random assignment and appropriate control and study cohorts. Each Protective/Diagnostic unit is comprised of five Child Protective Specialists (CPSs) and at least one Child Protective Supervisor and is overseen by a Child Protective Manager. Four Protective/Diagnostic units in Zone E were selected to deliver the new EFCI model, while the remaining Protective/Diagnostic units continued providing "business-as-usual" Parent Advocate/Child Safety Conference services under existing protocols. Eligible child protective investigations were assigned to Protective/Diagnostic units within the Zone office based on a standard rotation formula, meaning that case assignment within the control and treatment/study groups occurred at random.

All Child Safety Conferences (CSC) are facilitated by a neutral facilitator known as a Child and Family Specialist (CFS). When a Child Protective Specialist recommends a case for a Child Safety Conference, the Child Family Specialist's Manager will refer the case to a Child and Family Specialist using the existing criteria for referral. Initial Child Safety Conference referrals from Protective/Diagnostic units in the study group were facilitated using the EFCI protocol, while those requested by control group Protective/ Diagnostic units received Initial Child Safety Conference services as usual.

The standard conferencing model for child protective cases consists of: ongoing outreach to parents/guardians and their family members and fictive kin throughout the investigation; an Initial Child Safety Conference convened promptly when concerns are identified; development of a safety plan; a Follow-up Child Safety Conference ; and ongoing follow-up and casework support from public child protective staff as well as preventive or foster care agency contractors, depending on the outcome of the case and the service plan. The EFCI model retains this overall structure but enhances and augments specific elements of the model, as described and operationalized below. **Table 1** also summarizes the similarities and differences between the models.

After a referral, the Parent Advocate/Child Safety Conference model begins with the scheduling and convening of an Initial Child Safety Conference. The Initial Child Safety Conference is held among the

family (including extended family and fictive kin, if the parent/guardian agrees), the Parent Advocate, ACS staff (including the CPS, CPS Supervisor II, the CFS, and optionally, a Child Protective Manager), and service providers. The Initial Child Safety Conference must be held as soon as possible and generally within one business day after a referral has been received. The CPS schedules the Initial Child Safety Conference and contacts the parent/caregiver and other family to invite them to the conference. The family is provided with a brochure about the Child Safety Conference process. This ACS brochure is currently available in 10 languages and an updated version was drafted specifically for the EFCI model.

The CFS assigned to a case serves as a neutral party to facilitate the Initial Child Safety Conference and document its outcomes. They are independent, non-case carrying coordinators (required to have a master's degree in Social Work) specifically trained to facilitate Child Safety Conferences in an empathic and unbiased manner and to cultivate an understanding of and respect for families' cultural values, norms, mores and perspectives. CFS are also charged with ensuring that the conference decisions align with agency policies and supports the safety of children.

When the CFS schedules an Initial Child Safety Conference, s/he also requests a Parent Advocate (PA) from the Parent Advocate Coordinator for the borough. The Parent Advocate is a core element of ACS's current and enhanced model and is key resource for the family. Parent Advocates are independent of ACS and provide unbiased support to, and advocate on behalf of, the family. In the Bronx, Parent Advocates are staff of the Center for Human Development and Family Services (CHDFS), an ACS-contracted service provider, and are trained by CHDFS with an ACS-approved curriculum. To help ensure Parent Advocates provide services in a culturally appropriate and sensitive manner and are empathic and responsive to families' needs and decision- making practices, CHDFS employs Parent Advocates with relevant histories and experience. Most of the Parent Advocates have previously been the subject of a child protective investigation themselves, or they have other kinds of valuable lived experience. Due to funding constraints in the existing contracts, and due to the unpredictable scheduling involved in Child Safety Conferences, most Parent Advocates are currently hired on a per- diem or part-time basis. In the EFCI model, three full-time Parent Advocates were hired to conduct outreach and provide support to families throughout the conferencing process. The Parent advocates reach out to the parent before the Initial Child Safety Conference to introduce themselves, explain their role, and request permission to participate.

Each full- time Parent Advocate was assigned to two of the Protective/Diagnostic units in the study group, creating a redundancy to allow for full coverage during high-volume conferencing periods. This ratio of three Parent Advocates for four Protective/Diagnostic units was based on an analysis of the number of conferences typically held each week and intended to allow time for the Parent Advocate to find additional family members and support families between the Initial Child Safety Conference and the FCSC and provide follow-up and encouragement to the family.

In the standard Parent Advocate /Child Safety Conference model, the family is offered the ability to caucus at any point during the Initial Child Safety Conference. A caucus is private family time in which the family can process information and develop plans without the presence of child welfare staff, the Parent Advocate or other parties. Although the standard Parent Advocate/Child Safety Conference model provides families with the ability to caucus, in practice, this option has primarily been used during Child Safety Conferences as a de-escalation technique and not for planning purposes. The EFCI model requires that families are fully informed of their right to caucus throughout the Child Safety Conference and are encouraged to use the option for family planning and decision-making in advance of the finalization of any safety plan. The CFS facilitators and Parent Advocates were cross-trained in ways to explain the importance of the private family caucus to members of the family, with the intention of increasing the use of this core element.

The result of the Initial Child Safety Conference is the development of a safety plan, which identifies the family's strengths, incorporates community resources to secure the safety and well-being of the

child(ren), and identifies an outcome for the child(ren). An Initial Child Safety Conference may conclude with a recommendation that the child(ren) remain at home without court intervention but with a voluntary referral to preventive services; be placed under court-ordered supervision; or be placed in an out-of-home placement. For families with a child who is placed under court-ordered supervision and able to remain at home, the family may be court-mandated to engage in preventive services. A new safety plan incorporates any prior and current safety and service planning. In both the Parent Advocate/Child Safety Conference and EFCI models, preference is afforded to the safety plan that is put forth or supported by the family unless there are safety concerns that prelude this option. It is recognized that in other FGDM contexts the DCP caseworkers may arrive at the meeting with a predetermined plan. EFCI implementation includes fidelity monitoring the extent of this happening and the development of staff support systems to support adjustment of these behaviors while balancing the need to address safety related concerns.

In EFCI, following the Initial Child Safety Conference, the Parent Advocate continued to follow up with the family by phone, text messaging or in person to encourage them to access any community and supportive services identified in the safety plan and to prepare for the Follow-up Child Safety Conference (Follow-up Child Safety Conference). The Follow-up Child Safety Conference is a core component of both the standard and EFCI practice models and is held within 20-40 days of the Initial Child Safety Conference to revisit the safety plan and assess the feasibility of reunification if a child has been removed from the home. In the standard Child Safety Conference model, the Parent Advocates do not attend the Follow-up Child Safety Conference, but in the EFCI model, the Parent Advocates were required to be invited to the Follow-up Child Safety Conference and were expected to engage in more robust family outreach between the initial and follow-up conferences. In EFCI, the Parent Advocate was meant to focus on purposefully engaging the extended family network in a goal- directed, change-oriented relationship. EFCI Parent Advocates were expected to increase the average amount of time spent engaging with a family between the Initial and Follow-up Child Safety Conference by approximately five times, to about ten total hours per family. From these engagement and family finding activities, it was also expected that the EFCI Parent Advocates would increase the number of family participants attending the Follow-up Child Safety Conference.

- As outlined above, in September 2015, ACS was awarded an approximately $2 Million, three-year FGDM grant by the US Department of Health and Human Services Administration for Children and Families to pilot an enhanced model of Parent Advocate participation in Family Team Conferencing. The pilot was based in Bronx South Zone E (Highbridge/Concourse). The enhancements, in contrast to the pre-existing citywide initiative, are:

    - Parents are encouraged by Parent Advocates to participate in the Initial Child Safety Conference and follow-up as well as expanding their circles of support for future case planning
    - Caucusing – Private family time which allows for the family to meet on their own and/or with the Parent Advocate to process the information discussed during the conference and develop a safety plan to address identified concerns. Family case plan – Parent Advocates advocate for the initial safety plan to be developed by the family as long as safety concerns are addressed
    - Additional support – Parent Advocates provide additional support and encourage families to follow through with service referrals (approx. 10h of service per family)

- Three full-time Parent Advocates employed by CHDFS represented parents in both Initial Child Safety Conference's and in Follow-Up Conferences approximately one month later. During the intervening month, they spent approximately ten hours in direct service activities with the family, most often working to assure solid initial connections with services recommended as a result of the Initial Child Safety Conference. This enhancement idea came directly from the Parent Advocates themselves, who saw the time-limited nature of their relationships with families in the

citywide program as a weakness in the model. A related enhancement that stemmed directly from Parent Advocate feedback was a joint training curriculum in which Parent Advocates and Child Protective personnel participated together.

- The federal FGDM model requires "caucusing" or "private family time." Following opening discussion of safety concerns and services or other measures that might ameliorate said concerns, the family meets privately with the Parent Advocate and develops their own service plan proposal. DCP's commitment is to honor the family's plan so long as it meaningfully addresses child safety concerns and does not compromise child safety.

The federal grant funds a rigorous, multi-method evaluation design developed and implemented by an evaluation team consisting of researchers from the Silberman School of Social Work at Hunter / CUNY, and the Kempe Center of the University of Colorado School of Medicine. The evaluation team has assessed readiness, fidelity to the FGDM model, provided training and coaching to staff, collected qualitative data, and contrasted outcomes in the pilot Units with those in designated control units, tracking child- and family-specific outcomes longitudinally, and assessing cost-effectiveness.

Following a start-up period, which included development of an Intervention Manual and negotiating union approval of the research design, the EFCI model went live in June 2016. EFCI Parent Advocates staffed 210 Initial Child Safety Conference's and 78 Follow-Up Conferences. Feedback – both informal and structured - from Borough Office personnel has been overwhelmingly positive. DCP personnel report feeling supported in their work by the Parent Advocates' participation, which gives them a sense of making case-planning decisions jointly with community members and families, rather than unilaterally.

Implementation of the EFCI model ended in September 2018, the end of the three-year federal grant.

Table 1. FGDM Core Elements EFCI vs. Business-as-Usual

FGDM Core Element	Current	Enhanced (EFCI)
Independent Facilitator	Child and Family Specialists (CFSs) are an independent unit of ACS and facilitate CSCs	Same
Family as key-decision making partner	Parents encouraged to participate	Parent advocates encourage participation in CSCs and Follow-ups, and encourages parents to expand their circle of support for future case planning activities
Family caucus	Not implemented regularly	Family meets on their own and/or with their Parent Advocate to process information and develop a plan to address identified concerns
Preference to case plan developed by the family	Current ACS protocol is to support the safety plan developed in the CSC unless a safety issue disallows this option.	Parent Advocates advocate for the initial safety plan developed by the family as long as safety concerns are addressed.
Services, resources, and supports are provided to implement the agreed upon case plan	Core service mandate currently fulfilled by the public child welfare staff and/or voluntary agency caseworkers, depending on the service status of the case.	Parent Advocates provide families with additional support and encouragement to follow through with service referrals and access community resources and supports (approximately 10 hours of service per family)

2.4. EFCI Key Interventions and Activities

See the separately attached EFCI Intervention Manual document which describes in detail: 1) background and overview of EFCI, including the theory of change, prior research on parent advocates, purpose of the Child Safety Conference process, and practice principles; 2) administration and operations, including supervision and coaching, credentials and training; 3) Referral processes for EFCI, including eligibility and exclusionary criteria; 4) the process between the Initial Child Safety Conference and the Follow-up Child Safety Conference, emphasizing the role of the parent advocates; 5) description of the Child Safety Conference; 6) summary of EFCI professional roles; and 7) recordkeeping.

Regarding training, despite being external to ACS, all CHDFS Parent Advocates receive an initial comprehensive training, as well as a required ten-hour in-service training each year, which includes ACS rules and regulations, case recording and note writing, government and human services resources for families, and legal resources. EFCI Parent Advocates attended an additional one-week training academy, with a curriculum procured through the newly launched ACS Workforce Institute and delivered by ACS or a qualified training partner as part of the cash match for this grant. The EFCI training curriculum that was delivered to all Bronx Zone E staff and EFCI Parent advocates included an in-depth exploration of the EFCI model and the importance of FGDM; a family finding and support network engagement module; an interpersonal communication and conflict resolution module; a supportive services module; and a cultural competency module. The EFCI training also included information and skills related to the evaluation as they pertain to the role of the EFCI Parent Advocates. EFCI training was provided at the beginning of the project period to all current Zone E CPS, CFS and EFCI Parent Advocate staff. It was additionally provided intermittently, on an as-needed basis over the remainder of the project period to newly hired staff in those areas.

2.5. Project Period Modifications to EFCI

Over the course of the project period, there were two modifications made to the EFCI model:

1. **Caucusing**. Initially, the model called for caucusing to occur only during the Follow-up Child Safety Conference. However, the caucusing was offered by the CFS's to families in the treatment units for both the initial and follow-up Child Safety Conferences.
2. **Time between the Initial Child Safety Conference and Follow-up Child Safety Conference**. Initially, it was envisioned that the Parent Advocate would spend the majority of the 10 hours between the initial and follow up Child Safety Conference working to expand the family circle and prepare them to participate in the follow-up Child Safety Conference. However, data from the timesheets, interviews, and focus groups show that the parent advocates most regularly used those 10 hours to accompany the parents to court or appointments, and to connect them with service providers in the community.

3. Collaboration

EFCI was a collaboration between ACS, the public child welfare agency, CHDFS, the Parent Advocate contractor, and an evaluation team comprised of the Silberman School of Social Work and the Kempe Center at the University of Colorado School of Medicine. Faculty of the Silberman School of Social Work have extensive experience in multimethod program evaluation research and have previously worked in collaboration with ACS conducting evaluations of the citywide ACS Parent Advocacy Program as well as other initiatives. The Kempe Center was a new collaborator, retained because of their experience in conducting previous FGDM evaluations.

For this grant, a new Implementation Team was developed to focus solely on the implementation and evaluation of EFCI. Implementation team members consisted of ACS DCP central office and Zone

leadership, the ACS Workforce Institute, CHDFS, the evaluation team, a Project Director from the ACS First Deputy Commissioner's Office of Advocacy, a Project Manager and a Project Associate from DPPM. Initially the meetings occurred monthly, but as the grant progressed, the meetings were scheduled quarterly. The implementation team discussed and planned the next steps of the EFCI implementation and provided opportunities to troubleshoot implementation challenges as they arose. The implementation team developed the EFCI program model based on the agency's existing Child Safety Conferencing process and documented the model specifics in a detailed Intervention manual that was approved by ACS leadership. Following this, ACS staff from the James Satterwhite Academy, the training arm of ACS, worked with several members of the implementation team to design co-training curriculum on the EFCI model for staff of the ACS child protective units in Zone E and their EFCI Parent Advocate partners. ACS also made presentations about EFCI to the local community boards as a first step in community outreach.

Early (first 90-day) project roll-out focused on:

- Contract amendment and finalization with CHDFS
- Identifying appropriate Parent Advocate candidates among experienced CHDFS staff
- Initiating the IRB approval processes
- Development of a training curriculum and an EFCI protocol
- A grantee kick-off meeting
- Union notification
- Internal dissemination of information regarding EFCI to other ACS divisions

Other start-up activities during the balance of Year 1 included:

- Final selection and piloting of assessment instruments
- Development of a QA log
- A presentation to the Community Board
- Development of press releases and descriptive literature to be shared with external partners
- Informational meetings with community service providers

All these activities called for close collaboration and coordination between all members of the implementation team.

In the two subsequent service years following roll-out, once the model went live, in each monthly or quarterly meeting the implementation team would create space for each partner – especially front-line staff, both Parent Advocates and Division of Child Protection personnel - to share their experience, focusing on demographics and presenting issues seen in Initial Child Safety Conference's, challenges and barriers to implementation, sharing new information, and reconciling data. Minutes were kept and disseminated for each meeting. Some of the issue areas covered included:

- How culture, language, and religion must inform EFCI implementation in the Bronx
- The challenges of how to best support families who relocated from transitional housing to living arrangements in other boroughs during service
- Best conference practice in cases involving domestic violence
- Working with pregnant and parenting teens
- Maintaining the fidelity of the model considering staff turnover and attrition
- Logistics of advance conference notification and pre-meetings between Parent Advocates and families
- The contrasting roles of CHDFS Parent Advocates and Parent Advocates employed by the Bronx parent legal services provider

- The role of the CHDFS Parent Advocate in Family Court, and in general, during the interim period between Initial and Follow-Up Conference
- Progress reports from the evaluation team including recurring discussion of how ACS and CHDFS personnel could best support the work of the evaluation team

As described, key partners in this initiative included:

- The ACS First Deputy Commissioner's Office of Advocacy, Child Protection, and Policy, Planning, & Measurement, including the Workforce Institute who co-developed helped implement the training curriculum. Representatives of other ACS Divisions including Preventive Services, Finance, and General Counsel were consulted and attended Implementation Team meetings on an as-needed basis.
- An evaluation team including faculty of the Silberman School of Social Work @ Hunter / CUNY and the University of Colorado School of Medicine's Kempe Center.
- The Center for Human Development and Family Services (CHDFS) who recruited, deployed, and supervised the Parent Advocates.
- Other external partners included a range of preventive, social, and legal services providers were often identified as resources in the Initial Child Safety Conference, and whose support was enlisted by the Parent Advocates following the initial conference. In the early stages of the initiative, ACS made a presentation to the local community board in the interests of alerting local service providers to our efforts and intentions.

All these relationships predated EFCI and are expected to continue. As noted, throughout the life of the initiative an Implementation Team including both managerial and front-line ACS personnel, members of the Evaluation Team, the Parent Advocates and their supervisors met regularly to plan, debrief, and troubleshoot.

4. Sustainability

As the grant period comes to an end, ACS is simultaneously preparing to renew its citywide Parent Advocate contracts. The agency formed an advisory group including representatives of various agency Divisions including Child Protective Services, Policy, Planning & Measurement, Finance, Procurement, Family Permanency, Advocacy, Preventive Services, and Youth & Family Justice, who have an interest in incorporating peer advocates into their own FGDM processes. The first task of this group will be to review the Evaluation Team's findings and determine their implications for the solicitation process.

Various materials were developed that can support the sustainability of EFCI. Those include: a brochure, Intervention Manual and training curricula. The initial and follow-up Child Safety Conference processes have been fully integrated into ACS child welfare practice and policy in New York City for over a decade and will continue. Infrastructure in the form of Child Safety Conference policy, dedicated Child Safety Conference facilitators, and family team conferencing computer application which provides ongoing data on various family meeting models, are all examples of ACS investments that will sustain these decision-making structures.

Sustaining the modifications to the initial and follow-up Child Safety Conference processes, in the form of EFCI, is predicated on these evaluation results and resource availability. Three new components were discussed from a sustainability vantage point: caucusing during the Initial Child Safety Conference and Follow-Up Child Safety Conference, intensified role for the Parent Advocate between the initial and follow up Child Safety Conferences, and the participation of the Parent Advocate in the follow-up Child Safety

Conference. There was widespread agreement amongst the Bronx Zone E administrators, supervisors and workers that caucusing should be embedded into the Child Safety Conferences as it is cost neutral and an empowering mechanism of family systems. The supervisors and workers also noted that the Parent Advocates role in between the initial and follow-up Child Safety Conferences was of high value to the families and supportive of the CPS staff.

Decisions about sustaining these EFCI components are continuing amongst ACS leadership.

5. Evaluation

A rigorous mixed-methods research design was used to answer questions about the implementation (e.g., organizational readiness and culture, intervention specification, implementation planning, fidelity, perceptions of youth, parents, family members, CPS, and others); intermediate outcomes (i.e., satisfaction, service provision, engagement); outcomes (reduced placement use, increased use of kin placement, reductions in outcome disparities); and costs.

5.1. Process Evaluation Methodology

5.1.1. Process Evaluation Design

The process evaluation design included two features, closely linked to the research questions listed below. First, a more global or agency-level assessment of how the EFCI model was designed and implemented by the agency, including the barriers and strategies for uptake, and how those may have changed over time as the project progressed during implementation. Second, a more detailed view of processes at the case-level, in conjunction with the outcome evaluation, was used to understand how other factors contribute to the success of or challenges with EFCI implementation. Key to the process evaluation was determining how the agency- and case-level views are integrated, the degree to which policy is consistent with practice, and how DCP and Parent Advocate staff were able to identify and resolve implementation and operational problems. The process evaluation involved a combination of qualitative data (focus groups and interviews), conducted at multiple points during the project period, and quantitative data (worker and stakeholder surveys; Referral Log), which are described in more detail later.

5.1.2. Process Evaluation Questions

A mixed-method process evaluation was conducted to examine the following questions:

1. What are the essential elements of EFCI, as operationalized in the intervention manual?
2. What is the level of organizational readiness, culture, and climate prior to implementation and how do these constructs change over time? What contextual factors impact project implementation?
3. How does the implementation team use findings from organizational assessments to guide implementation plans and activities? What activities are employed to build competency, focus leadership, and build organizational drivers to guide implementation?
4. What are the EFCI outputs compared to usual child safety conferences (e.g. # of conferences, # and type of meeting participants, percent of conferences with family members or other supports in attendance, frequency of conferences where an initial recommendation to remove was reversed, etc.)?
5. How well are families engaged in EFCI compared to usual child safety conferences and how does the level of engagement affect ongoing participation with services?
6. How well is EFCI implemented with fidelity?

7. How is EFCI perceived by key stakeholders (i.e. CPS staff, CFS staff, Parent Advocates, and families)?

5.1.3. Qualitative Data Collection

Family Interviews

One research assistant from Silberman School of Social Work at Hunter College was present on-site in the Zone E office to carry out the bulk of qualitative data collection for the process evaluation. Process evaluation data was also collected via the fidelity survey which is explained in greater detail in Section 5.4. At the end of an EFCI Follow-up Child Safety Conference meeting, the research assistant approached the parents to ask them to participate in a face-to-face interview (one parent per case). A private space (i.e., an office or a conference room) was provided by ACS for interviewing. The 20-parent goal was determined by the concept of theoretical saturation, which is the criterion by which adequate purposive sample sizes in qualitative inquiry are justified (Morse, 1995). The evaluation team anticipated that saturation and maximum variability will possibly be achieved at about 20 interviews (Kuzel, 1992), which would comprise about 12.5 percent of all cases in the EFCI intervention group per year (based on an estimate of 160 cases/year).

Before the interview, each respondent was asked to sign a written informed consent form. The interviews lasted about 30-40 minutes. Family member respondents were offered $30 as an incentive to participate in the study. During the interview the family members were asked to share their experiences with EFCI and the involvement of Parent Advocates. They were asked to comment on advocates' helpfulness and types of support received.

ACS Staff Interviews

Regarding ACS staff, a roster of all child protective workers and supervisors/managers assigned to EFCI was obtained from the ACS administration and the ACS staff were recruited to participate in individual interviews. An adequate sample was determined based on the theoretical justification outlined above. Finally, CFS facilitators were invited to participate in individual interviews. Since the facilitators are on their own rotation and are assigned to handle whichever child safety conferences comes up in their rotation, they were not be specifically assigned to either an EFCI or non-EFCI meetings.

The interviews took about 30 minutes and were conducted at the Bronx Zone E field office, in a private environment (e.g., a conference room or offices). During the qualitative data collection, the caseworkers, supervisors, managers, and facilitators were asked to share their experiences with EFCI, the involvement of Parent Advocates, and perceived benefits of the enhanced model.

Parent Advocate Interviews

A complete list of all Parent Advocates, containing names and contact phone numbers, were obtained from CHDFS. Since this is a small group, all Parent Advocates, the coordinator, and program directors were recruited to participate in individual interviews. The research assistants called the potential respondents and invited them to participate in the study. Before the interview, each respondent was asked to sign a written informed consent form. The interviews took about 30-40 minutes and conducted at either the Bronx DCP office or CHDFS Bronx office, in a private environment.

The interview questions covered areas such as Parent Advocate's personal experiences with the child welfare system, their relationships with parents who they serve (e.g., engagement, resistance, trust, communication), beneficial as well as challenging aspects of their work, and perceptions of EFCI.

5.1.4. Quantitative Data Collection

General Staff Survey (GSS)

Description and Rationale. In order to understand agency-level outcomes such as rates of placement in out-of-home care, rates of re-referrals, or other outcomes of interest, child welfare researchers have increasingly realized that there are many things that influence decisions in child welfare cases, above and beyond the family's behavior. For example, prior research has found that child welfare staff who perceive that there are few community resources available to help families, were associated with cases with higher levels of placement and of recurrence. In research the evaluation team conducted on Family Group Decision Making (FGDM) the team learned that higher ratings of Family Group Conference effectiveness depended on whether workers who carried a caseload perceived that local services were available and believed in the ability of families to construct plans to address issues. Research has also demonstrated that implementation of new practices, such as those proposed with EFCI, can be influenced, positively or negatively, by organizational culture and climate factors. Thus, the purpose of the General Staff Survey was to understand how staff attitudes, perceptions, job responsibilities, and other related factors might influence the outcomes observed and especially those that are being used to measure the success of EFCI. By collecting these data, the evaluation team can rule out the influence of these factors using statistical methods and can more clearly see if the outcomes they are trying to achieve with this initiative are related to the intervention. Ruling out confounding factors is important to clearly understand whether EFCI makes a difference - and whether there are issues that may influence implementation.

For these reasons, a consolidated survey tool, termed the General Staff Survey was developed to examine factors that may influence implementation and outcomes. Specifically, questions and scales were included to assess the contextual factors impacting project implementation. These factors included: information regarding staff demographics, education, employment history, and role related to child protection work generally and EFCI/family meeting practice specifically, a worker characteristics instrument designed to assess self-perceptions of workload, case skill, child safety-family preservation orientation, and the community service array to provide data to examine influences on decision making. In addition, subscales were included around organizational readiness and need for change.

The GSS instrument can be found in Appendix B. There were six sections to the survey. The first section asks for basic demographic information, including race/ethnicity, gender, highest level of education achieved.

The second section asked about staff position and tenure, such as position in the agency, caseload information, job satisfaction, and tenure in their current position, agency, and field of child welfare/human services.

The third section asked questions concerning Work Focus and Beliefs and included two sub-scales. The first sub-scale was a Child Safety vs. Family Preservation Orientation scale (Dalgleish, 2010; Fluke, Corwin, Hollinshead, & Maher 2016). Respondents were first asked to state their preference for one of two paired statements and then asked to rate the strength or their preference (from "Very weak" to "Very strong"). A score was then computed that had a mid-range of 0 with child safety being more strongly endorsed on the positive end (greater than 0) and preserving families on the negative end (less than 0). The next set of questions in this section focused on the same issue, only this series of questions entitled "Case Situation" (Arad-Davidzon, & Benbenishty, 2008) had respondents rate themselves on a seven-point scale (from "Strongly disagree" to "Strongly agree") on eight statements regarding child safety and preserving families.

The fourth section focused on service provision and asked respondents first rate their range of "Disagreement to agreement" (7-point scale) to questions concerning their belief that they could find service to keep children safe, the ease at which they could work with service providers, and how

comfortable they were with their referral decisions. The next set of questions in this section listed 26 specific services and asked respondents the degree to which they were confident that these services were available locally and could meet the families' needs (scaled from "Not at all confident" to "Completely confident" on a seven-point scale).

The fifth section asked questions concerning EFCI effectiveness and usefulness. The first sub-scale included 13 statements to assess alignment with EFCI values in this section were rated on six-point scales (ranging from "Strongly disagree" to "Strongly agree"). The next question in this section asked respondents to rate how useful they found the Child Safety Conferences (from "Not at all useful" to "Extremely useful"). Subsequently, respondents were asked to rate how effective seven features of the Initial Child Safety Conference from engagement to keeping children safe (the six-point scale ranged from "Not at all effective" to "Completely effective"). These same questions were then asked about the Follow-Up Child Safety Conference. Subsequently, respondents were asked 10 questions concerning how effective these conferences were when Parent Advocates participated in them (on a five-point scale ranging from "Not at all effective" to "Completely effective"). The questions ranged from support, to understanding to behaviors and child safety. Respondents were then asked their level of agreement (six-point scale) with the six core elements of EFCI.

The sixth section of the survey was concerned with organizational culture and climate, including readiness for change. In this section, staff first identified their function: EFCI Protective/Diagnostic unit (treatment), Non-EFCI Protective/Diagnostic unit (control), CFS Specialist, Supervisor or Facilitator of Initial Child Safety Conference/Child Safety Conference, Parent Advocate or Parent Advocate Supervisor/Manager/Leader, DCP Leadership and Management, or specified other. Then subsets of these individuals responded to categories of questions around organizational readiness for change. They are named in the results section regarding subsets of respondents. The first sub-scale asked if they were ready for to implement EFCI in a series of nine questions ranging from whether they had the confidence, experience, skills and learning ability to effectively implement the intervention (seven-point scale from "Strongly disagree" to "Strongly agree"). The set of 11 questions assessed their belief in the need for change related to EFCI and was derived from primarily from the Appropriateness subscale of Holt, Armenakis, Feild & Harris's (2007) readiness for organizational change tool. Questions here ranged from EFCI's perceived legitimacy to how critical it was and used a seven-point agreement scale. Organizational Benefits was the next subsection which asked seven questions where respondents disagreed or agreed with statements regarding the proposed benefits of EFCI on the same seven-point scale.

Regarding organizational culture and climate, respondents were asked about leadership support, supervision quality, and shared vision and values. Regarding supervisor competence, respondents were asked to indicate their level of agreement with eight statements pertaining to his or her direct supervisor. Items were derived and adapted from the Workforce Retention Survey (New York State Social Work Education Consortium, 2005). The Perceptions of Leadership subscale was comprised of 15 statements regarding agency leadership (e.g., Leadership provides visible, ongoing support for innovations and ideas). Items were derived from the Western Regional Recruitment Project (Potter, Comstock, Brittain, & Hanna, 2009). Regarding shared vision, professionalism, and commitment (VPC), respondents were asked about their level of agreement with six statements on shared vision and professional orientation in CPS (e.g., Workers in my unit are proud to work in child welfare). These items were derived from work by Westbrook, Ellett, and Deweaver (2009). For all three of these subscales a six-point Likert scale was used, where 1 indicated "strongly disagree" and 6 indicated "strongly agree."

The seventh and final section had individual's rate statements about the Organizational and Community Context of EFCI and asked for their open-ended narrative comments. The organizational statements were concerned with stakeholders and other leaders understanding and support of EFCI rated on the same seven-point agreement scale.

Participants. All EFCI stakeholders (e.g., CPS workers, meeting facilitators, implementation team members, Parent Advocates, etc.) were invited to respond to the survey via Qualtrics, a web-based survey administration tool, using staff rosters provided by Zone E DCP and ACS.

Timing. The General Staff Survey (GSS) was administered electronically to participants by the evaluation team in conjunction with EFCI staff trainings at the start of the data collection period for the majority of staff and then as-needed throughout the life of the project period as new staff were on-boarded.

Referral Log

Description & Rationale. In order to track the rate of EFCI service receipt from unit assignment (i.e. random assignment to the treatment or comparison group) through initial and follow-up Child Safety Conferences as well as meeting participation by participant type, semi-regular administrative data extracts were provided from the CONNECTIONS (CNNX) and PROMIS databases (the SACWIS and family meeting databases, respectively) to the evaluation team over the life of the project period. Evaluators merged these documents to create a case-level summary of EFCI related meeting receipt and meeting detail to understand whether the project was being implemented as intended as well as to identify any issues in the quality of the data. This data was also merged with similar information collected by the Parent Advocates for the purposes of triangulation and quality assurance.

Participants: Data were provided on all investigations occurring in the Zone E office in order to comprehensively assess the rate of service receipt for all treatment and comparison unit families.

Timing: Ongoing throughout the life of the project period.

EFCI Fidelity Survey

Description & rationale. Staying true to the original program design is referred to as program fidelity (O'Connor, Small, & Cooney, 2007). Fidelity assessments are done to enable all stakeholders in various human service fields (such as child welfare, adult protection, mental health and substance abuse treatment) to discern the extent to which a program provided was indeed delivered as intended (Schoenwald, 2011; Pennell, 2003). Significant to constructing a fidelity tool is the understanding that the application of critical program elements may vary by stakeholders (Bond, Becker, & Drake, 2011). Fidelity assessment tools recognize that it is essential in our quest to understand family group decision making to ask for perspectives from all meeting participants and to ask questions that exemplify the nuances of this practice.

EFCI Fidelity assessments measured the extent to which the EFCI model was practiced with fidelity and sought to identify factors that facilitated or hindered the implementation of the model. Following the specification of the new EFCI model in the intervention manual (see attached), the evaluation team created fidelity criteria and measurement indicators for the essential elements of EFCI, adapted from an instrument used by Kempe Center in their 2011 and 2012 evaluation of previously funded Family Connections awards and the Idaho IV-E waiver evaluation. The Kempe FGDM fidelity instrument was also translated into Spanish, an important consideration, since 50 percent of investigations in the Bronx Zone E involve Spanish-speaking families. Finally, and in order to best assess the unique perspectives of the different meeting participants, 4 versions of the fidelity tool were developed: CFS Facilitator, Family Network, Parent Advocate, CPS Professionals/Service Providers. These paper-pencil surveys were color-coded and printed on colored paper to correspond to their respective version for the ease of survey administration. Please see **Appendix C** for a copy of the parent version of the EFCI Fidelity tool.

Participants. For the purposes of assessing EFCI fidelity, the evaluation team surveyed all EFCI Follow-up Child Safety Conference participants, with the goal of including parents, Parent Advocates, CPS workers,

CPS supervisors, CFS facilitators, and attending other service providers and members of the family network.

Timing. All attendees of the EFCI Follow-up Child Safety Conferences will be asked to complete the fidelity assessment at the end of conference, prior to leaving.

Family Engagement

Description & rationale. The limited available research suggests that in the exploration of the engagement, the extent to which parent engagement impacts service uptake and case outcomes is crucial. For example, in a recent study, CPS-involved parents who identified themselves as more engaged were also more likely to report changing their parenting behaviors as a result of the intervention (Gladstone et al., 2012). These parents also expressed higher satisfaction with the outcomes of service and the way the service was provided.

Engagement was assessed multiple ways through the survey instrumentation developed through EFCI, in line with prior research, including: the helping relationship, caregiver emotional response, satisfaction, and service participation (Merkel-Holguin et al., 2015; Hollinshead et al., 2015).

a. *Helping relationship* refers to the degree to which caregivers perceive that the services they receive and relationship that they build with their CPS worker are, indeed, helpful or beneficial and that there is a degree of shared perspective on key issues. The scales used for EFCI were based on standardized instruments developed by Yatchmenoff (2005), Gladstone & Brown (2007) and Gladstone et al. (2012).

b. *Positive Emotional Response* is the level of caregivers' emotions about their experience with the intervention. For example, positive emotional response is the mean score of four yes/no dichotomous questions on the scale reflecting the caregiver's self-report of positive emotional responses including: respected,' 'encouraged,' 'thankful,' and 'hopeful.'

c. *Satisfaction* is defined as the degree of caregivers' satisfaction with their intervention experience/services on a scale with three response options, ranging from "Not at All" to "Somewhat" to "Very."

d. *Service Participation* is defined as the number and types of services caregivers use.

Participants. The engagement constructs identified above were incorporated into the EFCI Fidelity Survey and administered to all parents and Parent Advocates attending EFCI Follow-up Child Safety Conferences. This was done to maximize efficiency and response rates while minimizing burden.

Timing. At the conclusion of every EFCI Follow-up Child Safety Conference.

5.1.5. Evaluation Training

As part of the EFCI training curriculum the evaluation and its importance were discussed so that all CPS, CFS, and Parent Advocate staff who would potentially participate in the EFCI process were made aware of the evaluation in general terms. For the Parent Advocates, a more in-depth evaluation training was provided by the evaluation team. This training focused on the fidelity assessment component of the evaluation as the Parent Advocates were tasked with administering and collecting the paper-pencil fidelity surveys and returning them to the Silberman Research Assistant following the conclusion of the meeting. The fidelity training took approximately one hour and was administered twice, via web-based video conference, over the course of the project. The first time, at the start of the data collection period and again when a new Parent Advocate was hired during the project period.

The training included an overview of the survey tool itself and explained the different versions of the tool which were color-coded based on participant type. Parent Advocates were also provided with information around human subjects protections which included the voluntary nature of the data collection process. They were additionally provided with information around how to return the completed surveys to the evaluators as well as contact information for the evaluation team in the event of any questions or concerns.

5.2. Outcome Evaluation Methodology

5.2.1. Outcome Evaluation Design

The EFCI outcome study consisted of a cluster random assignment design to intervention or control groups where outcomes were longitudinally assessed for families who experience an investigation for a minimum of four months of follow-up.

As aforementioned, four mainstream Protective/Diagnostic units in Zone E were selected to deliver the new EFCI model, while the remaining eight Protective/Diagnostic units (see above description of the Bronx E Protective/Diagnostic service configuration) continued providing "business-as-usual" Parent Advocate/Child Safety Conference services under existing protocols. Eligible child protective investigations were assigned to Protective/Diagnostic units within the Zone office based on a standard intake rotation formula, meaning that case assignment between the control and treatment/study units occurred at random.

An important aspect of the construction of the outcomes data sets and their analysis is that the evaluation team used an "intent-to-treat" rule in our data construction and analytic procedures. That is, the primary eligibility criteria for inclusion in the study is that the investigation included an Initial Child Safety Conference during the investigation. The meeting data indicate that the majority (71 percent) of EFCI cases did not receive a full-dose of the EFCI intervention (as indicated by the presence of a Parent Advocate and a parent during the Initial Child Safety Conference and Follow-up Child Safety Conference meetings). In addition, meeting data indicates that some control cases appear to have had Parent Advocates attend not only Initial Child Safety Conferences (business-as-usual) but also Follow-up Child Safety Conferences, which typically does not happen outside of the enhanced intervention. This does not necessarily indicate that these control cases received the full EFCI intervention, although there were indicators that some control unit cases may have been inadvertently served by EFCI Parent Advocates, but rather that the control cases received access to Parent Advocate support beyond what may be considered typical for reasons unknown. Consistent with intent-to-treat approach, EFCI-assigned cases where Parent Advocates did not participate and control cases where Parent Advocates were involved were included in the comparative analyses.

At the end of the outcomes results sections, please find non-experimental comparisons that explore the association between aspects of EFCI and outcomes. Still, these results should be viewed with caution as the evaluation team cannot rule out the presence of selection biases (e.g., parents with more motivation to agreeing to accept the support and assistance of a Parent Advocate) influencing the outcomes.

Most of the outcomes for the study such as maltreatment recurrence and placements were derived from administrative data sources drawn from the ACS information systems, CONNECTIONS (CNNX) and PROMISE. Where administrative data sources were not used, data collection instruments were used and linked to the administrative data sources. Such instrumentation (discussed below) was used in conjunction with the process evaluation and was used to obtain data on possible moderators and mediator variables as well as outcomes such as participant engagement.

5.2.2. Outcome Evaluation Questions

The outcome study was guided by the questions outlined below:

1. Are families who experience EFCI processes more engaged with child welfare compared to families in the control population?
2. Are children in families in the population of focus who experience EFCI interventions less likely to experience placement compared to children in the control group?
3. If children are placed out of home, are they more likely to be placed with relatives compared to the control group?
4. Are families in the population of focus who experience EFCI interventions as likely as families in the control group to experience child maltreatment re-reports?
5. For all the outcomes identified above (placement, relative placement, re-reporting) are families less likely to have disparate experiences based on race or ethnicity compared to families in the control group?

5.2.3. Outcome Data Collection

Administrative data reflecting investigations associated with an Initial Child Safety Conference during the study period (Investigations File) and any prior investigations (All Investigations File), preventive services (Services File), and placements (Placements File) associated with EFCI and control group children were obtained from CNNXNS and PROMISE administrative data systems. Extensive data cleaning was necessary to address duplicative records and obtain and fill in missing identification numbers (child ids, investigation ids, and/or case ids). Further, numerous children were associated with multiple investigation records with mostly overlapping and/or imbedded start and stop dates. In these instances, the evaluation team merged the dates and the allegations of the investigations (if the allegations differed in any way). the evaluation team recognizes that this process may result in an undercount of referrals. Further, when sibling groups are involved in cases, analyses that do not take this into account will over-represent the effects associated with those cases. Therefore, where investigations were associated with more than one child in a family, the evaluation team randomly selected one child for inclusion in the analysis. Moreover, when outcome analyses were conducted, the evaluation team filtered out inappropriate records, as described in the definitions of the pertinent variables below. The result of this effort was an analytic file consisting of 830 unique records of child and investigation pairs as the primary unit of analysis. This data set, used for the outcome analysis, was different from the data log used to track study cases during implementation of the project. For one, the log described in section 5.2.1 and 5.3.2 which reflected family (case) level data, for another, cases that were discrepant or duplicative regarding events were eliminated from the analysis.

5.3. Process Evaluation Results

5.3.1. EFCI General Staff Survey (GSS) Results

Participants

In order to disseminate the GSS, rosters and training attendance records were provided to the evaluation team in February 2017, June 2017, and in April 2018. In all, a master roster was developed and indicates that these data sources identified 209 individuals who were affiliated with the DCP Bronx Zone E office during the data collection period from CPS frontline workers to upper level managers and CFS staff. These rosters were used over the life of the project to administer staff surveys to newly on-boarded staff in the Zone. Of the 209 staff identified, surveys were collected from 146 individuals. Respondent staff who identified as a Protective/Diagnostic (PD) Child Protective Specialists (CPS), Protective/Diagnostic CPS

Supervisors, and Protective/Diagnostic CPS Managers were selected for overall comparisons. Quality Improvement members, Evaluation Team members, Parent Advocate members, CFS Facilitators, Bronx E and ACS Leadership and Executive Staff were eliminated from overall comparisons because they were not directly involved in either the EFCI or the comparison intervention despite having roles in the implementation process.

Four Protective/Diagnostic units were identified as EFCI treatment units and any staff associated with those units were considered treatment staff. However, for the respondents that have more than one time-point of unit affiliation data (a maximum of four), unit changes appear to have been common. This occurred whether respondents ever had an EFCI unit (treatment) or non EFCI-unit (control) affiliation. Typically, unit changes occurred between numbered units which refer to Protective/Diagnostic units and lettered units, which typically refer to management. Additionally, EFCI and non EFCI-unit identification on the surveys were not always consistent with the rosters. This compounded the identification of treatment and control units. This suggests a kind of contamination called "diffusion of treatment" which refers to some individuals being members of both a treatment and control unit at some point in time. Additionally, only 60 percent (146/209) of the individuals on the rosters filled out a survey.

Staff were coded as being in a treatment unit if there was any indication from the staff rosters that they were affiliated with an EFCI treatment unit at any point during the data collection period. Any staff with no affiliation with a treatment unit over the life of the project was considered a control unit staff.

Worker Demographics

Comparisons of the staff in treatment and comparison units were conducted using chi square tests on the categorical variables gender, Hispanic/Latino/Spanish origin, Race/Ethnicity (exclusive and re-categorized), and Education (BA vs Graduate and Social Work vs non-Social Work). T-tests were conducted on the continuous variables Job Satisfaction, Children Currently Served, Years in Current Position, Years with Agency, Years in Child Welfare (categorized intervals), and Age (categorized intervals).

The results of the Gender analysis found that 21 percent of respondents were males in the control group and 6 percent were male in the treatment group while 79 percent in the control group were females and 94 percent in the treatment group were females. Thus, as is common with child welfare staff, most respondents were female.

Regarding ethnicity, results indicated that 65 percent of both the control staff and treatment staff were not of Hispanic, Latino or Spanish origin while 35 percent of both groups were. Regarding race, 59 percent of staff from both treatment and control units identified as African American while 6 percent identified as white, Asian, or other.

Comparisons were made between the staff in the treatment and control units for level of education, specifically for having a bachelor's degree vs. a graduate degree, and between having a degree in social work vs. any other specialty (undergraduate or graduate). Forty-seven percent and 41 percent of respondents indicated having a graduate degree in the treatment and control units, respectively. Thus, slightly less than half of staff reported having a graduate degree; the rest had a bachelor's degree. It should be noted here that a bachelor's degree is the minimum education requirement to be employed by DCP as a caseworker or above. Finally, regarding a social work degree (graduate or undergraduate), 29 percent of the treatment group and 18 percent of the control group indicated that they had a social work degree.

Regarding job satisfaction, respondents ranked themselves on a scale of 1-5 where 1 indicated that they were not at all satisfied with their current job and 5 indicated complete satisfaction. Staff in control units averaged 2.94 and staff in EFCI units averaged 2.53, which was not a statistically significant difference. Staff were also asked about the number of children on their current caseload. Staff in control units had an average of 15.7 children on their caseload while staff in EFCI units averaged 17.6; the difference was not statistically significant.

Table 2 shows the means for remaining continuous variables by control and treatment staff. Though there is slight variability in the means in the figure all, but one set of numbers are not significantly different from one another. "Years with the Current Position, Agency, and Child Welfare" are greater for the control group than the treatment group. These three-time variables are correlated (r's > .62, p's <.05. This may be due to the assignment of one of the treatment units as a training unit during the study period (Unit 331) in as much as during this period the unit may have consisted of less experienced staff.

Table 2: **Staff Mean Age and Years in Position/Agency/Child Welfare**

	Control Unit	**Treatment Unit**
Age	38.4	36.1
Years in Current Position	3.58	3.00
Years with Agency	5.44*	3.94
Years in Child Welfare	7.61	8.59

**Statistically significant p<.05*

Worker Attitudes and Beliefs[1]

Family Preservation vs. Child Safety

The previously described Dalgleish scale in the Work Focus and Beliefs section of the GSS that measured the degree to which respondents endorsed child safety (at one end of the computed scale) relative to family preservation (at the other). The computed scale values range from -30 to 30 for each respondent and had a somewhat low reliability score (Cronbach's Alpha=.62). The average score on this scale was 6.36 (a tendency toward child safety). The Case Situation scale was a bit higher in terms of Cronbach's reliability (.76) and its average was 4.86 out of 7 demonstrating also indicating slight favoring of child safety over family preservation. The two scores were correlated, r (128) =.31.

EFCI Perceptions and Values

As shown in

Table 3 below, the reliability score assessing the consistency of the items measuring the Confidence respondents had in Service Providers and their Services was highly reliable (Cronbach's Alpha = .97). The average was 2.91 on a 5-point scale suggesting all respondents were moderately confident about having their service needs met by a local community provider. The reliability of EFCI Effectiveness was reasonable (Cronbach's Alpha = .73). The average was 4.45, an above average agreement. The single scale measuring the usefulness of Child Safety Conferences average was 3.65 on a 6-point scale. The reliability score for assessing the effectiveness of the initial Child Safety Conference was high (Cronbach's Alpha= .92) as was the average score for the scale (3.64 on a 5-point scale, leaning toward very effective). Findings were similar for ratings on the items measuring the follow-up Child Safety Conference, Cronbach's Alpha= .96, average = 3.27, slightly higher than moderately effective. The reliability score for assessing the items measuring the effectiveness of Child Safety Conferences when Parent Advocates Attended was also high (Cronbach's Alpha= .97) and the average scale score was 3.43, roughly halfway between moderately and very effective. The reliability of the core elements of the EFCI was .79 (Cronbach's Alpha) and the average score was 4.2 on a 6-point scale. As the average scores indicate, responses to this series of questions were positively distributed indicated that most individuals had favorable responses to the questions.

[1]All 146 individuals who responded to the surveys were used to provide overall scale reliabilities, that assess a sense of the internal consistency of the scales, and to assess the direction of responding for everyone involved. This included those eliminated from the demographic analyses, such as Parent Advocates.

Table 3: Remaining Overall Reliabilities and Means for Attitudes and Beliefs about the Intervention*

Sub-Scale	Cronbach's Alpha	Mean Score	Scale Range
Confidence in Service Providers	.97	2.91	1-5
EFCI Effectiveness	.73	4.45	1-6
Usefulness of CFC	N/A	3.65	1-6
Effectiveness of Initial CFC	.92	3.64	1-5
Effectiveness of FCFC	.96	3.27	1-5
Effectiveness of CFC with PA	.97	3.43	1-5
Core Elements of CFC	.79	4.20	1-6

**Note: scale ranges differ*

Organizational Readiness for Change

The Organizational and Readiness for Change scale's Cronbach's Alpha was .68, using the respondents to the items related to this question. Averages for this scale were derived from individuals responding to these items. They were CFS Specialists, Supervisors, Facilitators or Parent Advocates or their Leaders. The average response of these individuals was 5.20. The Need for Change question's internal consistency was .68, slightly below minimal acceptance, and was rated by all the groups on the previous question, as well as DCP Leadership and Management. The average score for these individuals was 4.90. The Organizational Benefits of EFCI were rated by all respondents to obtain the internal consistency of the scale (Cronbach's Alpha= .89). The average score was derived by the ratings of respondents who also rated the previous question. The average score was 4.76. Senior Leadership Support was rated by the respondents described in the previous question to derive the internal consistency of the scale. Cronbach's Alpha was .85. The average rating was 4.47 on a 7-point scale.

Organizational Culture and Climate

Regarding Organizational Culture and Climate, CPS and CFS Workers and Supervisors were asked about their perceptions of shared vision and values within their Protective/Diagnostic units, perceptions of their supervisor, and perceptions of leadership support. Participants were also asked how long they had been supervised by their current supervisor. The average number of years respondents had been supervised by their current supervisor was 1.65 Years. Workers and Supervisors in EFCI and Protective/Diagnostic Treatment units, in non-EFCI units, and other supervisors and facilitators responded to questions regarding their Experiences with Supervision. Cronbach's Alpha for Experiences with Supervision was .87, and the average overall score was 5.20 where the treatment mean was 5.40 (n=7) and the control mean was 5.56 (n=28).

Table **4** below displays the differences in the treatment and control unit staff. These same respondents also responded to questions concerning their Perception of Leadership (e.g. agency managers and administrators). This scale had high internal consistency (Cronbach's Alpha =.93). The average score was 4.84. Line staff also responded to questions concerning Shared Vision and Professionalism with other staff in their Protective/Diagnostic units on a 7-point Likert agreement scale. The internal consistency of the scale was reasonable (Cronbach's Alpha=.80). The average for the scale was 5.07 indicating agreement that there was shared vision and professionalism in the Protective/Diagnostic units. Again, there were no statistical differences between the EFCI/treatment and control Protective/Diagnostic unit staff.

Table 4: Supervision, Leadership and Shared Vision Treatment vs. Control Staff

	Control Unit Staff	Treatment Unit Staff
Average Number of Years Supervised	.85	.86

Perception of Leadership	4.88	4.96
Experiences with Supervision	5.56	5.40
Shared Vision and Professionalism	5.22	5.14

Finally, the last GSS sub-scale, Organization and Community Context, was responded to only by members of the Implementation Team for EFCI, which included a mix of CPS Workers, Supervisors, and Managers, CFS Specialists, Supervisors and Managers, Parent Advocates and their Supervisor and Leadership, and DCP and ACS Leadership. The scale measured the extent to which the EFCI intervention was valued and its implementation supported by the involved staff. The nine items on the sub-scale had high internal consistency (Cronbach's Alpha=.93). The overall average was 5.14 on the 7-point scales indicating most respondents agreed that the intervention was valued and supported. The scale was not meant for comparison purposes.

5.3.2. EFCI Receipt

As described in Section 5.1.4, a Referral Log was developed at the start of the project for the purposes of ongoing tracking of EFCI vs. control group/unit assignment, and Initial Child Safety Conference and Follow-up Child Safety Conference receipt and participation. The data in this log were obtained by on a semi-regular basis from ACS Performance Management staff and were derived from administrative investigations data (from the CNNX data system) as well as administrative family meeting data (from the PROMISE data system). Once received by the evaluation team these data were cleaned, merged, and reconciled with data provided by the Parent Advocates. A key challenge throughout the study, was that data from the Parent Advocate agency regarding who received EFCI did not fully reconcile with the data reported by ACS. Efforts to reconcile the differences were made over the life of the project but the multitude of data sources and unique identifiers in use as well as the discrepancies within ACS administrative data sources themselves were persistent to such a degree that not all anomalies were able to be addressed. The need for all data to be encrypted before being shared with the evaluation team, despite the presence of data sharing agreements and IRB approvals, compounded this problem as any case-level inquiries needed to be de-encrypted and re-encrypted in any correspondence with ACS PPM staff serving as middle-men between the evaluation staff and on-the-ground Zone E staff. This onerous communication channel made timely QA efforts especially challenging.

While the discrepancies highlighted a known QA issue in the ACS administrative data system, namely the lag or otherwise incomplete tracking of meeting data in the PROMISE system, as well as other QA issues related to lack of critical identifiers (i.e. investigation (INV) and case IDs) the log did serve as a useful tool for understanding the rate at which EFCI was being implemented as intended (i.e. at least one ISCS and Follow-up Child Safety Conference with at least one parent and Parent Advocate in attendance) and how EFCI vs. comparison unit practice differed in actual practice (not just policy). The summary tables that were derived from this log for QA purposes and which was presented at EFCI Implementation Meetings over the life of the project are presented below.

A key takeaway is that while it was clear that from early in the life of the project that Follow-Up Conferences were not occurring at the rate at which EFCI policy would dictate, they did occur at a much higher rate than comparison cases. Similarly, the rate of parent and Parent Advocate attendance was notably higher in the EFCI units. More discussion around the implications and recommendations related to these findings (and others) can be found in the Sections 6 and 7.

Table 5. Bronx Zone E Initial Child Safety Conference (ICSC) Receipt by EFCI vs. Control Units

ICSC %	n	%	
TREATMENT GROUP			
ICSCs	231		
ICSCs with Parent	168	73%	of tx cases with AT LEAST ONE ICSC with parent
ICSCs with PA	**151**	**65%**	**of tx cases with AT LEAST ONE ICSC with PA**
ICSCs with PA(CHDFS)**	170	***13%***	total cases with a PA in attendance (may be multiple INVs per case)
CONTROL GROUP			
ICSCs	690		
ICSCs with Parent	464	67%	of cx cases with AT LEAST ONE ICSC with parent
ICSCs with PA	351	51%	of cx cases with AT LEAST ONE ICSC with PA
ICSCs with PA (CHDFS)**	***38***		***these cases should not have been served by EFCI PAs***
TOTAL*			
ICSCs	**945**		of total cases with AT LEAST ONE ICSC
ICSCs with Parent	651	69%	of total cases with AT LEAST ONE ICSC with parent
ICSCs with PA	518	55%	of total cases with AT LEAST ONE ICSC with PA

Table 6. Bronx Zone E Follow-up Child Safety Conference (FCSC) Receipt by EFCI vs. Control Units

FCSC %	n	%	
TREATMENT GROUP	**231**		EFCI ICSC1s
FCSCs	**111**	48%	of EFCI cases with AT LEAST ONE FCSC following an ICSC
FCSCs with Parent	50	45%	of EFCI cases with AT LEAST ONE FCSC with parent
FCSCs with PA	**32**	**29%**	**of** EFCI **cases with AT LEAST ONE FCSC with PA***
FCSCs with PA(CHDFS)**	64	***50%***	total cases with a PA in attendance; % is difference between FTC and PA timesheets
CONTROL GROUP	**690**		cx ICSC1s
FCSCs	**363**	53%	of control cases receiving AT LEAST ONE FCSC following an ICSC
FCSCs with Parent	132	36%	of control cases with AT LEAST ONE FCSC with parent
FCSCs with PA	14	4%	of control cases with AT LEAST ONE FCSC with PA
FCSCs with PA (CHDFS)**	***12***		***these cases should not have been served by EFCI PAs***
TOTAL*	**945**		total ICSC1s
FCSCs	**487**	52%	of total families receiving AT LEAST ONE FCSC following an ICSC
FCSCs with Parent	187	38%	of total cases with AT LEAST ONE FCSC with parent
FCSCs with PA	46	9%	of total cases with AT LEAST ONE FCSC with PA

**Total ICSCs and FCSCs greater than sum of EFCI and control because some INVs not assigned a unit which determines group assignment.*
***CHDFS data is based on cases, not INVs, and includes all counts provided by CHDFS, including those that could not be reconciled with administrative data. In theory, all counts from CHDFS should be for the treatment group by study design however the evaluation team has evidence that this is not the case. Because this data is collected at the case level, whereas it is tracked by INV in the admin data, it is not "apples to apples" with the admin data - however, the degree of discrepancy between the two data sources is worth noting to illustrate the data issues persistent in the data, which are detailed elsewhere in more precise detail.*

5.3.2. EFCI Services

Data on service referrals and receipt were obtained from multiple sources: fidelity surveys administered to family members and Parent Advocates at the Follow-Up Safety Conference (FCSC), and timesheets submitted by the Parent Advocates. In this section, the results of the Parent Advocate Timesheet data follow the fidelity survey results.

Fidelity Survey - Services Results

Parent Advocate staff and Family members were both asked about service receipt. Some questions were the same and others were unique to their respective survey.

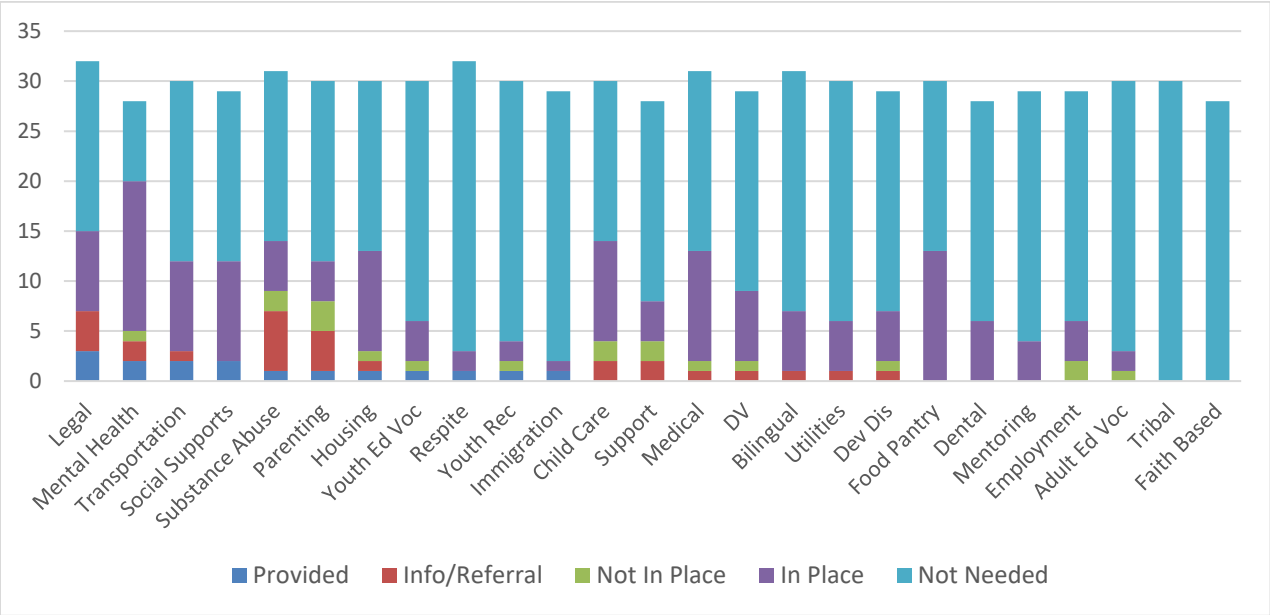
Parent Advocates completed the questions about specific services in 67 percent (n = 32) of the 48 Parent Advocate surveys received. The remaining 16 surveys had no service data identified, i.e., the answers were left blank on a third of the Parent Advocate surveys. Given the small sample, all the figures below reflect the *number of responses/surveys* in which the answer was indicated. Note, too, that missing data meant the denominator for each question varied (though no question had fewer than 28 valid responses). The data are presented using a condensed overview of responses about all service types.

Parent Advocate Reports of Service Need and Receipt

Parent Advocate staff were asked to indicate whether any of the following situations applied for each service type. Options included 1) Services was not needed; 2) Service was needed and in place at the time of the Initial Child Safety Conference; 3) Service was needed and not in place at the time of the Initial Child Safety Conference; 4) Information/a Referral was provided after the Initial Child Safety Conference; and 5) Service was provide after the Initial Child Safety Conference. While Parent Advocate staff were asked to indicate ALL the situations that applied, in all but a couple of instances, only one of the five answer options was selected for each service, despite the categories not being mutually exclusive (e.g., information/referral could be provided and a service provided, but only one of those answers was checked). In all, Parent Advocates reported 19 instances of services that were needed but not in place at the time of the Initial Child Safety Conference, 29 instances where they provided a referral for services for the family after the Initial Child Safety Conference, and 16 instances where services were provided after the Initial Child Safety Conference.

Figure 1 provides a side-by-side view of the Parent Advocate's reports of service activity by service need. Note that total/denominators for each service differ due to missing data/skipped categories or selection of more than one response (which was appropriate, given the instructions, but only occurred a handful of times). Categories are sorted to reflect those services that were provided most frequently, followed by the services most frequently referred. In many instances, services were already in place at the time of the Initial Child Safety Conference, as indicated by the purple portion of the bar.

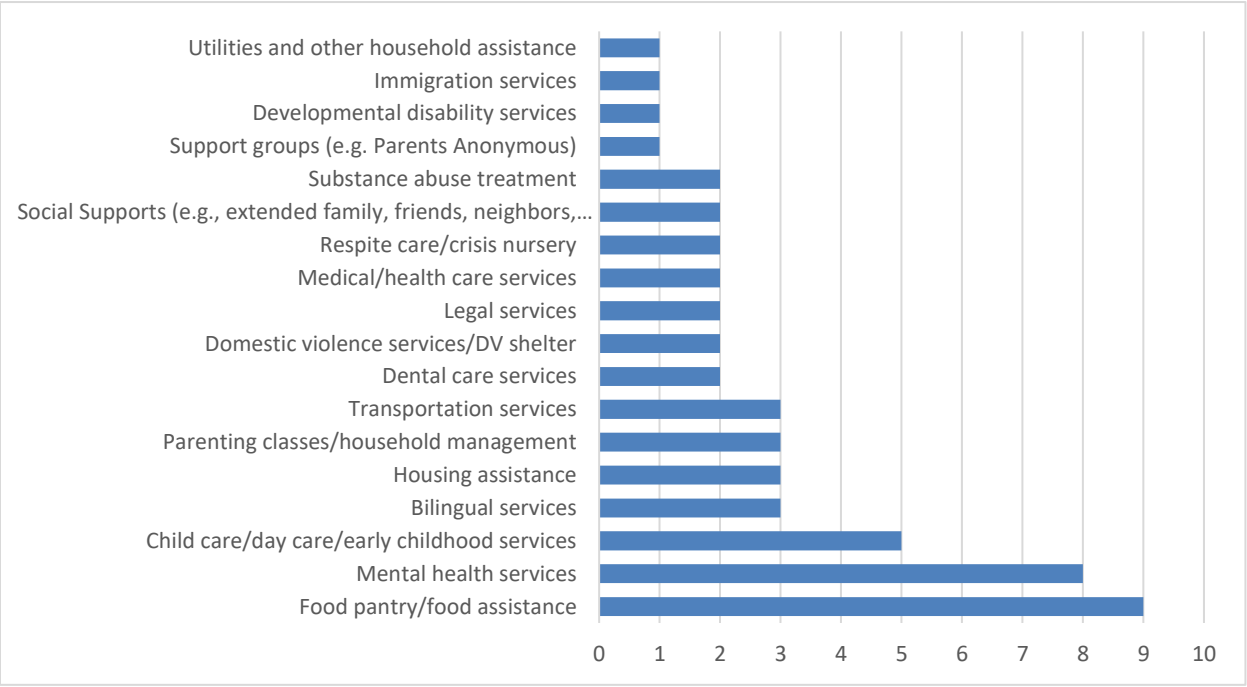
Figure 1. Parent Advocate Reports of Service Need and Receipt



Family Reports of Service Need and Receipt

On the Follow-up Child Safety Conference fidelity survey, families were also asked about the service they received due to their involvement with the Parent Advocate. Family members indicated whether they received specific services, the role of the Parent Advocate or ACS in connecting them to services and reflected on the impact of the services. **Figure 2** shows all services reported as received through parental involvement with the EFCI Parent Advocate.

Figure 2. Parent Report of Service Receipt



In addition to the services listed in the figure above, additional services were asked about on the survey, but parents did not report receiving them. Those other services were: adult education/vocational services, employment services, faith-based services, mentoring, tribal services, youth education/vocational services, and youth recreational activities.

Families were also asked how effective the services they received were with respect to helping them with problems. Response options ranged from 1 = Not at All Effective. 2 = Slightly Effective, 3 = Moderately Effective and 4 = Very Effective. Of the 21 (58 percent) of parents who answered the question, responses ran the gamut, and the mean score was 2.95 indicating that the parents who responded felt the services were just shy of moderately effective on average.

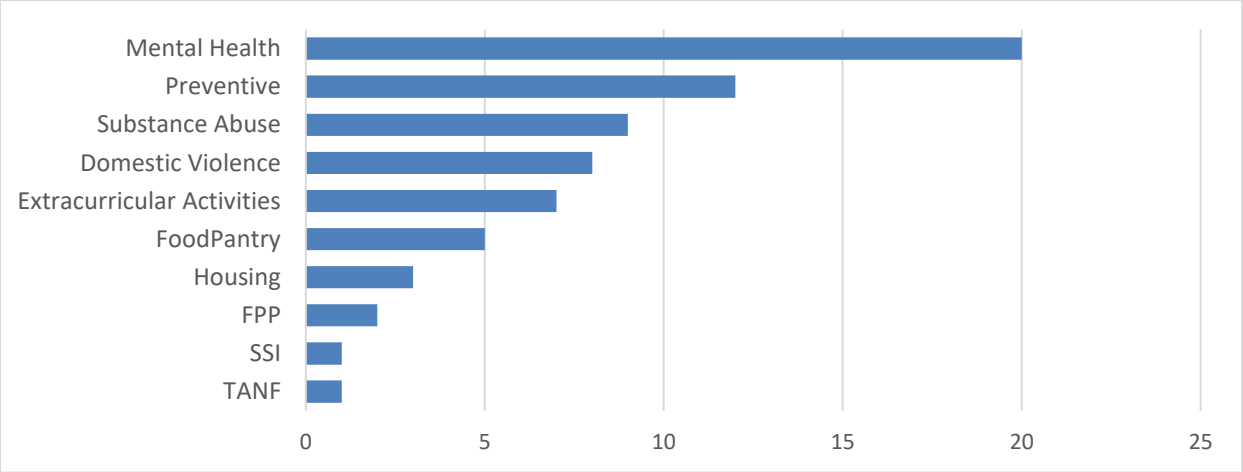
When families were asked if there was any help, they needed that they did not receive, 4 (11 percent) of the 34 respondents indicated yes. When asked to specify what they needed, but didn't get, they indicated: 1) child care; 2) counseling for a daughter ("consejería para mi hija "); 3) diapers, wipes; and 4) "staying with my kids."

Lastly, when parents were asked whether their family was better off or worse overall, because of their experiences with the Parent Advocates, all but two parents responded to the question (n = 34). Of these, 82 (n = 28) indicated they were better off, 17 percent (n=6) indicated they were the same and no one indicated they were worse off.

Parent Advocate Timesheet Service Results

Ninety-eight Parent Advocate Timesheets were collected for the EFCI project, representing a total of 87 unique case IDs overall. Ten of the case IDs were associated with more than one survey and those cases accounted for 21 surveys. This occurred because Parent Advocates were asked to indicate service referrals and community connections, they provided during their time working for the family.[2] Eight services types were listed as options and respondents could add other services as relevant. Forty-three (44 percent) of the surveys indicated at least one service was provided; 55 (56 percent) of the surveys did not indicate any service referral information. The mean number of services referred was 1.5, with a range between 1-3 services.

Figure 3. Parent Advocate Reports of Service Information and Referrals Provided



5.3.3. EFCI Qualitative Results

Summary qualitative findings from the EFCI interviews and focus groups with ACS and Parent Advocate staff and EFCI families in presented in this section. The interview protocols can be found in Appendix D. For the purposes of this report, findings are limited to a description of the interview participants; perceptions of the Parent Advocates, a key component of the EFCI enhancement; and satisfaction with, challenges around, and recommendations for, EFCI.

[2] Although parent advocates are not officially sanctioned to provide referrals to families, the Parent Advocate Timesheet asks them to identify "Parent Advocate referrals/community connections for the family (check all that apply):" just before the list of nine check box options for service types.

EFCI Staff Demographics

A total of 48 CPS staff, which included personnel from both the CPS and CFS divisions of ACS, participated in face-to-face interviews about their experience in the Enhanced Family Conference Initiative. Within this cohort, 75 percent (n=36) identified as CPS staff and the remaining 25 percent (n=12) identified as CFS staff. Among these 36 CPS respondents, 66.67 percent worked as "caseworkers" (n=24), 19.44 percent occupied higher-level positions as "supervisor II" (n=7), and the remaining 13.89 percent individuals (n=5) worked as managers. Of the 12 CFS staff interviewed all identified as facilitators.

In addition to interviewing ACS staff, a total of 7 staff from the Parent Advocate provider agency, the Center for Human Development and Family Services (CHDFS) participated in qualitative interviews. Among participants, 57.14 percent individuals (*n*=4) identified as Parent Advocates with the remaining 42.86 percent interviewees (*n*=3) identifying as senior leadership staff.

EFCI Parent Demographics

A total of 36 face-to-face interviews were conducted with individual parent participants. However, these interviews were not "unique" as two participants were interviewed on more than one occasion and interviews also included families. It should be noted that the operational definition of "family" included any grouping, such as a couple, which surveyed a family member or partner already interviewed so that, for instance, a mother and father would constitute a "family." One family comprised three respondents—a mother and two different fathers—who each had his own biological child indicated on a case. For demographics of all family interview participants, please see **Table** below.

Table 7. Parent Demographics (N=34)

Parent Demographics	N	Percent*
Gender		
Female	20	62.5%
Male	14	37.5%
Race/Ethnicity		
African American/Black	16	47%
Hispanic (non-White)	15	44%
Other	3	9%
Age		
Range = 32 years with minimum of 21 years and a maximum of 53 years Mean = 34.52 years		
Level of Educational Attainment		
College	3	8.8%
Some College	4	11.8%
High School	3	8.8%
GED	2	5.9%
12th Grade or less	19	55.9%
No Reply	3	8.9%
Relation to Child		
Mom	20	58.8%
Dad	13	38.4%
Other	1	2.9%
Marital Status		
Married	11	32.4%
Single	15	44.1%
Separated	3	8.8%
In a Relationship	3	8.8%
No Reply	2	5.9%

*totals may exceed 100% due to rounding

Children and Family Characteristics

Among 34 respondents of 26 families (7 couples, 1 triplet, and 19 individuals) there was a total of 64 biological children residing within the home with a mean of 2.46 children and a minimum of no children and a maximum of 5 children. The average age of a biological child residing within the home was 8.35 years with a minimum of 1 month to a maximum of 23 years old.

Of these 26 families, 9 children from 5 different families were placed out-of-home with a mean age of 8.25 years with a minimum age of 1 month and a maximum age of 17 years. The mean length of time spent in out-of-home placement was .4375 months with a minimum of 1 month and a maximum of 2 months.

Interviewees were asked about the purported reasons for ACS involvement and their subsequent initial child safety conferences; they could list as many reasons as were applicable. Domestic violence was cited as the sole or a contributing reason for ACS involvement in 11 of 26 families (42 percent). Medical issues including failure to thrive, and medical neglect were cited in another 3 cases (12 percent). Substance use issues were cited in 3 cases (12 percent). And concerns made by the schools and/or related to home cleanliness were reported in 5 cases (19 percent). Other concerns were cited in single cases and are not reported here to ensure client confidentiality.

Given that 61.11 percent (*n*=22) of parents attended Initial Child Safety Conferences alone, a desire to mitigate social isolation figured prominently in the decisions of parents to include advocates in Initial Child Safety Conferences. The reasons for attending Initial Child Safety Conferences alone included (1) a lack of a reliable or tenuous social network (2) constraints imposed by geography in the case of a few parents who had recently relocated to New York City, (3) scheduling conflicts, and (4) a desire for privacy. For such parents, choosing to have an advocate seemed advantageous even if accrued benefits were only psychological. Yet most parents indicated that it only made sense to agree to the free and friendly services advocates offered.

Staff Perceptions about Parent Advocates

CFS and CPS staff were questioned about the general helpfulness of advocates with the majority of respondents indicating that advocates offered significant value by acting as liaisons and team players willing to facilitate communication and workable solutions for families and agency staff. Advocates accomplished this by mollifying upset parents, explaining policies and procedures, and facilitating cordial interactions between staff and families. Both staff and advocates felt that they were "on the same page" in instituting the long-term objectives of the agency by reducing child maltreatment and neglect and implementing plans favorable towards permanency planning outcomes.

Liaison

When queried about the helpfulness of advocates to staff, caseworkers largely acknowledged the positive influence of advocates as para-professionals uniquely positioned to assist families as "they can reach clients in a way that we can't or clients who build trust with them that they won't build with us because of the sort of adversarial role that we play" (CPS-06). Staff found families were more inclined to speak truthfully with advocates and that they did not hesitate to divulge difficulties and concerns as might be the case when speaking to agency staff. The ability to reach resistant families was particularly helpful to caseworkers as "we share resources, we talk about the services that the family is getting, and any kind of difficulties or issues that families might stumble upon. So, it's a solid working relationship where we each know our roles and execute them" (CPS-11). Rather than allowing parents to disengage following initial child safety conferences, advocates consistently reached out to parents leading up to their follow up conferences and acted as accountability partners. In this way, they bolstered parents and remained an additional lifeline that caseworkers could call upon should parents begin to avoid caseworkers' outreach attempts.

Team Player

Advocates regularly shouldered responsibilities that fell outside of the purview of caseworkers who were saddled with sundry tasks. Caseworkers who did not have the luxury of spending hours with individual clients relied on advocates to fill in the gaps and mitigate a family's frustration given that "it's very frustrating for families when you go in the first time sometimes because it can be an all-day thing and the advocates will…I've seen them sit with them the entire time and just to try to keep them calm and get them through it" (CPS-04). Caseworkers found advocates' willingness to act as team players "helpful to us because maybe we don't have to do as much because the advocate may, you know, have a resource so if they have that resource we don't have to look for something, we can just call whatever agency they gave sometime they do call themselves but we can call and say hey I have a family instead of trying to find you know an agency" (CPS-04). Another caseworker added, "I think that's important that we are all in this together and we have a job of ensuring that a family can stay together and that the safety and well-being of the children are maintained. So, in that way, we have a good professional relationship. I've never had any problems" (CPS-30).

Advocates did not hesitate to assume the mantle of additional tasks by stepping in when needed. The sense that advocates were always available and willing to lend a hand to time-strapped staff did not go unnoticed as staff regarded advocates as "always saying… 'do you guys have a conference; do you guys need me?' They're always willing to assist" (CPS-07). For time-crunched caseworkers, the willingness of advocates to go the extra mile and take on additional responsibilities was much-appreciated and contributed to their long-standing congenial relationship with staff as "it's just a richer process when everyone is involved, and all hands are on deck. We can just have a much more collaborative process when we are exchanging resources and information about how best to serve the family" (CPS-09).

Even facilitators took notice of advocates' critical role in reaching inaccessible families and their commitment to the long-term goal of ensuring the safety and well-being of children noting that "the fact that we're on the same page is important. It just makes the process easier and the communication is just more effective when we are a team going in together. So, I think when we are both understanding what needs to be done for a certain case and we go in with a game plan then that can make services all that much better for parents. The fact that they are making contact on a regular basis with families, they are supportive, they are listening, and they are offering families clarity just makes the entire process run much more smoothly" (CFS-07).

Personal Qualities of Successful Parent Advocates

In addition to their professional abilities, advocates also possessed unique personality traits that made them well-suited to advocacy work. Caseworkers described advocates' high degree of social intelligence and relational acumen as positive qualities that made them so endearing and indispensable to families. One caseworker replied that "number one, personality" remained a critical factor as "you need to approach the client in a way that is agreeable and that will engage them. Number two, you need to have the right tone. You don't want to give them the wrong aura or rub them the wrong way because some of these parents are very sensitive since their children's well-being is at stake" (CPS-10). Advocates' employment of empathy and compassion was communicated to parents who found genuine connection with professionals who seemed to have families' best interests at heart.

Advocates who had previously tread the self-same paths parents found themselves newly embarking upon demonstrated receptiveness and openness to the concerns of parents. They took care not to "shame or blame" and to mitigate any sense of stigma or shame that parents might naturally harbor given their interaction with child welfare. Such humanistic treatment combined with their years of accumulated professional expertise lent a patina of respectability and burnished advocates' standing with parents, who felt cheered by such a compassionate response. One worker recalled an instance in which an advocate successfully marshalled his or her relational abilities to effectively reach a parent with the following anecdote:

> *I can give an example of this one mom who was very belligerent in the beginning and uncooperative and wouldn't go along with anything that we were saying. But then after the caucusing, she came back and was more amenable to what we were suggesting. I think the advocates are just able to get through to the parents in a way that we aren't able to because we are ACS and we are the "enemy" to parents so anything we propose might just go in one ear and out the other (CPS-15).*

One interviewee explained that a successful advocate "will actively listen and who can tell a parent, 'listen maybe you're not doing this right, maybe you should do this'... Give them good advice and show them the error of their ways but also don't judge. But be willing to walk with them and hold their hand and say listen maybe this is what you need to do" (CPS-07). While such counsel might otherwise fall upon deaf ears when spoken by caseworkers, when uttered by advocates, parents took heed.

Parents' Perceptions of Parent Advocates

Parents overwhelmingly supported advocates' involvement in their cases and spoke glowingly of the support they received from peer mentorship. So great was the sense of camaraderie developed between advocates and parents that parents did not hesitate to liken advocates as akin to "friends" or "family" with many advising that no parent should attend a conference without an advocate.

The availability of an advocate attenuated any misgivings or sense of distrust for parents with limited familiarity with child welfare workers. Rather than walking in blindly with little inkling of what to expect, parents felt comforted by advocates who immediately made themselves available to families and were open, honest, and empathetic to a parent's concerns.

Other parents just felt grateful to have anyone interested in their point of view and willing to sincerely navigate them through a relatively opaque process they regarded with some measure of trepidation. A parent stated that his or her advocate "made me more motivated, more, more positive about myself and he's been very helpful" (PAR-05). Another parent explained, "it was really great. [The Parent Advocate] was a huge help because as a parent you don't really feel like you have anyone on your side necessarily. I have my preventive worker; I have my ACS workers but they're not really there for me. They are there for my child. So, when I'm explaining to them all the problems I'm having because of my daughter, they're not looking out for me. They're looking out for my daughter. So, having [name redacted] there was a huge relief and just knowing that he's a dad himself that was a plus as well" (PAR-12). Respondents candidly expressed their distrust of ACS workers and found that the presence of an advocate acted as an effective counterbalance to caseworkers' influence.

Parents confirmed that advocates who demonstrated engagement and compassion were regarded with more trust. Unlike harried caseworkers who were unable to offer undivided attention to each client, advocates remained deeply invested in parents by taking care to understand their individual circumstances.

Advocates who took the time to sincerely listen to a parents' woes and remained available were seen as going above-and-beyond the call of duty which contrasted sharply with the limited availability of overburdened caseworkers. A caseworker lamented the constraints imposed by his or her position stating that" I think parents do appreciate it when someone who has been through it is telling them about what's taking place and guiding them because during conferences, the CPS worker is not in a position to do that since there are so many other things going on. We have conferences at all times of day and the CPS worker doesn't have that luxury to really sit with the client and help them process what's going on and walk them through and most of the time, the client doesn't want to hear it from CPS since we are 'judging' them in a way" (CPS-09).

In one instance, a parent remembered that an advocate "even on my days off, like this Sunday… she texted me yesterday to make sure everything is going okay, see how I was doing. You know, am I coming to the meeting tomorrow, you know, just how's the family, you know, just make sure everything's okay" (PAR-09). This parent was particularly surprised because he or she did not expect an advocate to be reachable "especially on a Sunday" (PAR-09). Another parent substantiated this perception that advocates remained consistently available with the recollection, "[the Parent Advocate], he always said, that if he had any concerns, any doubts that you can always text me and just text away" (PAR-25). Such consistent availability translated into genuine care and compassion.

Several parents consistently alighted upon the importance of the authenticity of advocates' passion and interest in their cases as demonstrated by advocates' regular outreach attempts, unvarnished yet gentle guidance, and non-judgmental listening of parental concerns.

Perceived Benefits of EFCI

In differentiating EFCI conferences from those of control conferences, respondents pinpointed the (1) sustained and involved interaction of Parent Advocates in the lives of families from the Initial Child Safety Conference up until the follow up child safety conference (Follow-up Child Safety Conference) (2) the inclusion of a mandatory caucusing period in Initial Child Safety Conferences and (3) the self-determination exercised by families who became actively involved in formulating their preferred safety plans and (4) stronger engagement and receptiveness of families to ACS recommendations and services. This contrasted with control conferences which did not provide for a period of family caucusing or require Parent Advocates to maintain a relationship with families beyond the Initial Child Safety Conference and in which the advocate and parent relationship was not simply a "one and done thing" as described by a caseworker. Another worker related…"as I've been concerned with the cases that I've had, the Parent Advocates have been following up with them up until the 30-day definitely. And I think that's helpful to the parents. I thought like it was part of regular conferences but maybe with EFCI, it's a little more, it's happening a little more frequently" (CPS-03). This aligned with the experience of other ACS staff who affirmed that families received "more support…you know, being that the Parent Advocate does work with them a little longer termed [*sic*] than before. Before, the Parent Advocate used to just sit in and then that would pretty much be it but now they do home visits and stuff".

Figure 4. Perceived Benefits of EFCI

Sustained and Engaged Interaction of PAs	•PAs remain involved with families from ICSC up until FCSC •More intimate and established relationship developed between families and PA due to continued interaction
Inclusion of Mandatory ICSC Caucusing	•Caucusing provides a chance for families to exercise self-determination over service plans •Caucusing offers a reprieve and opportunity for families to address concerns
Greater Familial Self-Determination	•Families draft own service plans and demonstrate that they are the experts on their own families •Families can direct questions, concerns, or worries to PAs in caucusing period and before and after conferences
Stronger Engagement & Receptiveness to ACS' Recommendations and Services	•Parents are more inclined to accept services and listen to Parent Advocates who are seen as legitimate sources of support

Sustained and Engaged Interaction of Parent Advocates

Respondents highlighted EFCI's chief benefits as the "active" and "more intense" engagement of Parent Advocates and families "feeling supported" as a result of such continued interaction (CPS-11; CPS-12). Rather than allowing a gap in engagement between Initial Child Safety Conferences and Follow-up Child Safety Conferences, the EFCI protocol mandated sustained interaction between Parent Advocates and families with face-to-face contacts conducted through home visits and the accompaniment of families to various appointments. Advocates also supplemented face-to-face meetings with phone calls and text messages. Another respondent characterized the special kind of support provided by EFCI-trained Parent Advocates as "individualized" and "personalized" as it involved a degree of hand-holding with advocates shepherding families through their individualized safety plans.

Inclusion of Mandatory Initial Child Safety Conference Caucusing

Agency staff cited the inclusion of a mandatory caucusing period in Initial Child Safety Conferences as a primary feature of EFCI. This caucusing period occurred in the middle of Initial Child Safety Conferences after preliminary introductions and concerns regarding a family's case had already been addressed. During caucusing, family members met alone with their Parent Advocate to discuss both their concerns and those of ACS' while brainstorming steps they could take in anticipation of the safety plan they would form upon returning to the Initial Child Safety Conference. In this way, caucusing allotted private family time away from the eyes of caseworkers and facilitators so that parents could ask further questions, gain greater clarity, and develop more insight into their cases. When asked about the value Initial Child Safety Conference caucusing provided to parents, workers replied that caucusing "forced a time-out" which was a necessary reprieve for families unaccustomed to the "fast-paced" and hectic nature of Initial Child Safety Conferences in which "things move fast". Staff expressed that caucusing allowed parents to identify kinship resources and voice their opinions away from gaze of ACS. As a result, parents felt more involved as part of the decision-making process as they directly articulated their desires and shaped their preferred plans.

For workers without the ability to pause during conferences to adequately address parental concerns, advocates addressed this void in services to the relief of agency staff and families alike. Still another worker found "the caucusing happens before the decision, so I think it's helpful just as an extra chance for families to sort out what they want moving forward" (CPS-29).

Greater Familial Self-Determination

As a result of mandatory caucusing in Initial Child Safety Conferences, families demonstrated active involvement and ownership in drafting their preferred safety plans after speaking with Parent Advocates and mulling over possible decisions. Based on the information and feedback gained from discussing "concerns" and "ideas," parents brainstormed several courses of action to take and collected their thoughts. Parents also described caucusing as educational with Parent Advocates providing much-needed insight into the proceedings taking place.

Agency staff largely endorsed caucusing with some suggesting that caucusing should be mandatory in all conferences beyond the Bronx's Zone E for its ability to encourage greater familial engagement. Rather than having professional staff impose a litany of service obligations upon already put-upon families, caucusing empowered parents to become active participants and to have a "say-so" in their safety plans. A family's appreciation for caucusing was articulated by a respondent who voiced "I could've been able to ask more questions before talking and I don't even know what I'm talking about. Cause I noticed when you say certain things, they twist it and make it sound like something totally different" (PAR-04). Another parent acceded, "the caucusing time….Did I find it better? Did it benefit me? Yes, it did because…it's like going…it's like a football game, you're going to play someone, and you don't have all the information based on you know what's happening so you can win. So, she was there to, you know, guide the entire situation successfully and she's still doing it today" (PAR-09).

Stronger Engagement & Receptiveness to ACS' Recommendations and Services

Agency staff reported greater engagement among families provided with Parent Advocates as advocates effectively explained processes, addressed parental concerns, and guided parents through the process of completing their preferred safety plans. The edifying influence of experienced Parent Advocates encouraged families to remain receptive to ACS' proposals. This was largely due to advocates' ability to hold parents accountable to agreements made at the conclusion of Initial Child Safety Conferences and by their continued guidance and nudging of parents as they navigated the child welfare system. A CPS worker recalled that "we just had this case where the agency was really pushing for a remand and the advocate was like there is no way the judge is going to grant that decision and even our lawyer was like "are you crazy? The judge is not going to remand those kids." Anyway, they were right—there was no remand, it was just court-ordered supervision and the judge overturned ACS' push for remand. But the advocate in that instance did push for court ordered supervision and tried to get the parents to agree to services and convinced them" (CPS-30).

Another caseworker observed that the more intimate relationship between advocates and families resulted in greater trust building so that families grew more amenable to an advocate's suggestions. One worker stated, "Yes, because of trust. They trust the advocate a lot more. CPS is seen as the enemy and a parent might not want to engage with CPS workers but with the advocate they can talk to the advocate as a peer. The advocate is not a part of CPS so I think that the parents feel more comfortable revealing things to an advocate that they might not otherwise say directly to a CPS worker" (CPS-05). The sense of trust advocates fostered with families informed much of the reason why parents ultimately engaged in services as "parents are just going to be more trusting of an advocate as opposed to a CPS worker. They are going to be more engaged. They might come around to some of the ideas that CPS has that they might have otherwise disagreed with if it weren't for the advocate. So, I think that parents are more receptive to CPS if they are also working alongside an advocate" (CPS-05).

EFCI Challenges

Child protective staff and advocates were asked about the challenges they encountered when implementing EFCI with the majority of respondents indicating that they faced few, if any, challenges. Most ACS staff found that adhering to EFCI protocol did not greatly deviate from the procedures of control conferences with most indicating that an allotment of time for caucusing in Initial Child Safety Conferences represented the primary point of difference. For some interviewees, caucusing helped to facilitate communication between families and agency staff as parents returned to the negotiating table better informed and more engaged with the decision-making process. A caseworker related, "No, I can't say that there have been any challenges. It's been pretty straightforward so far and they come in and do what they're supposed to and it's cut-and-dry" (CPS-17). This caseworker's sentiments were indicative of the larger population of ACS staff, who found minimal difficulty in remaining faithful to the stipulations of EFCI, which did not present an onerous burden to caseworkers. Given that EFCI required advocates to shoulder the mantle of additional responsibility in engaging and keeping in touch with parents, the perception that little had changed for agency staff was not surprising.

In a similar vein, facilitators found little to no difficulty in observing EFCI's mandate to allow for the inclusion of caucusing in Initial Child Safety Conferences. A facilitator offered, "I don't think there's any challenges. Just kind of remembering to make sure that they have that time because you can get so caught up in the conference and forget like before we get to the decision making that we need to have that little break that's just being mindful of it" (CPS-03). Another facilitator detected little difference between control conferences and those of EFCI with the observation, "it's the same thing as before" (CFS-11). Generally, staff found the implementation of EFCI protocol a seamless process resulting in minimal disruption.

Initial Child Safety Conference Scheduling

When caseworkers did reflect on challenges intrinsic to EFCI, they often cited scheduling difficulties as the allotment of caucusing time could interfere with timely afternoon court appearances. This occurred since Initial Child Safety Conferences, which normally spanned several hours, grew prolonged with considerations for caucusing so that "what normally can be a 2-hour conference can take another hour, hour and 45 minutes sometimes. It's really the fact that conferences just tend to run a lot longer now" (CPS-17). When speaking of the time constraints EFCI Initial Child Safety Conferences imposed on timely court appearances, a caseworker recounted "because of caucusing the conferences can run longer and sometimes that can be a drawback because we need to get somewhere right away after a conference like to court" (CPS-04). The perception that caucusing competed with punctual court appearances was articulated by the experiences of several caseworkers.

Caseworkers' time was a premium resource that caucusing time threatened to engulf given that "what's really changed as a result of EFCI is that we now need the parent to consent and that usually means that the conferences are going to be a lot lengthier. So, what normally can be a 2-hour conference can take another hour, hour and 45 minutes sometimes. It's really the fact that conferences just tend to run a lot longer now" (CPS-17). One caseworker stated "we need to get down to court by a certain time 2:30 at least so we don't have the ability to caucus all the time. We have to really budget our time (CPS-23). The perception of longer conferences was also substantiated by facilitators.

The juggling of individual schedules and remaining sensitive to timely court appearances compounded the inherent stresses of the Initial Child Safety Conference as stakeholders inquired about the scheduling availability of multiple conference attendees. While many caseworkers found the inclusion of mandated caucusing time presented significant challenges in the coordination of punctual court appearances, one respondent disputed such a point. This caseworker added a new perspective:

> *With court, yes, we do need to get there by a certain time if you want your case to be heard but if we know ahead that we're going to court then we just make sure that we schedule the conference early, so we get enough time. I've never had an issue where we were really scrambling for time to make it to court. We can always go to court the next day too. I mean some workers may want to just get their case heard and want to go that same day depending on the case, but you don't need to. I know that with caucusing the conference might run a bit longer but that shouldn't take more than 10-20 minutes, so I've never had any real challenges. I think just communication is key. Making sure that the advocates and the workers are speaking to each other about the cases and keeping each other up-to-date on what's going on with the family. I can't say that I've had any real challenges though with working with any of them (CPS-25).*

This worker's contention that same-day court appearances were at the discretion of caseworkers rather than strictly necessitated by protocol offered a potential solution to the time constraints EFCI conferences imposed on caseworkers' time. This viewpoint was supported by another respondent who detected little difference in his or her ability to appear before court in a timely fashion.

Follow-up Child Safety Conference Scheduling

While caseworkers identified Initial Child Safety Conference scheduling as the foremost ongoing challenge due to consideration for caucusing, advocate staff found that Follow-up Child Safety Conference scheduling posed a greater obstacle. Caseworkers had to remain vigilant of Initial Child Safety Conferences running too long while coordinating schedules for multiple participants—family members, facilitators, and advocates—to ensure that Initial Child Safety Conferences both started and concluded in a timely fashion

in the event of expected court appearances. For advocate staff, the failure of agency staff to promptly schedule follow ups within a 20 to 30 day window following Initial Child Safety Conferences and to adequately communicate the scheduling of Follow-up Child Safety Conferences was an ongoing difficulty.

Parent advocates' primary gripe with scheduling was that they often received little advance notice of scheduled Follow-up Child Safety Conferences from agency staff. This typically resulted in advocates feeling taken aback by imminent Follow-up Child Safety Conferences or periodically pestering agency staff about when Follow-up Child Safety Conferences would take place.

Just as the coordination of multiple schedules presented difficulties for caseworkers in Initial Child Safety Conference, the same issue appeared in the scheduling of Follow-up Child Safety Conferences and was acutely felt by the Parent Advocate staff who consistently reported not being notified of follow-up conferences in a timely manner, which sometimes impeded their ability to attend. The perception that Follow-up Child Safety Conferences were not being scheduled in a timely fashion following Initial Child Safety Conferences, if at all, was emphasized by one Parent Advocate who recounted attending only two Follow-up Child Safety Conferences in the summer of 2016.

A senior staff member at CHDFS substantiated the claims of advocates regarding the lack of follow-up Child Safety Conferences and/or timely notification. When asked what factors might have led to the relatively small number of scheduled follow ups, this respondent offered the understanding that ACS policy had changed "They've relaxed it. They've…they told us point blank, they want to stop calling it the 20-day conference. It's not the name of it anymore. Now it's…it can take 30 days, it can take 45 days, whatever. They've relaxed it. That has not been our choice… it can take a while. They had one that occurred 6 months later. That's rare, that's the exception but normal time is 2 months. 60 days now instead of 20" (Parent Advocate-05).

Removing the mandate that required 20-to-30 days to elapse post-Initial Child Safety Conference for Follow-up Child Safety Conferences to take place resulted in fewer Follow-up Child Safety Conferences being scheduled. When Follow-up Child Safety Conferences did take place, however, they could arrive without warning allowing little time for advocates to prepare. To this end, an advocate suggested that Follow-up Child Safety Conferences should be staggered so that Follow-up Child Safety Conferences were adequately staffed by Parent Advocates. When Follow-up Child Safety Conferences did take place, their timely start presented an ongoing issue as once again coordinating across multiple schedules presented difficulties. Compounding this issue was the competition for available rooms to conduct conferences in the Bronx Zone E office building.

Recommendations

Respondents offered several recommendations to improve existing EFCI protocol with most interviewees suggesting an expansion in the number of available advocates and greater diversity in the advocate population to better reflect community needs. Generally, participants registered satisfaction with EFCI and found little to tweak or to criticize. The absence of criticism was particularly noticeable among parent respondents who registered a high degree of satisfaction with the support received from advocates.

Figure 5. EFCI Recommendations from Stakeholder Interviews and Focus Groups

Expansion in Number of Advocates	More advocates should be hired to ensure that all conferences are adequately staffed as multiple conferences tend to occur simultaneously.
Expansion of Advocate Role	Advocates should be able to take on additional responsibilities such as attendance at transitional meetings, family team conferences, and school conferences. Advocates should provide resources to parents without prompting by ACS.
Greater Communication Between Staff and Advocates	Advocates should regularly communicate with ACS so that both parties are on the same page regarding family's case progression.
Greater Diversity in Available Advocates	More language and gender diversity is needed among advocates particularly with the number of male advocates.

Increasing Number of Parent Advocates

Staff indicated that a greater number of advocates should be provided so that all conferences were supplied with an advocate. Given the favorable impression that agency staff had of advocates, it was unsurprising that interviewees found advocates to be a positive addition to conferences. Facilitators also gave credence to the prevailing sentiment that a greater number of advocates should be employed, and that the presence of an advocate should be mandated.

Expansion of Advocate Role

Some caseworkers suggested that advocates should undertake even more responsibility and that their role should be expanded to allow them to attend transitional meetings and to shoulder various other duties. The desire to mandate advocates to attend meetings beyond child safety conferences was articulated by a caseworker who stated, "I would like advocates to also potentially come into like maybe like family team meetings, maybe school conferences, not just child safety conferences cause maybe if they were at school conferences or family team meetings there wouldn't be a need for a Child Safety Conference because …we would have that bridge there already so they would have some resources from the advocates" (CPS-04). Rather than providing advocates only at child safety conferences after a situation had escalated, this interviewee's suggestion envisioned advocates' support at an even earlier stage of a family's case, such as at a Family Team Meeting, when concerns were less grave and preventive measures could be more easily implemented.

One worker felt that advocates should demonstrate more initiative in providing resources and connecting families to services without prompting. This individual offered, "if they could bring resources, if they could let us know what they've been accomplishing with the families, if they could just do things on their own like if they are doing home visits then let us know then that could really lessen our burden" (CPS-34). While many caseworkers found advocates to be competent and prepared, this interviewee's experience differed in that "it feels like everything is falling on ACS' shoulders to get parents the services, to do the research into the services to make sure they're appropriate, and that is very time-consuming. It would be great if an advocate can just walk into a conference and pull up resources that they know will be effective and helpful to a family" (CPS-34). Rather this interviewee wished that advocates "take the initiative and do things on your own. Don't wait until I ask. I would really like them to bring in their own resources because they are experienced and have the knowledge. There are times when we are trying to get a parent a certain service like parenting classes and those fill up fast, so we are on a waitlist or we are trying to find something that fits a parent's schedule. In those times, it would be great if an advocate could pipe up and let us know of places in the community that they're aware of that could offer services" (CPS-34).

Greater Communication between Agency Staff and Advocates

While many caseworkers spoke highly of their relationship with advocates and found their "good" working relationship to be both "professional" and "cordial" some felt that the relationship could further benefit with more communication particularly as related to case progression. Given the close relationship advocates cultivated with families between the Initial Child Safety Conference and Follow-up Child Safety Conference, agency staff felt it would be helpful for advocates to regularly communicate with caseworkers about a family's progress and commitment to services rather than relaying information on an ad-hoc basis. One caseworker stated, "I am just not aware. I don't know what the Parent Advocate has been doing. For example, [the Parent Advocate] hasn't come back and told me I did this, that, and the other thing. I don't know what resources [the Parent Advocate] has given to the mom or what they've really talked about. It would be helpful if we communicated more" (CPS-01).

Several other caseworkers confirmed the frustration of having to guess at the interventions advocates had employed with families and wished that regular communication between agency staff and advocates could be mandated. Rather than waiting until the Follow-up Child Safety Conference or relying on impromptu interactions to communicate vital information, regular scheduled meetings about an advocate's progress with families could stave off surprises and potentially deescalate situations that threatened to become unmanageable. The suggestion for planned meetings found traction with multiple caseworkers, one of whom who stated, "I think that we could use more structured communication. Like maybe if we have a check-in taking place like every 2 weeks or something rather than just randomly talking to them" (CPS-29). The desire to provide excellent service by fully addressing familial needs as efficiently as possible informed the wish on the part of caseworkers for more regular communication.

Greater Diversity in Available Advocates

Given the demographic makeup of Bronx Zone E which boasts a sizable immigrant community from the African diaspora and a large Spanish-speaking community, some caseworkers felt that advocates should possess bilingual ability to better address the "very diverse" community's needs (CPS-12; CPS-34). Bilingual ability was particularly important due to the natural camaraderie inspired by the perceived sameness of advocates and families (CFS-01). This caseworker observed,

> *"If they have a parent advocate who looks like them and speaks like them, they can build a different relationship versus having a translator that sits in the room and I think that kind of makes them feel isolated at times too even though people say 'they're on their side' it's like 'well, you don't know me'… the cultural sensitivity part, the language, those little things help a parent become more open and willing to… engage and be like ok, this is someone I can relate to" (CPS-02).*

In addition, some caseworkers suggested greater male representation among advocates would be beneficial as some fathers might feel more comfortable speaking to men. A facilitator provided some insight about the necessity of including male advocates to mitigate any potential discomfort or implicit bias, particularly in cases of domestic violence.

Overall Satisfaction

A great number of surveyed respondents could not offer any suggestions to improve EFCI as they felt satisfied with the current iteration of the protocol. Caseworkers and facilitators indicated they "haven't had any issues" or that they "couldn't think of any [additional recommendations." (CPS-10; CFS-11). In alignment with their positive regard and established working relationship with advocates, many staff found the EFCI protocol to be minimally disruptive and helpful for facilitating better interaction, engagement, and communication with families.

The feeling expressed by one caseworker that "it's working out fine. From what I've seen so far since January, it seems to be going smoothly" was one shared by other interviewees who found little to criticize (CPS-20). Another caseworker confirmed the general feeling that the status quo should be maintained stating, "I think it's been going pretty well. The parents do appreciate having an advocate and I think it does offer a chance for them to really grasp what it is that's taking place so for that, I think EFCI's been great for families" (CPS-24). For another interviewee, the perception that "the program has been going pretty well and that the advocates have been very helpful to parents" resulted in this respondent articulating, "I can't say anything bad about it" (CPS-25).

Generally, the EFCI protocol inspired a sense of teamwork, camaraderie, and greater understanding among staff, advocates, and family. One caseworker's parting words captured the sentiment shared by many participants who found EFCI "was working well. I was kind of sad when they stopped it" (CPS-36). Surveyed parents similarly failed to offer additional suggestions as to how advocates could have been of even more help as many felt that they had availed themselves of the full range of services. The prevailing sentiment felt among parent respondents was that advocates had truly put their best foot forward and done all that they could to help parents. Many had established close relationships with advocates and did not hesitate to liken advocates to being akin to "friends" or "family." The guidance and unvarnished truth advocates dispensed was appreciated by parents who took full advantage of advocates' overtures to accompany families to appointments, gain clarity into recommended services, and offer any additional support caseworkers were unable to provide.

5.4. Fidelity Results

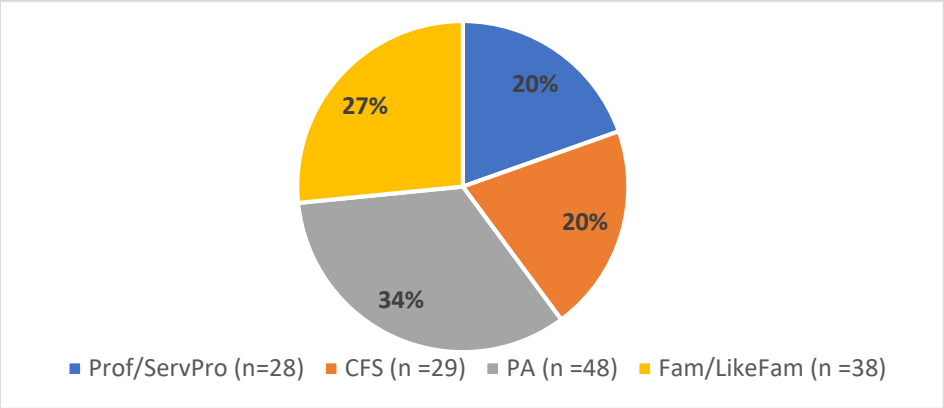
5.4.1. Fidelity Survey Response Rates and Respondents

After the Follow-up Child Safety Conferences, surveys were collected in order to ascertain whether the EFCI Intervention was implemented with fidelity, assess engagement of caregivers, and obtain other reflections on the EFCI. The evaluation team collected 147 Follow-Up Fidelity surveys in total, representing 43 different cases and 49 Follow-up Child Safety Conference meetings. Four cases had multiple meetings due to issues of domestic violence between caregivers. Five cases had two Follow-up Child Safety Conference meetings during the study. Four surveys were submitted despite the absence of a Follow-up Child Safety Conference, thus they are omitted from this analysis, leaving a total of 143 surveys in the analytic sample.

In all, 10 different CFS facilitators oversaw, and five different Parent Advocates were associated with, the meetings. Forty-Eight (34 percent) of the surveys were from the Parent Advocates, 38 (27 percent) were from family participants, 29 (20 percent) were from CFS staff and 28 (20 percent) were from processionals or service providers.[3] In this latter group, 20 (71 percent were CPS staff), two (7 percent) were CPS supervisors or ACS staff, respectively, one (3 percent) GAL/CASA/Other Advocate attended and the remaining three (10 percent) did not identify their role. Topics varied on the surveys depending on the role of the respondent. Some questions were asked of everyone, while others were targeted at specific respondents depending on their role (service provider, Parent Advocate, CFS, or family/like-family)

[3] Total exceeds 100% due to rounding.

Figure 6. EFCI Fidelity Surveys Received by Respondent Type



Demographic questions were asked of the family participants. Of the 36 potential responses from family members 100 percent were parents of a child involved in the conference; 31 percent (n = 11) were dads and 69 percent (n = 24) were moms. When race and ethnicity were combined to mirror US Census categories, half (n = 18) of the parents were white, non-Hispanic, 42 percent (n = 15) were non-white, Hispanic, and 8 percent (n = 3) were black/African American, non-Hispanic. The age of the parents ranged from 22 – 54; the median age was 31.

5.4.2. Parent Advocate's Reflections on Caregiver's Engagement at First and Last Meeting

Parent Advocates were asked to reflect on the degree to which caregivers were cooperative, receptive, engaged, uncooperative, or difficult both at the time of their first meeting and at the time of their last. Response options ranged from 1 – 4, with 1 = Very, 2 = Moderately, 3 = A Little, and 4 = Not at all. Therefore, here, a lower score indicates a higher level of the demeanor. **Table 8** reflects the mean scores of the Parent Advocate's reflections. Statistically significant differences were detected on all measures, other than receptivity. For negative traits, higher numbers are better while for positive traits, lower numbers are better. On average, caregivers were identified as more cooperative, more engaged, less uncooperative, and less difficult at the time of the Parent Advocate's last meeting with them, compared to their first.

Table 8. Parent Advocate Perceptions of Caregivers' Demeanor at First and Last Meeting

	n	First Meeting	Last Meeting	*p-value*
Cooperative	42	1.98	1.09	< .0001
Receptive	41	2.32	2.31	ns
Engaged	41	1.85	1.12	< .0001
Uncooperative	40	3.24	3.85	< .001
Difficult	40	3.32	3.70	< .05

5.4.3. Caregivers' Reflections on Emotional State at First and Last Meeting

Caregivers were asked to report which of twelve emotions they felt at their first and last meeting with the Parent Advocates. **Table 9** reports the average scores for the three factors that represent the 12 emotions (See Merkel-Holguin, Hollinshead, Fluke, Hahn, & Casillas, 2015 for a description of how these factors were derived elsewhere). Positive Affect is composed of the following six emotions: relieved; respected; thankful; encouraged; hopeful; and comforted, while the three emotions Worry is composed of are: worried; stressed; and afraid. Anger is composed of angry; disrespected; and discouraged. Each time a caregiver indicated they felt one of the emotions, their score rose by one point. Although the number of positive emotions trended upward, while counts of worry and anger trended downward, when scores for these emotions at first and last meetings were compared, the changes were not found to be statistically

significant. Note, however that small sample size means it would be very difficult to detect even statistically significant large effects.

Table 9. Caregiver Reports of Emotional Response to First and Last Meeting with their Parent Advocate

	n	First Meeting	Last Meeting	*p-value*
Positive Affect	9	2.44	3.00	0.276
Worried	7	2.29	1.57	0.094
Angry	5	1.80	1.40	0.178

When the frequencies for the individual emotions are compared for first meetings versus last meetings, the general trend was for more endorsement of positive responses and fewer endorsement of negative responses with respect to the last meeting (vs first meeting). Only the percentage of people who indicated they were hopeful did not change between the two time points. See **Table 10** below. Percentages are based on the 36 family fidelity surveys received. Given the very small number of responses for each of the individual emotions, statistical significance tests were not possible.

Table 10. **Caregivers' Emotional Reaction to First and Last Meeting with ACS (n = 36)**

	First Meeting	Last Meeting
Relieved	8%	28%
Respected	6%	22%
Thankful	25%	42%
Encouraged	11%	22%
Hopeful	11%	11%
Comforted	6%	17%
Worried	53%	14%
Stressed	47%	14%
Afraid	28%	6%
Angry	33%	6%
Discouraged	19%	14%
Disrespected	14%	6%

5.4.4. EFCI Participants' Perspectives on the Meeting Process and Dynamics

Follow-up Child Safety Conference participants were asked to reflect on an array of items reflecting fidelity to FGDM processes and meeting dynamics. Some questions were asked of all participants, while others were directed at only particular participant types (Family/Like-Family, Parent Advocates, CFS Staff, or Service Professionals). **Table 11** presents the results of questions asked of Follow-up Child Safety Conference participants before the meeting began. The numbers represent the percent of surveys in which the respondent agreed or strongly agreed with the statement (seven response options were offered ranging from strongly disagree to strongly agree as well as a don't know/n/a option). Blanks in the chart indicate that the respondent was not asked the question. Notably, compared to everyone else, parents were less likely to agree that they understood ACS' concerns about their children and similarly indicated lower levels of preparedness for the meeting compared to professionals, the vast majority of whom identified as CPS staff. ANOVAs and T-tests comparing the mean scores by participant roles indicated that some differences were statistically significant. Specifically, post hoc tests indicated that the scores from professionals vs. family participants were significantly different with respect to understanding ACS' concerns. Participants' understanding of the purposes of the Follow-up Child Safety Conference differed, too, but the differences fell short of reaching statistical significance. Twenty-two percent of parents indicated they did not feel prepared to participate in the Follow-up Child Safety Conference, compared to 8 percent of professionals.

Table 11. Before Meeting Fidelity Items by Role of Respondent

	Parents (n = 36)	PA (n = 48)	CFS (n = 29)	Professionals/ Service Providers (n = 32)	p-value
I understand ACSs concerns about the child(ren).	76.5%	93.8%	82.8%	89.3%	.007
I understand the purpose of the FCSC.	87.9%	93.8%	86.2%	82.1%	.063
I feel prepared to participate in the FCSC.	77.4%			92.1%	.001

After the meeting concluded, participants were asked to reflect on what happened in another series of questions regarding the meeting itself. As above, some questions were asked of all participants, while others were directed at only particular participant types and for all questions, seven response options were offered ranging from strongly disagree (1) to strongly agree (6) as well as a don't know or n/a option. **Table 12** presents the percent of surveys in which the respondents agreed or strongly agreed with the statement, and the results of ANOVAs and t-test examining whether the differences in the average scores between participants were statistically significant.

As **Table 12** on the following page also indicates, in cases where p-values are less than .05, that there were statistically significant differences in perception depending on the role of the respondent across most items. However, participants did not differ significantly on whether the Follow-up Child Safety Conference's purpose was clear, whether the child's needs were included in the plan, and efforts of the Parent Advocates and CFS staff. Typically, Parents and Parent Advocates had more similar views in contrast to those of Service Providers (again, largely CPS-affiliated staff) and CFS staff. Overall, Service Providers and CFS staff were more positive about what occurred in the meetings, compared to parents and Parent Advocates. Given the premise of family meetings - to engage families in crafting a plan to address issues of concern, the scores indicating that parents/caregiver participants did not think ACS was open to their ideas, that their opinions are not included in the plan, and that they believed that ACS already had a plan before the Follow up Child Safety Conference started suggests that more work to address these issues may be needed.

Table 12. During Meeting Fidelity Items: Perceptions of the Follow-up Child Safety Conference (FCSC) Meetings by Role

Survey Item	Professionals/ Service Providers		CFS		Parent Advocates		Parents		*p-value*
	% Agreed	n	% Agreed	n	% Agreed	n	% Agreed	n	
The purpose of the FCSC was clear.	95%	22	96%	27	86%	42	86%	35	0.078
ACS staff stated the concerns that the plan needed to address.	100%	22	96%	28	95%	43	80%	35	0.015
ACS staff were open to the family's ideas and decision-making abilities.	100%	22	100%	27	74%	43	79%	34	0.000
ACS staff were open to the family asking questions about the information they presented.	100%	22	96%	28	79%	43	80%	35	0.013
Professionals told the family how to solve ACSs concerns.	95%	21	64%	28	47%	43	73%	33	0.001
The child's ideas or needs were NOT considered in the plan.	10%	20	18%	28	12%	43	33%	30	0.075
The plan includes things for the family to do.	95%	22	79%	28	93%	43	72%	32	0.001
The plan includes things for ACS to do.	100%	22	98%	27	98%	41	79%	33	0.049
The plan states who is doing what by when.	100%	22	17%	27	98%	43	70%	33	0.000
I think ACS had already decided on a plan before the FCSC started.	32%	22	32%	28	63%	43	58%	33	0.011
I felt safe at the FCSC.	95%	20	100%	27	95%	43	68%	34	0.000
The Facilitator worked with the family and ACS to reach a plan that everyone could agree on.	100%	22	93%	27	88%	43	77%	31	0.267
The Parent Advocate identified family or community resources to meet the child's safety needs.	100%	22	91%	28	93%	43	85%	34	0.675
The Parent Advocate identified family or community resources that strengthened and supported the family.	100%	21	53%	28	93%	43	85%	34	0.264
The ACS staff were disrespectful to the family during the FCSC.	14%	22	8%	26	17%	42	24%	34	0.072
Other professionals were disrespectful to the family during the FCSC.	14%	22	0%	26	17%	41	27%	33	0.000
The caucus (private family meeting) time helped us/the family create a plan that was unique to our/their family.			76%	25	98%	43	74%	34	0.000
The right people were at the FCSC.	100%	22			77%	43	80%	35	0.001
Others listened to my opinions about what was best for the child.	95%	21			81%	43	71%	34	0.002
My opinions were included in the plan.	100%	21			83%	41	74%	34	0.018
The plan made at FCSC was best for the child.	100%	22			84%	43	64%	33	0.004
The Facilitator respected me.	86%	21			93%	43	85%	34	0.577
I would recommend FCSC to others.	90%	21			56%	43	64%	33	0.009
During the family caucus, we/the family could have discussions that wouldn't have been possible if ACS staff were in the room.					91%	43	65%	34	0.003
The Parent Advocate respected me.							86%	35	n/a
The family had time to caucus to create a plan.			74%	25					n/a
I did not share my opinions during the FCSC.			22%	27					n/a

5.4.5. Parent and Parent Advocate Perspectives on Engagement

The Fidelity Surveys also asked Parents and Parent Advocates a series of questions about their interactions and perspectives on their helping relationship/engagement as well as other aspects of their EFCI experience. **Table 13** presents the items from the family/like family fidelity surveys mapped against comparable items from the Parent Advocate fidelity surveys. Items are listed in order of parents' agreement; with the items receiving the highest percentages of respondents who agreed or strongly agreed being listed first and those with the lowest levels of agreement being listed last. Blanks in a question column indicate that parallel questions were not asked of the Parent Advocates or parents.

Table 13. **Parent and Parent Advocate Perspectives on EFCI Experience**

Parent Item	% Agree	n	% Agree	n	Parent Advocate Item
My Parent Advocate and I respected each other.	56%	19	96%	43	I think primary caregiver would say that s/he and I respect one another.
The Parent Advocate helped me take care of problems in our lives.	39%	13	91%	41	I think primary caregiver would say that I helped her/his family take care of some of their problems.
The Parent Advocate helped my family get stronger.	39%	13	86%	38	I think primary caregiver would say that I helped her/his family get stronger.
The Parent Advocate provided services to meet my family's needs.	38%	12	91%	41	I think primary caregiver really wanted to make use of the services that I provided to her/him.
ACS and I agreed about what is best for my child(ren).	25%	8	70%	30	I think primary caregiver would say that s/he and ACS agreed about what is best for her/his child.
ACS provided services to meet my family's needs	16%	5	53%	24	I think primary caregiver really wanted to make use of the services that ACS provided to her/him.
I needed some help to make sure my kids have what they need.	16%	5	58%	26	I think primary caregiver realized that s/he needed some help to make sure his/her kids have what they need.
What ACS wanted me to do was the same as what I wanted.	9%	3	38%	17	I think primary caregiver would say that what ACS wanted her/him to do is the same as what s/he wanted.
Things got better for my child(ren) because ACS was involved.	9%	3	24%	11	I think primary caregiver would say that things will get better for him/her children because ACS was involved.
The Parent Advocate considered my family's culture when working with us.	48%	16			
The Parent Advocate recognized the things that my family does well.	45%	15			
I could talk to my Parent Advocate about what is important to me.	44%	15			
The Parent Advocate understood my family's needs.	38%	13			
I am better able to provide necessities like food, clothing, shelter, or medical services for my family because of my experience with the Parent Advocate.	30%	9			
ACS listened to what my family had to say.	13%	4			
			84%	38	I think primary caregiver believed s/he would get the help s/he really needed from me.
			22%	10	I think the primary caregiver believed s/he would get the help s/he needed from ACS.
			9%	4	I think primary caregiver found it difficult to work with me.
			93%	42	I think primary caregiver would say that working with me has given him her more hope about how his/her life is going to go in the future.

5.5. Outcome Evaluation Results

5.5.1. Outcome Analysis Variables

Variables explored in the analyses were derived from the referral log and administrative data. EFCI vs control group assignment, and meeting-specific data such as conference triggers (e.g., CPS considering placement, placement already occurred, etc.), attendance by parent(s) with or without Parent Advocates, conference date and type (initial vs. follow up) were obtained from the referral log. Administrative data records provided information about investigations including start and stop dates, maltreatment allegations, and presence of any high-risk flags and siblings. Preventive services, placement dates, and placement types data were also merged with the investigations data. As aforementioned, in the intent to treat approach all cases were included in the various analyses whether they met study eligibility criteria (an Initial Child Safety Conference with a Parent Advocate in attendance) in their respective group regardless of the "dose" of EFCI that was received.

Outcome Measures

To assess safety, the evaluation team examined whether a child was part of a subsequent investigation at any point after the first investigation during the study period. Then, for those cases where a subsequent investigation occurred, the evaluation team examined time to re-referral, to more accurately compare cases with different length of follow-up periods. For placement and placement type outcomes analyses, the team only examined placements associated with Initial Child Safety Conferences. The evaluation team considered a placement to be associated with an investigation if it took place on or after the first date of the investigation or within 60 days of the close of the investigation. Further, placements that occurred prior to Initial Child Safety Conferences, fatalities, voluntary placements (as identified in the referral log) and records pertaining to children whose first meeting in the study period was a Follow up Child Safety Conference were also excluded as these cases would not have had the opportunity for the EFCI intervention to affect placement.

For the placement type analysis (kin vs. family care), the evaluation team applied the same exclusions as in the placement analysis. However, in order to compare groups, the evaluation team excluded children placed in institutional care from the comparison. Kin placements were defined as any placement in an approved relative foster home. The comparison group was composed of foster/adoptive homes or certified foster home placements. Institutional placements were defined as group residence, group home and institution placements.

Independent Variables

In the final analytic file, there were 617 (74 percent) control unit and 213 (26 percent) EFCI unit unique child/investigation pairs. Group assignment was determined by the unit to which the investigation was assigned. Children who were associated with one or more investigations that occurred prior to the initial investigation in the referrals file were flagged as having prior investigations (0 = no priors, 1 = priors). A dichotomous variable indicating the presence or absence (1 and 0, respectively) of siblings was created when multiple children were associated with the same investigation. The provision or absence of preventive services was captured in a binary variable (0 = no preventive services, 1 = preventive services received).

Twenty six percent of race/ethnicity data were missing or incomplete for children in the analytic sample. For those children for whom there were data, race and ethnicity were combined into three categories: Black/African American, White, and Hispanic/Other. Because data on the age of the child (year of birth) were missing for children identified in the Referrals Log but not in the Investigations File, birthdates were missing for 23 percent of children in the Referrals Log. Children in the EFCI and control group were equally likely to have missing race/ethnicity and age data ($X^2(1) = .270$, $p = .604$).

Data on 13 high risk categories were provided in the referrals file. Categories and frequencies/percentages of these risk factors included: Fatality (n = 2/0.2 percent); child has positive toxicology (n = 40/4.8 percent);

serious injury (n = 103, 12.4 percent); malnutrition/failure to thrive (n = 2/0.2 percent ; sexual abuse (n = 14, 1.7 percent); domestic violence (n = 251, 30.2 percent); child under 7 caretaker abuses drugs alcohol (n = 175, 21.1 percent); child under 7 caretaker mentally ill and/or developmentally disabled (n = 124, 14.9 percent); child under 7 unsupervised (n = 61, 7.3 percent); reported child under one year old (n = 159, 19.2 percent); and four or more reports (n = 29, 3.5 percent). The mean number of high-risk flags associated with a child was 2.2, with a range from 1 – 8. In order to increase model parsimony and based on analytic work indicating the presence of a threshold for effects at four or more high risk flags, these data were recoded into a dichotomous variable where 0 = 1 - 3 and 1 = four or more high risk flags.

Similarly, data on 22 types of maltreatment allegations were provided in the investigations file. Given the relatively low frequency of most types, allegation categories were merged into four main types: Neglect; Physical Abuse; Sexual Abuse; and Multiple Maltreatment. Over 90 percent of the records had inadequate guardianship as an allegation. Since using those data would detract from being able to distinguish groups of children, calculations of neglect or multiple maltreatment types excluded this risk. As a result, Neglect is defined as any case involving: Abandonment; Child Drugs/Alcohol Use; Education Neglect; Emotional Neglect; Inadequate Food/Clothing/ Shelter; Inappropriate Custodial Conduct; Lack of Medical Care; Lack of Supervision; Malnutrition/ Failure to Thrive; Parent Drug/ Alcohol Misuse; and Poisoning/ Noxious Substances. Abuse was composed of: Burns/Scalding; Choking/Twisting/Shaking; Excessive Corporal Punishment; DOA/Fatality; Fractures; Internal Injuries; Inappropriate Isolation/Restraint; Lacerations/Bruises/Welts; and Swelling/Dislocation/Sprains. Sexual Abuse remained a standalone category. In the final analytic model, which was reduced to only those variables where associations with the outcome were statistically significant, two allegation categories were used: Neglect (0 = no neglect allegation, 1 = neglect allegation present) and Multiple Maltreatment. The latter reflected the presence or absence of multiple allegations pertaining to physical abuse and/or sexual abuse combined, where 0 = no multiple maltreatment and 1 = more than one maltreatment type allegation.

5.5.2. Participant Characteristics from the Administrative Data

In the final analytic sample, 26 percent (n = 213) of the records were EFCI unit cases and the remaining 74 percent (n=617) were control unit cases. Demographics of the EFCI and control families associated with an Initial Child Safety Conference during the study period are presented in

Table 14, below. Chi-square bivariate analyses were conducted to examine whether there were any observed, statistically significant differences between control and EFCI children with respect to prior investigations, presence of siblings on a report, type of allegations reported, the number of high-risk flags, age at the time of the investigation's start, and race/ethnicity. Still, when EFCI and control children were compared on the factors below, no statistically significant differences were detected. Based on this analysis, it appears the two groups had comparable characteristics, thus outcomes analysis results should not be biased by these measures.

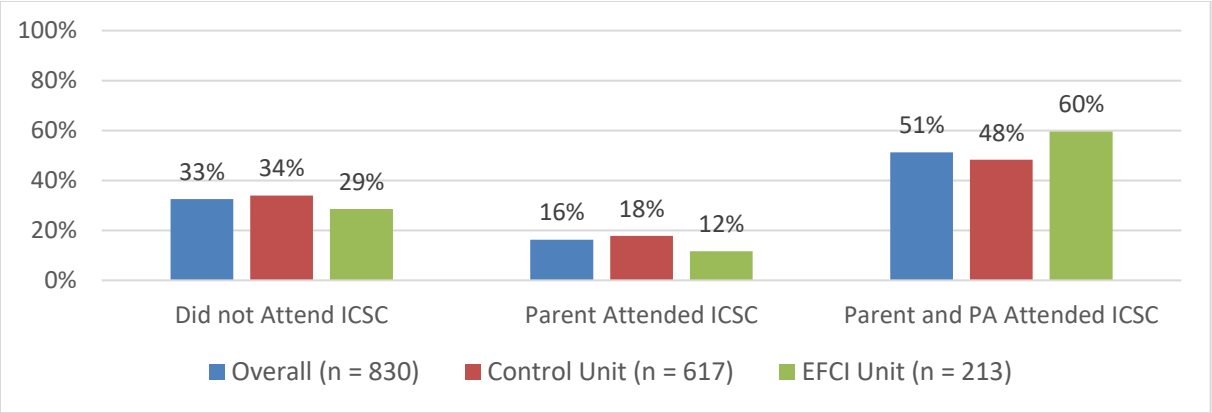
Table 14. Demographics of Study Participants

	Overall (n = 830)	Control (n = 617)	EFCI (n = 213)
Case Characteristics			
Prior Investigations	55%	55%	56%
Siblings Involved	63%	63%	63%
Preventive Services Received	16%	15%	17%
Four or More High Risk Flags	10%	9%	12%
Neglect Allegation	45%	45%	45%
Multiple Maltreatments	5%	5%	5%
Child Age at Time of Investigation Start			
Infants <1	15%	14%	18%
Age 1 - 4	27%	27%	27%
Age 5 - 11	34%	33%	35%
Age 12 or Older	25%	27%	21%
Race & Ethnicity			
White, non-Hispanic	3%	3%	3%
Black/African American, non-Hispanic	38%	39%	37%
Hispanic or Other	59%	58%	60%

5.5.3. Measures of Child Welfare Engagement and Strength of Helping Alliance

To explore whether families who experience EFCI processes were more engaged and had a stronger helping alliance with child welfare compared to families in the control population, the evaluation team examined attendance at Initial Child Safety Conferences and service receipt. Chi-square analyses indicated that there were statistically significant differences between EFCI recipients and control group families in Initial Child Safety Conference attendance dynamics ($X^2(2) = 8.913$, $p = .012$). Specifically, as **Figure 7** indicates, parents were accompanied by a Parent Advocate in the Initial Child Safety Conference in 60 percent of the EFCI cases, while for the control group, Parent Advocates and parents were in attendance 48 percent of the time.

Figure 7. Initial Child Safety Conference Attendance



With respect to service receipt, while slightly more EFCI recipients (17 percent) received formal preventive services compared to control group families (15 percent), this difference was not statistically significant ($X^2(1) = .730$, $p = .393$).

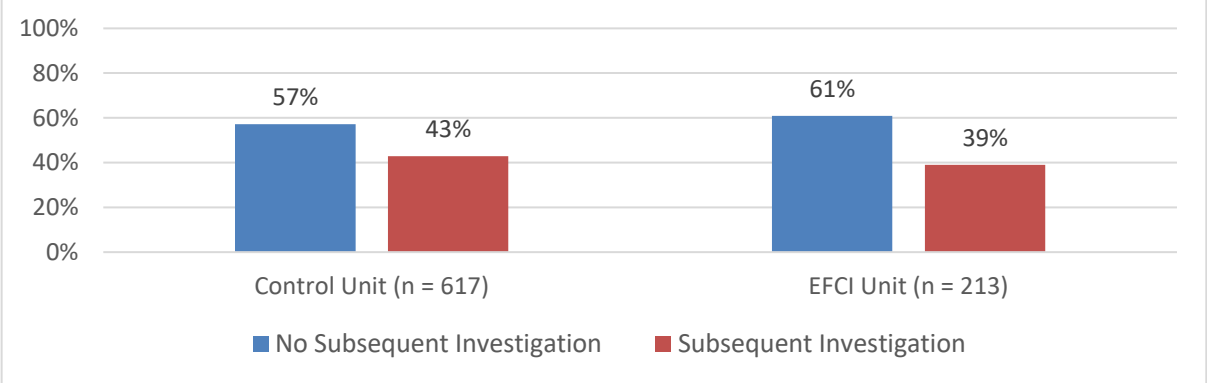
5.4.3 Safety and Permanency Outcome Analyses Results

Three primary safety and permanency outcomes were examined in our analyses: subsequent investigations, placements, and placement types. Figures **Figure 8**, **Figure 9**, and **Figure 10** present the results of bivariate analyses exploring associations between receipt of EFCI and each outcome.

Subsequent Investigations

Subsequent investigations were defined as any subsequent investigation that took place after the investigation associated with the first Initial Child Safety Conference during the study period. Thirty-nine percent (n = 59) of EFCI children had subsequent investigations compared to 43 percent (n =196) of control group children, but the difference was not statistically significant ($X^2(1) = .679$, $p = .410$).

Figure 8. Subsequent Investigations (n=608)



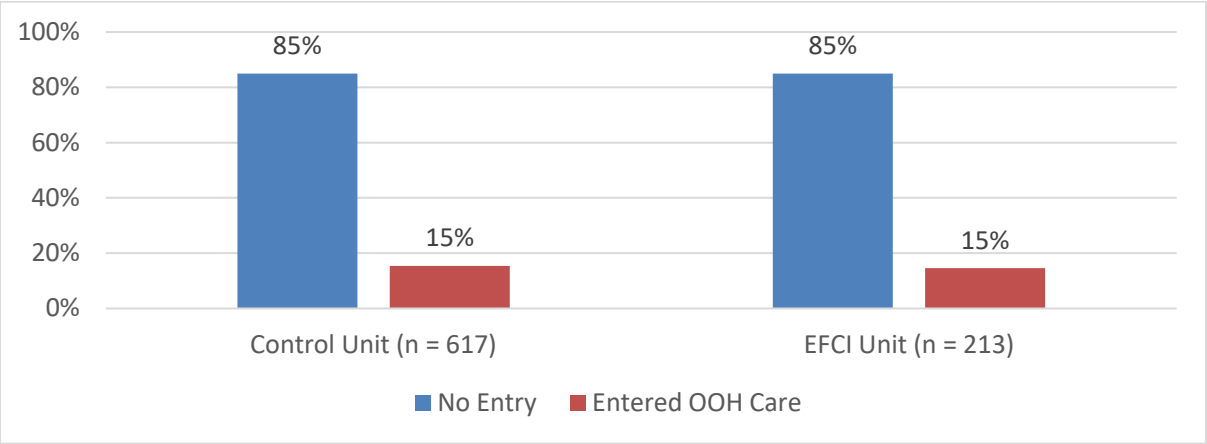
Children who had conferences earlier in the study period have a higher risk of re-reports simply due to the amount of observation time post-investigation. To control for this, event history analyses were conducted; this analytic approach enables a comparison of re-investigation rates that considers differing lengths of observation windows. This method estimates the probability of an event happening across different time points. It also enables the comparisons of groups to determine if the time to a subsequent event differs according to group status.

A Kaplan-Meier log rank analysis examining the time to subsequent investigations did not detect statistically significant differences between EFCI recipients and control group children $X^2(1) = .295$, $p = .587$).

Out of Home Placements

Similarly, as reflected in **Figure 9**, the likelihood of placement into out of home care during or within 60 days of the close an investigation did not differ between EFCI recipients (49 percent, n = 36) and the control group (49 percent, n = 25, $X^2(1) = .002$, $p = .967$).

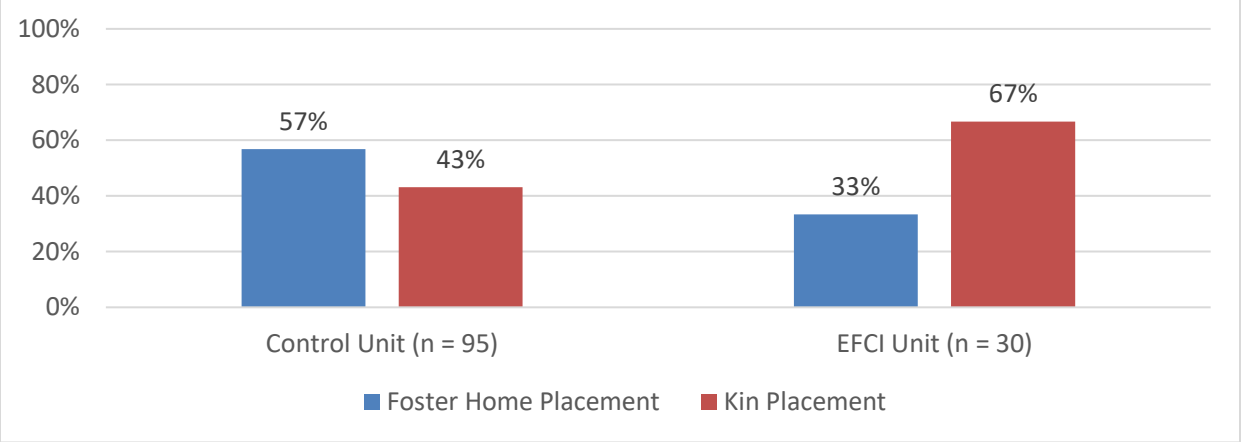
Figure 9. Out-of-Home Placements (n=830)



Placement with Kin

On the other hand, when rates of placements with kin vs. other family foster homes were compared, ***EFCI families were more likely to be placed with kin*** (67 percent, n = 20) compared to control group families (43 percent, n = 41; $X^2(1) = 5.043$, $p = .025$). See Figure 10. Converting these results into a risk ratio enables us to demonstrate the effect; risk ratios of 1 indicate no difference between groups, whereas, risk ratios greater than 1 indicate that the children in EFCI group are more likely to be placed with kin. Converting the results into a risk ratio, when a case was associated with EFCI, it had 54 percent greater chance of a placement with kin, compared to control cases (RR = 1.5447, 95 percent C.I. [1.0968, 2.1756]).

Figure 10. Kin Placements (n=125)



Although EFCI children were slightly more likely to be placed in institutional care (38 percent, n = 18) compared to control group families (34 percent, n = 48), these differences were not statistically significant ($X^2(1) = .246$, $p = .620$). Thus, differences between EFCI and comparison children with respect to kinship placement results do not appear to be driven by higher rates of institutional placements.

Factors Associated with Placements

Despite the absence of statistically significant differences between control and EFCI families on likelihood of placement, the evaluation team explored some of the underlying factors associated with placement further in order to understand whether and how elements of EFCI and other dynamics may or may not have an association with placement outcomes. Results of a multivariate logistic regression analysis are

summarized in **Table 15**. Numbers less than 1.0 represent a lower likelihood of placement, while those above represent an increased likelihood of placement.

Table 15. Factors Associated with Placements (n = 830)

	Odds Ratio	95% C.I. for Odds Ratio		Wald Chi-Square	p-value
		Lower	Upper		
Experimental Condition (EFCI Cases)	0.93	0.58	1.48	0.10	0.76
Siblings Involved	0.46	0.31	0.68	14.47	0.00
Preventive Services Received	0.13	0.04	0.42	11.50	0.00
Four or More High Risk Flags	2.78	1.61	4.82	13.33	0.00
Neglect Allegation	1.92	1.26	2.93	9.23	0.00
Multiple Maltreatment Allegation	3.14	1.46	6.75	8.56	0.00
Parent ICSC Attendance (ref: No Parent)				8.15	0.02
Parent Attended	0.54	0.29	0.99	4.00	0.05
Parent & Parent Advocate Attended	0.55	0.35	0.86	6.99	0.01
Constant	0.27			28.97	0.00
Note: Model $X^2(10) = 61.673$, $p < .000$, -2LL = 525.868, Cox & Snell $R^2 = .095$, Nagelkerke $R^2 = .155$					

As the table indicates, children who: were part of a sibling group, received preventive services, had a parent attend the Initial Child Safety Conference, or had a parent and Parent Advocate attend the Initial Child Safety Conference, had lower likelihood of being placed compared to children who did not have those circumstances. Those children whose investigations had: four or more high risk flags; allegations of neglect (other than inadequate guardianship); or allegations of multiple maltreatment types were more likely to be placed compared to those who did not. Although association with EFCI was associated with a lower likelihood of placement, the difference between the EFCI and control groups was not statistically significant.

Factors Associated with Kin Placements

To further explore the finding that EFCI-associated children had a higher likelihood of being placed with kin as opposed to family foster homes, the evaluation team examined associations in the bivariate and multivariate models. Our modelling did not detect associations between presence of siblings, receipt of preventive services, maltreatment types, or attendance dynamics and the likelihood of placement with kin. The final multivariate model was statistically significant ($X^2(2) = 11.893$, $p = .003$, -2LL = 161.322, Cox & Snell $R^2 = .091$, Nagelkerke $R^2 = .121$). EFCI children were more likely to be placed with kin (O.R. = 2.649, 95 percent C.I. [1.091, 6.429], $p = .031$) and those with four or more high risk flags noted in their investigation record were less likely (O.R. = .308, 95 percent C.I. [.122, .777], $p = .013$) to be placed with kin.

Racial and Ethnic Disparity Analyses

Results of chi-square analyses comparing re-referral, placements, and placement type outcomes by racial and ethnic groups found only one statistically significant difference with respect to re-referrals. Similar to findings elsewhere regarding the Hispanic paradox (Drake et al., 2011), Hispanic children were less likely to be re-referred to CPS (37 percent, n = 128) than white (47 percent, n = 7) or black/African American (51 percent , n = 114) children $X^2(2) = 10.605$, $p = .005$). However, there were no differences between white, black/African American and Hispanic/other families on time to re-referral (Mantel-Cox Log Rank: Hispanic v. white [$X^2 = .018$, $p = .893$]; Hispanic v. black/African American [$X^2 = .493$, $p = .483$]; and black/African American v. white [$X^2 = .278$, $p = .598$]). No racial/ethnic differences were detected for likelihood of placement during or within 60 days of an investigation ($X^2(2) = 2.909$, $p = .234$), kin placements ($X^2(2) = .795$, $p = .672$), or institutional placements ($X^2(2) = 1.373$, $p = .503$). Analyses did not detect statistically significant differences when examining racial/ethnic differences on: assignment to EFCI vs the control group ($X^2(2) = .372$, $p = .830$); presence of siblings ($X^2(2) = 3.002$, $p = .223$); receipt of preventive services ($X^2(2) = .057$, $p = .972$); presence of four or more high risk flags ($X^2(2) = 4.071$, $p = .131$); attendance by

parent with or without a Parent Advocate ($X^2(4) = 5.093$, $p = .278$); presence of a neglect ($X^2(2) = 2.573$, $p = .276$), physical abuse ($X^2(2) = 2.619$, $p = .270$), sexual abuse ($X^2(2) = 1.755$, $p = .416$), or multiple maltreatment ($X^2(2) = 2.490$, $p = .288$) allegations.

5.4.4 Non-Experimental Results

Given that Parent Advocates were documented as attending both EFCI Unit and control Group Unit Initial Child Safety Conferences, the evaluation team examined whether there was a differential effect for the EFCI and control groups' outcomes when Parent Advocates attended. As **Table 16** indicates, the only statistically significant effect detected was that cases with a Parent Advocate present at the Initial Child Safety Conference were less likely to be associated with a placement.

Table 16. Outcomes for EFCI vs Control Unit by Presence of Parent Advocate

	Subsequent Investigations within 6 months (n = 128)	Any Subsequent Investigation (n = 298)	Any Placement (n = 425)	Kin Placement (n = 54)	Institutional Placement (n = 84)
Overall	51%	42%	12%	52%	36%
EFCI Unit	47%	38%	10%	60%	29%
Control Unit	52%	43%	13%	49%	38%
Pearson Chi-Square	0.257	0.634	0.828	0.552	0.622
p-value	0.612	0.426	0.363	0.457	0.430

The evaluation team analyzed the effects of a Parent Advocate attending an Initial Child Safety Conference on the outcomes, regardless of whether a case was affiliated with the EFCI or Control group unit. As **Table** indicates, the only statistically significant effect detected was that ***cases with a Parent Advocate present at the Initial Child Safety Conference were less likely to be associated with a placement*** ($X^2(1) = 4.968$***,*** , $p = .026$)***.*** When a Parent Advocate attended the Initial Child Safety Conference with a parent, a placement occurred in 12 percent (n = 53) of the cases. When a Parent Advocate did not attend the Initial Child Safety Conference, a placement occurred 18 percent (n = 73) of the time. Converting the results into a risk ratio, when a Parent Advocate attends an Initial Child Safety Conference, the case has 31 percent less risk of a placement, compared to cases where a Parent Advocate did not attend the Initial Child Safety Conference (R.R. = .6919, 95 percent C.I. [.4992, .959]).

Table 17. Outcomes for all Cases by Presence or Absence of a Parent Advocate

	Subsequent Investigation within 6 Months (n = 263)	Any Subsequent Investigation (n = 608)	Any Placement (n = 830)	Kin Placement (n = 125)	Institutional Placement (n = 191)
Overall	53%	42%	15%	49%	35%
PA Attended	51%	42%	12%	52%	36%

No PA	55%	42%	18%	46%	34%
Pearson Chi-Square	0.429	0	4.968	0.354	0.089
p-value	0.51	1.0	0.03	0.55	0.77

5.6. Evaluation Discussion

Evaluation Challenges

- The evaluation team was not able to collect data other than administrative data from the control group due to the inability to assign data collection tasks to CPS staff; this was particularly relevant in the case of fidelity data where the Parent Advocate staff were relied upon to administer the survey during the follow up conference for EFCI cases (as Parent Advocates do not typically attend follow up conferences in business-as-usual cases). Thus, the evaluation team was unable to compare perceptions of meetings between groups.
- It is unclear why so many control group families had a Parent Advocate at their Follow up Child Safety Conference. The relatively high rate of Parent Advocate participation in follow up conferences resulted in contamination to the intent-to-treat model such that "control" cases received a potentially higher dose of the intervention/treatment than the EFCI cases themselves.
- The process of data cleaning meant that numerous investigations that overlapped were merged, possibly resulting in an undercount of subsequent investigations. A related data quality issue was that a quarter of the children who were identified as part of the study in the referral file did not have an investigation, and therefore any demographic data associated with them. This was an ongoing issue throughout the study period such that the evaluation team was unable to completely reconcile differences between ACS records of who participated in the EFCI intervention and the supplementary data provided by CHDFS. Administrative data files included records with missing case ID, investigation ID, or child ID data and while reconciliation efforts were made, some records had to be dropped from the analysis due to missing data.
- Finally, the evaluation team was not provided with disposition data for investigations, so were unable to conduct the analysis examining repeat maltreatment with substantiation.

Evaluation Limitations

- RCT model was intended, but contamination likely has undermined the method due to the high rates of EFCI cases not receiving the full-dose of the enhanced intervention and control cases receiving more Parent Advocate involvement than business-as-usual protocols typically entail.
- Related to this, the possibility that some control cases were inadvertently contaminated to some degree by the presence of the EFCI intervention, and even the possibility that some control cases were treated as EFCI intervention cases and handled by EFCI Parent Advocates cannot be ruled out.
- Ultimately the number of EFCI cases served during the study period were smaller than anticipated, limiting the ability of the evaluation analysis to detect possible effects.

6. Conclusions

Extent to Which Goals and Objectives were Met

There were four main goals of EFCI:

1) to improve and/or maintain child and youth safety,
2) to reduce out of home placements and enhance/maintain permanency outcomes for children and youth,

3) enhance family engagement and service provision, and
4) add to the evidence based regarding family meeting effectiveness.

Regarding child safety, researchers detected no significant difference between the treatment and control group children/youth in regard to subsequent investigations with substantiation, suggesting that child safety was not improved, nor was it worsened, as a result of EFCI receipt.

The likelihood of placement into out of home care during or within 60 days of the close an investigation did not differ between EFCI recipients and the control group, nor did permanency outcomes. However, the evaluation team went on to analyze the effects of a Parent Advocate attending an Initial Child Safety Conference on the outcomes of the case, regardless of whether a case was affiliated with the EFCI or Control group unit. It was found that cases with a Parent Advocate present at the Initial Child Safety Conference were less likely to be associated with a placement. When a Parent Advocate attended an Initial Child Safety Conference, the case has 31 percent less risk of a placement, compared to cases where a Parent Advocate did not attend the Initial Child Safety Conference. When rates of placements with kin vs. other family foster homes were compared, ***EFCI families were more likely to be placed with kin*** compared to control group families. When a case was associated with EFCI, it had 54 percent greater chance of a placement with kin, compared to control cases.

In terms of family engagement and service provision, there is ample evidence to suggest that families felt engaged by their Parent Advocate and appreciated the services that they were able to provide through the enhanced model. Parents were accompanied by a Parent Advocate in the Initial Child Safety Conference in 60 percent of the EFCI cases, while for the control group, Parent Advocates and parents were in attendance 48 percent of the time.

In regard to contribution to the knowledge base, there are clear and encouraging findings to support the use of Parent Advocates in Initial Child Safety Conferences when key decisions are being made. Given the limitations of this study, additional studies may be needed to further examine the ongoing role of Parent Advocates beyond the initial conference.

Implementation Facilitators and Barriers/Lessons Learned

Among the factors that facilitated the implementation of EFCI were, first, the existing FTC practice (Child Safety Conference), which for this project led to being a model enhancement. Second, the existing relationship with Parent Advocate service provider agencies as well as agency resource commitments were beneficial: training institute that co-created and co-delivered staff training and having a dedicated Project Manager and Program Associate designated to support Project Director; co-training for Parent Advocate and CPS staff at different levels; infrastructure implemented by the agency; investments made by ACS in creating decision making structures that value family's input and voice, such as: (1) development of a comprehensive Intervention Manual that anticipated and addressed a wide range of policy and practice questions and served as a reference throughout the life of the initiative and (2) Child Safety Conference policy, dedicated facilitators, and family team conferencing data collection application which provides ongoing data on various family meeting models.

Other important facilitators of implementation for the EFCI project included the initial support the project received from ACS administration. For example, there were several regulatory issues regarding requirements for carrying out CPS investigations and the role of the Parent Advocates that had to be addressed before implementation. The buy in by ACS administration created conditions that facilitated EFCI implementation. The other facilitator was the degree to which line staff and supervisors who were brought in to the intervention planning also facilitated the implementation process.

Among challenges that the project encountered were: (1) staff turnover: gaps in training for new staff and difficulties developing and maintaining good streams of communications; (2) workload constraints (time constraints to implement the intervention—for staff to participate in trainings, meetings, evaluation

activities, etc.); (3) crisis response (tragic events, media coverage)—events occur and the agency has to respond to them, which takes the focus, resources, time off the intervention and new policy changes occur; and (4) information confidentiality (what can be shared with evaluators and Parent Advocates) to protect the privacy of families.

Impact of EFCI on Parents, Children, and Families

The project impacted parents, children and families in a number of ways. The qualitative data revealed that by participating in EFCI and having access to Parent Advocates, the families felt more guided and supported. For example, parents received much needed emotional, concrete and advocacy support; they were given an opportunity to have their voice heard and be included in the decision-making process. With the use of Parent Advocates, EFCI promoted family engagement and receptiveness to services and advice. Parents were held accountable to court appearances, service plans, and agreed-upon commitments with regular reminders and updates from Parent Advocates. Furthermore, EFCI impacted out-of-home placements: EFCI families were more likely to be placed with kin compared to control group families.

As described above in relation to goals and objectives, the major outcome that was impacted by the intervention was an increase in the use of kinship placements when children were removed. This is a reasonably strong finding in as much as it is based on experimental results. To the extent that EFCI facilitates better connections with kin, the benefits to children in terms of remaining connected to family and communities while at the same time preserving safety has the potential to not only improve other permanency outcomes, but child well-being as well.

The study did not evaluate the impact of the project on partner organizations or the larger child welfare community.

7. Recommendations

7.1 Recommendations for Child Welfare Administrators and Managers

Findings indicate that EFCI has demonstrated a degree of effectiveness in an enhanced Parent Advocate model and should be considered for citywide implementation, or at the very least implementation in selected offices as resources permit. Future expansion should involve all major stakeholders to co-design the practice model, including administrators, managers and practitioners. Evaluators should be included in the design process as well.

When designing a future program, it is recommended that Follow-up Child Safety Conferences are used more consistently for case planning. Delving into the implementation of follow up conferences in practice and its alignment with conferencing policy may be helpful to support child welfare practitioners actualize ACS' intentions. Furthermore, it will be important to create opportunities for Parent Advocates and Child and Family Specialists to be co-trained. In addition, a peer exchange, which occurred through this project's implementation team would help build a supportive and cohesive team to serve families. The evaluation team also recommends that the family caucusing element of EFCI be incorporated in the program design. Overwhelmingly, caucusing was viewed positively by professionals and families alike.

Prior to implementation, it would be helpful to have a review of the range of regulations that might impede implementation and evaluation of the intervention as designed and a strategy in place for obtaining waivers of policy when needed. Attention to the information systems that collect data about family conferences and that also tie these conferences into the CONNECTIONS system is needed. The concerns associated with the data inhibited the implementation team from being able to access timely and quality data to monitor the implementation. This issue also negatively impacted the process and outcomes evaluation aspects of the project in as much as considerable effort was required to reconcile data from multiple sources. Better data integrity would help to ensure that information needed to monitor

implementation and produce ongoing evaluations can lead to higher quality implementation and evaluation.

As indicated above, a limitation of the evaluation was the relatively small size of the number of EFCI cases that were assigned to the EFCI units. If another evaluation is undertaken, the number of units that participate as intervention (EFCI) units should be increased.

7.2 Recommendations for the Project Funder

The start-up processes connected with grants of this nature often require more time than is typically allocated in a three-year grant period. That said, balancing the need for adequate start-up time and ensuring that implementation is proceeding apace is difficult to achieve, which often results in abbreviated follow-up periods in which to track outcomes and conduct the evaluation.

7.3 Recommendations to the Child Welfare Field

Based on the evaluation it seems that the presence of Parent Advocates in the early stages of a child protection process may be an effective way to supplement a standard FGDM process. This concept seems to be supported by other ACS evaluations and results from this evaluation based on non-experimental findings that Parent Advocate involvement appears to reduce out of placements as well. Ideally, family would be involved in the process of decision making. As a recommendation for the field, it appears to be beneficial to include Parent Advocates in the context of short-term child protection family conference decisions models.

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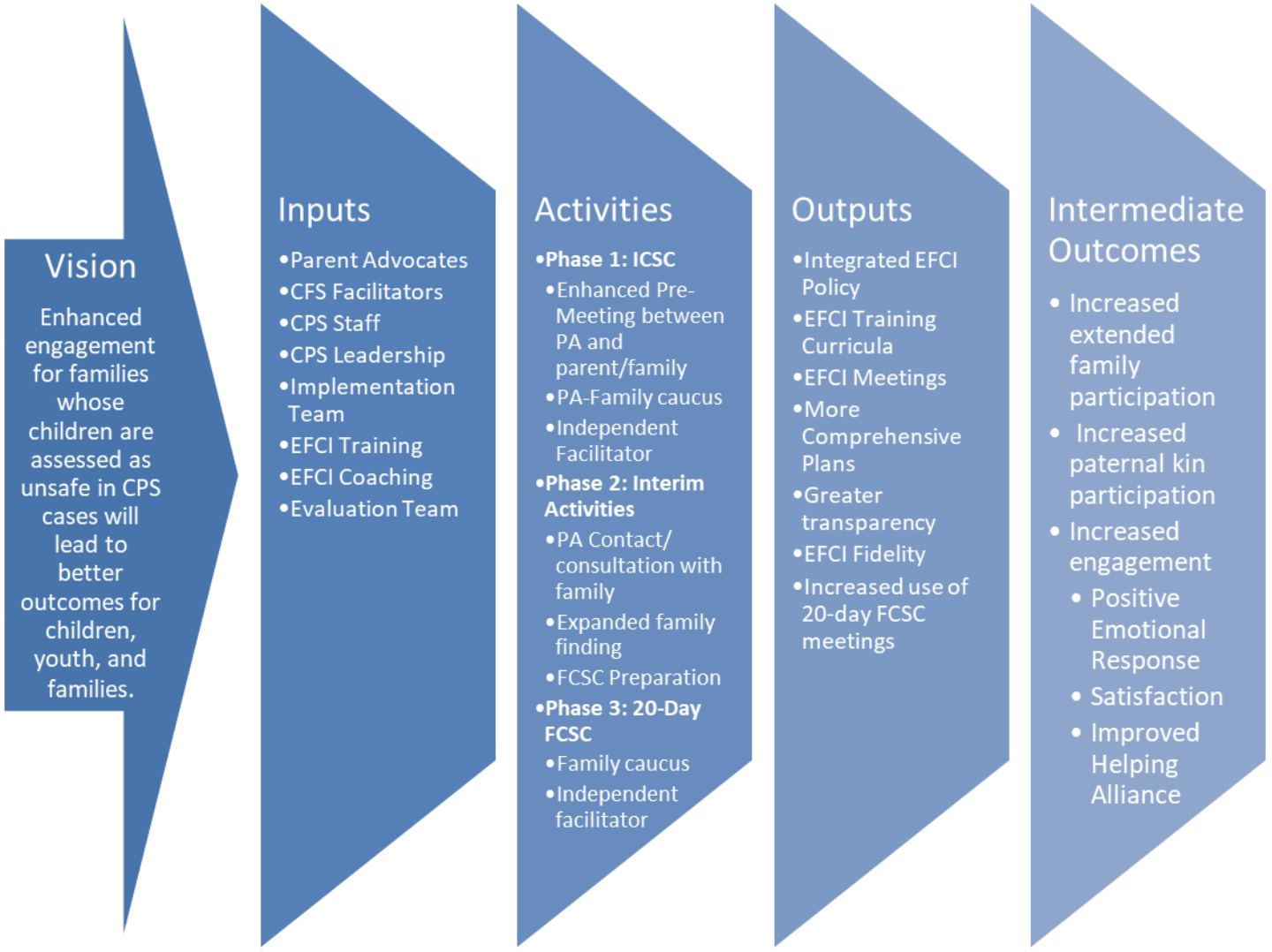
Appendix A. EFCI Logic Model



Appendix B. General Staff Survey

Q3 **What is your gender?**

- ○ Male (1)
- ○ Female (2)
- ○ Transgender/Non-Binary (3)
- ○ Prefer not to answer (4)

Q4 **What is your age? (please enter in years)** _____

Q5 **Are you of Hispanic, Latino, or Spanish Origin?**

- ○ No (1)
- ○ Yes (please specify) (2)

_____

Q6 **What is your race? (select all that apply)**

- ○ Asian (1)
- ○ Black/African American (2)
- ○ Native American/Alaska Native (3)
- ○ Native Hawaiian/Pacific Islander (4)
- ○ White (5)
- ○ Other (please specify) (6)

Q7 **What is your highest level of education?**

- ○ Less than high school (44)
- ○ High School diploma or equivalent (45)
- ○ BSW (46)
- ○ Other BA/BS (47)
- ○ MSW (48)
- ○ Other MA/MS (49)
- ○ DSW (50)
- ○ PhD (51)
- ○ JD (52)

Display This Question:
If What is your highest level of education? Other BA/BS Is Selected

Q8 **What discipline was your BA/BS degree in?** _____

Display This Question:
If What is your highest level of education? Other MA/MS Is Selected

Q9 **What discipline was your MA/MS degree in?** _____

Display This Question:
If What is your highest level of education? PhD Is Selected

Q10 **What discipline was your PhD degree in?** _____

End of Block

Position and Tenure

Q11 **What category best describes your current position?**

- o Protective/Diagnostic Child Protective Specialist (1)
- o Protective/Diagnostic Supervisor (2)
- o Protective/Diagnostic Manager (3)
- o Child and Family Specialist (CFS) (4)
- o Child and Family Specialist Supervisor (5)
- o Child and Family Specialist Manager (6)
- o Division of Child Protection (DCP) Management/Leader ship (program director, director) (7)
- o Quality Improvement (QI) (8)
- o Parent Advocate (PA) (9)
- o PA Supervisor/Manager (10)
- o Other individuals within the Parent Advocacy organization (11)
- o Other (please specify) (12) _____

Q12 **Overall, how satisfied are you with your current job?**

- ○ Not at all satisfied (1)
- ○ Slightly satisfied (2)
- ○ Moderately satisfied (3)
- ○ Very satisfied (4)
- ○ Completely satisfied (5)

Q13 **How long have you been in your current position? If less than one year enter the number of months and 0 for year.**

- ○ Number of Years (1) _____
- ○ Number of Months (2) _____

Q14 **How long have you been working with this agency? If less than one year enter the number of months and 0 for year.**

- ○ Number of Years (1) _____
- ○ Number of Months (2) _____

Q15 **How many years of experience do you have in the field of child welfare or human services? If less than one year enter the number of months and 0 for year.**

- ○ Number of Years (1) _____
- ○ Number of Months (2) _____

Q16 **Do you currently have a caseload?**

- ○ Yes (1)
- ○ No (2)

Display This Question:
If Do you currently have a caseload? Yes Is Selected

Q17 **How many children do you currently serve (i.e. number of cases on caseload)? _____**

End of Block

Work Focus and Beliefs

In the following 7 items you will be presented with two statements. Please choose between them. We understand that you might agree with both statements, but please choose the one statement that best reflects YOUR general work focus and beliefs. You will see a statement more than once, but each pairing is different. There are no right or wrong answers. After selecting the statement that best reflects your general work focus and beliefs, please rate the strength of your preference for that statement over the statement you did not choose using the following scale of Very Weak to Very Strong. For example, if you strongly prefer Statement A OVER Statement B, then you will first select "Statement A" and then select "Very Strong." Or, if you barely prefer Statement A over Statement B, then you would first select "Statement A" and then select "Very Weak."

Q19 Item 1 - Please select the statement, A or B, that best reflects your general work focus and beliefs. Then, rate the strength of your preference for the statement you chose.

	Statement Preference		Strength of Preference				
	A (1)	B (2)	Very Weak (1)	Weak (2)	Moderate (3)	Strong (4)	Very Strong (5)
(A) Work should be focused on keeping the family together...OR... (B) Child protection workers should be willing to advocate for the child.	☐	☐	☐	☐	☐	☐	☐

Q20 Item 2 - Please select the statement, A or B, that best reflects your general work focus and beliefs. Then, rate the strength of your preference for the statement you chose.

	Statement Preference	Strength of Preference

	A (1)	B (2)	Very Weak (1)	Weak (2)	Moderate (3)	Strong (4)	Very Strong (5)
(A) The child is the client and all other work is secondary... OR... (B) Work should be focused on keeping the family together.	☐	☐	☐	☐	☐	☐	☐

Q21 Item 3 - Please select the statement, A or B, that best reflects your general work focus and beliefs. Then, rate the strength of your preference for the statement you chose.

	Statement Preference		Strength of Preference				
	A (1)	B (2)	Very Weak (1)	Weak (2)	Moderate (3)	Strong (4)	Very Strong (5)
(A) Work should be focused on protecting the child... OR... (B) Work should be focused on keeping the family together.	☐	☐	☐	☐	☐	☐	☐

Q22 Item 4 - Please select the statement, A or B, that best reflects your general work focus and beliefs. Then, rate the strength of your preference for the statement you chose.

	Statement Preference		Strength of Preference				
	A (1)	B (2)	Very Weak (1)	Weak (2)	Moderate (3)	Strong (4)	Very Strong (5)
(A) Families are the best place for children to achieve their full potential... OR... (B) There is a need to ensure the physical and emotional well-being of all children.	☐	☐	☐	☐	☐	☐	☐

Q23 Item 5 - Please select the statement, A or B, that best reflects your general work focus and beliefs. Then, rate the strength of your preference for the statement you chose.

	Statement Preference		Strength of Preference				
	A (1)	B (2)	Very Weak (1)	Weak (2)	Moderate (3)	Strong (4)	Very Strong (5)
(A) Children's rights should be safeguarded so they can achieve their full	☐	☐	☐	☐	☐	☐	☐

potential... OR... (B) The family's right to guide the development of their children should be safeguarded.							

Q24 Item 6 - Please select the statement, A or B, that best reflects your general work focus and beliefs. Then, rate the strength of your preference for the statement you chose.

	Statement Preference		Strength of Preference				
	A (1)	B (2)	Very Weak (1)	Weak (2)	Moderate (3)	Strong (4)	Very Strong (5)
(A) Families are the best place for children to achieve their full potential... OR... (B) The state has a responsibility to protect children.	☐	☐	☐	☐	☐	☐	☐

Q25 Item 7 - Please select the statement, A or B, that best reflects your general work focus and beliefs. Then, rate the strength of your preference for the statement chose.

	Statement Preference		Strength of Preference				
	A (1)	B (2)	Very Weak (1)	Weak (2)	Moderate (3)	Strong (4)	Very Strong (5)
(A) Families are the best place for children to achieve their full potential... OR... (B) Children's rights should be safeguarded so they achieve their full potential.	☐	☐	☐	☐	☐	☐	☐

End of Block

Case Situations

Q26 **Indicate how much you agree with each of the following statements:**

	Strongly Disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither Agree nor Disagree (4)	Somewhat agree (5)	Agree (6)	Strongly Agree (7)
a. Even when parents emotionally abuse their child an effort should be made to keep the child at home. (1)	☐	☐	☐	☐	☐	☐	☐

	Strongly Disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither Agree nor Disagree (4)	Somewhat agree (5)	Agree (6)	Strongly Agree (7)
b. Even when parents physically abuse their child an effort should be made to keep the child at home. (2)	☐	☐	☐	☐	☐	☐	☐
c. Even when parents neglect their child an effort should be made to keep the child at home. (3)	☐	☐	☐	☐	☐	☐	☐
d. If parents sexually abuse their child, the child should be removed from home. (4)	☐	☐	☐	☐	☐	☐	☐
e. If a child is removed from home, a serious effort should be made to reunify him/her with his/her parents as soon as possible. (5)	☐	☐	☐	☐	☐	☐	☐
f. Even in a case where a child was removed from home because his/her parents neglected him/her, every effort should be made to reunify the child with his/her parents. (6)	☐	☐	☐	☐	☐	☐	☐
g. Even in a case where a child was removed from home because he/she was emotionally abused by his/her parents, every effort should be made to reunify the child with his/her parents. (7)	☐	☐	☐	☐	☐	☐	☐
h. Involving the child in the decision-making process regarding his/her removal from home yields better decisions. (8)	☐	☐	☐	☐	☐	☐	☐

End of Block

Services

Q27 **Indicate how much you agree with each statement below based on your experience with obtaining services in the communities where you work.**

	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither agree nor disagree (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
a. I can usually find services in my community that can help keep children safe in their home. (1)	☐	☐	☐	☐	☐	☐	☐

	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither agree nor disagree (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
b. It is easy to work with most of the service providers in my community. (2)	☐	☐	☐	☐	☐	☐	☐
c. I am usually comfortable with my decisions when I refer children for services in my community. (3)	☐	☐	☐	☐	☐	☐	☐

Q28 **The following is a list of specific services and service providers. For each service listed below, please indicate agreement with the following statement: I have confidence that when a family has one of the following needs, these needs are able to be met by a local community provider:**

	Not at all confident (1)	Slightly confident (2)	Moderately confident (3)	Very Confident (4)	Completely Confident (5)
a. child care/day care (1)	☐	☐	☐	☐	☐
b. early childhood services (2)	☐	☐	☐	☐	☐
c. respite care/crisis nursery (3)	☐	☐	☐	☐	☐
d. mental health services (4)	☐	☐	☐	☐	☐
e. substance abuse treatment (5)	☐	☐	☐	☐	☐
f. developmental disability services (6)	☐	☐	☐	☐	☐
g. medical services (7)	☐	☐	☐	☐	☐
h. dental services (8)	☐	☐	☐	☐	☐
i. transportation services (9)	☐	☐	☐	☐	☐
j. domestic violence services/shelter (10)	☐	☐	☐	☐	☐
k. food services/food pantry (11)	☐	☐	☐	☐	☐
l. housing assistance (12)	☐	☐	☐	☐	☐
m. utilities and other household assistance (13)	☐	☐	☐	☐	☐
n. employment services (14)	☐	☐	☐	☐	☐
o. adult education/vocational services (15)	☐	☐	☐	☐	☐

	Not at all confident (1)	Slightly confident (2)	Moderately confident (3)	Very Confident (4)	Completely Confident (5)
p. child education/vocational services (16)	☐	☐	☐	☐	☐
q. parenting classes (17)	☐	☐	☐	☐	☐
r. household management (18)	☐	☐	☐	☐	☐
s. youth recreational activities (19)	☐	☐	☐	☐	☐
t. legal services (20)	☐	☐	☐	☐	☐
u. support groups (e.g. parents anonymous) (21)	☐	☐	☐	☐	☐
v. mentoring (22)	☐	☐	☐	☐	☐
w. tribal services (23)	☐	☐	☐	☐	☐
x. immigration services (24)	☐	☐	☐	☐	☐
y. faith-based services (25)	☐	☐	☐	☐	☐
z. bilingual services (26)	☐	☐	☐	☐	☐

End of Block

EFCI Effectiveness and Usefulness

Q29 **Please rate the degree to which you do you agree in general with each of the following statements.**

	Strongly disagree (1)	Disagree (2)	Slightly disagree (3)	Slightly agree (4)	Agree (5)	Strongly agree (6)
a. Children have a right to maintain relationships with relatives throughout their lives. (1)	☐	☐	☐	☐	☐	☐
b. Children have a right to maintain their cultural identity throughout their lives. (2)	☐	☐	☐	☐	☐	☐
c. The family, rather than child welfare professionals, has primary responsibility for resolving the issues that brought them to the attention of the child welfare agency. (3)	☐	☐	☐	☐	☐	☐
d. All families are entitled to be respected by the child welfare agency. (4)	☐	☐	☐	☐	☐	☐

	Strongly disagree (1)	Disagree (2)	Slightly disagree (3)	Slightly agree (4)	Agree (5)	Strongly agree (6)
e. The child welfare agency needs to make an extra effort to respect those who experience poverty or are socially excluded, marginalized or lacking power or access to resources and services. (5)	☐	☐	☐	☐	☐	☐
f. The child welfare agency has a responsibility to support families' decisions that protect and provide for their children. (6)	☐	☐	☐	☐	☐	☐
g. Families know how to construct plans to resolve their issues. (7)	☐	☐	☐	☐	☐	☐
h. Active family participation is essential for good outcomes for children. (8)	☐	☐	☐	☐	☐	☐
i. Children (12 and under) should NOT be involved in making decisions about their own lives (9)	☐	☐	☐	☐	☐	☐
j. Youth (13 and over) should NOT be involved in making decisions about their own lives (10)	☐	☐	☐	☐	☐	☐
k. Power imbalances between families and child welfare staff do NOT need to be addressed to effectively engage families. (11)	☐	☐	☐	☐	☐	☐
l. Public agencies have a responsibility not to unnecessarily intrude in families'. (12)	☐	☐	☐	☐	☐	☐
m. Child welfare staff have a responsibility to build upon the strengths of family members and youth. (13)	☐	☐	☐	☐	☐	☐

Q30 **Overall, how useful do you find Child Safety Conferences (CSCs) to be in the work you do with families?**

- Not at all useful (1)
- Slightly useful (2)
- Moderately useful (3)
- Very useful (4)
- Extremely useful (5)
- Not applicable (6)

Q31 **How effective do you think the INITIAL Child Safety Conference is in:**

	Not at all effective (1)	Slightly effective (2)	Moderately effective (3)	Very effective (4)	Completely effective (5)

Engaging parents in critical points of safety planning (1)	☐	☐	☐	☐	☐
Engaging members of the child's extended family in safety planning (2)	☐	☐	☐	☐	☐
Preventing foster care placements (3)	☐	☐	☐	☐	☐
Keeping children connected to their families of origin (4)	☐	☐	☐	☐	☐
Explaining the child safety concerns to the family in ways that they can understand (5)	☐	☐	☐	☐	☐
Connecting families to needed services (6)	☐	☐	☐	☐	☐
Keeping children safe (7)	☐	☐	☐	☐	☐

Q32 **How effective do you think the FOLLOW-UP Child Safety Conference is in:**

	Not at all effective (1)	Slightly effective (2)	Moderately effective (3)	Very effective (4)	Completely effective (5)
Engaging parents in critical points of service planning (1)	☐	☐	☐	☐	☐
Engaging members of the child's extended family in service planning (2)	☐	☐	☐	☐	☐
Preventing foster care placements (3)	☐	☐	☐	☐	☐
Keeping children connected to their families of origin (4)	☐	☐	☐	☐	☐
Explaining the child safety concerns to the family in ways that they can understand (5)	☐	☐	☐	☐	☐
Connecting families to needed services (6)	☐	☐	☐	☐	☐
Keeping children safe (7)	☐	☐	☐	☐	☐

Q33 **When Parent Advocates participate in the Initial Child Safety Conference, how effective do you think they are in:**

	Not at all effective (1)	Slightly effective (2)	Moderately effective (3)	Very effective (4)	Completely effective (5)
Supporting parents in the CSC (1)	☐	☐	☐	☐	☐
Helping parents to understand what is happening at the CSC (2)	☐	☐	☐	☐	☐

Helping families to create in-home safety plans or safety plans with kin (3)	☐	☐	☐	☐	☐
Decreasing the likelihood that children will be placed in foster care (4)	☐	☐	☐	☐	☐
Identifying services in the community that address the safety concerns identified by the agency (5)	☐	☐	☐	☐	☐
Identifying services in the community that improve family functioning (6)	☐	☐	☐	☐	☐
Facilitating families' engagement with services (7)	☐	☐	☐	☐	☐
Communicating to families the importance of engaging in safety planning (8)	☐	☐	☐	☐	☐
Keeping children safe (9)	☐	☐	☐	☐	☐
Reducing the need for court involvement (10)	☐	☐	☐	☐	☐

Q34 **The next series of questions will ask you for your opinions about the core elements of Enhanced Family Conferencing Initiative (EFCI). What is your level of agreement with the following statements?**

	Strongly disagree (1)	Disagree (2)	Slightly disagree (3)	Slightly agree (4)	Agree (5)	Strongly agree (6)
Parent Advocates actively searching for and finding family will result in more kin supporting in-home safety plans and/or offering temporary placement to children. (1)	☐	☐	☐	☐	☐	☐
Parent Advocates engaging the larger family system in decision making at the FCSC will NOT result in more timely reunification for children who are in out-of-home care. (2)	☐	☐	☐	☐	☐	☐
Because of Parent Advocates' access to community services, caregivers and their families will receive community-based services that will strengthen their families. (3)	☐	☐	☐	☐	☐	☐
Providing the extended family the opportunity to meet on their own (during a caucus time) to process the child welfare agency's concerns will result in increased family ownership of the plan developed in the CSCs. (4)	☐	☐	☐	☐	☐	☐

	Strongly disagree (1)	Disagree (2)	Slightly disagree (3)	Slightly agree (4)	Agree (5)	Strongly agree (6)
Providing the extended family the opportunity to meet on their own (during a caucus time) to process the child welfare agency's concerns will result in plans that increase child vulnerability. (5)	☐	☐	☐	☐	☐	☐
Giving preference to the plan developed by the family as long as it meets the child safety concerns identified by the child welfare agency is an acceptable decision making mechanism. (6)	☐	☐	☐	☐	☐	☐

End of Block

Organizational Assessment

Q35 **Of the following six options, please identify the group that most closely matches your function in the Division of Child Protection (DCP) and with the EFCI initiative.**

- ○ CPS Worker or Supervisor in EFCI units (PD Units 331, 360, 368 and 399) (899)
- ○ CPS Worker or Supervisor in Non-EFCI units (900)
- ○ Child Family Specialist (CFS) or CFS Supervisor. This includes those who facilitate the Initial Child Safety Conferences and follow-up CSCs. (901)
- ○ Parent Advocates (PA) or PA Supervisor/Manager/Leadership (902)
- ○ DCP leadership and management (903)
- ○ Other (please specify) (904) _____

Skip To: Q40 If Q35 = CPS Worker or Supervisor in Non-EFCI units (900)
Skip To: End of Block If Q35 = Other (please specify) (904)
Skip To: Q37 If Q35 = DCP leadership and management (903)

Q36 **Organizational Readiness and Change**

Please rate your level of agreement with the following statements.

	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither agree nor disagree (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
My past experiences make me confident that I will be able to perform successfully during the implementation of EFCI. (1)	☐	☐	☐	☐	☐	☐	☐
There are some tasks that are required of me for implementing EFCI that I don't think I can do well. (2)	☐	☐	☐	☐	☐	☐	☐

	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither agree nor disagree (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
I have the skills that are needed to make EFCI work. (3)	☐	☐	☐	☐	☐	☐	☐
I feel I am handling implementation of EFCI with ease. (4)	☐	☐	☐	☐	☐	☐	☐
When I set my mind to it, I am learning everything that is required for adopting EFCI. (5)	☐	☐	☐	☐	☐	☐	☐
I am intimidated by all the tasks I am learning because of EFCI. (6)	☐	☐	☐	☐	☐	☐	☐
When I heard about EFCI, I thought it suited my skills perfectly. (7)	☐	☐	☐	☐	☐	☐	☐
I am not experiencing any problems adjusting to the work I have for EFCI. (8)	☐	☐	☐	☐	☐	☐	☐
I am confident that I will be able to do my job in EFCI implementation. (9)	☐	☐	☐	☐	☐	☐	☐

Q37 **Need for Change**

Please rate your level of agreement with the following statements.

	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither agree nor disagree (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
There are legitimate reasons for DCP to try to enhance Child Safety Conferences. (1)	☐	☐	☐	☐	☐	☐	☐
No one explained to me why EFCI must be tried. (2)	☐	☐	☐	☐	☐	☐	☐
It didn't make much sense for us to implement EFCI. (3)	☐	☐	☐	☐	☐	☐	☐
This enhanced CSC process used in EFCI was clearly needed. (4)	☐	☐	☐	☐	☐	☐	☐
The time we are spending on EFCI should be spent on something else. (5)	☐	☐	☐	☐	☐	☐	☐

	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither agree nor disagree (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
I think we are implementing EFCI just because we can. (6)	☐	☐	☐	☐	☐	☐	☐
I think there are real needs that make the EFCI necessary. (7)	☐	☐	☐	☐	☐	☐	☐
I don't understand how EFCI will make things better than they are now. (8)	☐	☐	☐	☐	☐	☐	☐
As far as I'm concerned, DCP doesn't have a problem that would be addressed by EFCI. (9)	☐	☐	☐	☐	☐	☐	☐
I am suspicious of the reasons EFCI is being implemented. (10)	☐	☐	☐	☐	☐	☐	☐
It is critical for us to move in the direction we are moving with EFCI. (11)	☐	☐	☐	☐	☐	☐	☐

Q38 **Organizational Benefits** Please rate your level of agreement with the following statements.

	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither agree nor disagree (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
I think the children and families we serve will benefit from EFCI. (1)	☐	☐	☐	☐	☐	☐	☐
The children and families we serve are going to be better served by EFCI than our usual practice. (2)	☐	☐	☐	☐	☐	☐	☐
We are better equipped to meet children's and families' needs because of EFCI. (3)	☐	☐	☐	☐	☐	☐	☐
EFCI will improve our organizations' overall efficiency. (4)	☐	☐	☐	☐	☐	☐	☐
The children and families we serve will lose some valuable assets because of EFCI changing practice. (5)	☐	☐	☐	☐	☐	☐	☐
EFCI matches the needs of the children and families we serve to **prevent maltreatment**. (6)	☐	☐	☐	☐	☐	☐	☐

	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither agree nor disagree (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
EFCI matches the needs of the children and families we serve to **prevent placement**. (7)	☐	☐	☐	☐	☐	☐	☐

Display This Question:

If Of the following six options, please identify the group that most closely matches your function i... CPSW or Supervisor in EFCI units (PD Units 331, 360, 368 and 399) Is Selected

Or Of the following six options, please identify the group that most closely matches your function i... Child Family Specialist (CFS) or CFS Supervisor. This includes those who facilitate the Initial Child Safety Conferences and follow-up CSCs. Is Selected

Or Of the following six options, please identify the group that most closely matches your function i... DCP leadership and management Is Selected

Q39 **Senior Leadership Support**

Please rate your level of agreement with the following statements.

	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither agree or disagree (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
DCP leadership has sent a clear signal that DCP is changing. (1)	☐	☐	☐	☐	☐	☐	☐
I believe DCP leadership is doing a great job in supporting EFCI as an enhancement to CSCs. (2)	☐	☐	☐	☐	☐	☐	☐
DCP leaders are putting all their support behind EFCI. (3)	☐	☐	☐	☐	☐	☐	☐
DCP leadership is committed to EFCI. (4)	☐	☐	☐	☐	☐	☐	☐
Every DCP leader has stressed the importance of EFCI. (5)	☐	☐	☐	☐	☐	☐	☐
My senior DCP leader has encouraged us to embrace EFCI. (6)	☐	☐	☐	☐	☐	☐	☐
DCP leadership has not been personally involved with the implementation of EFCI (7)	☐	☐	☐	☐	☐	☐	☐
I am sure that my senior DCP leaders will change their mind about the	☐	☐	☐	☐	☐	☐	☐

	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither agree or disagree (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
usefulness of EFCI during implementation (8)							
I think we are spending a lot of time on EFCI when DCP leadership doesn't even want it implemented. (9)	☐	☐	☐	☐	☐	☐	☐

Display This Question:

If Of the following six options, please identify the group that most closely matches your function i... CPSW or Supervisor in EFCI units (PD Units 331, 360, 368 and 399) Is Selected

Or Of the following six options, please identify the group that most closely matches your function i... CPSW or Supervisor in Non-EFCI units Is Selected

Or Of the following six options, please identify the group that most closely matches your function i... Child Family Specialist (CFS) or CFS Supervisor. This includes those who facilitate the Initial Child Safety Conferences and follow-up CSCs. Is Selected

And If

If Do you currently have a caseload? Yes Is Selected

Q40 **Supervision**

This section in designed to assess the level of support that you receive from your supervisor. Please base your responses on your current supervisor. Please enter the number of years and months you have been supervised by your current supervisor. If under one year enter the number of months and 0 for year.

- ○ Number of Years (1) _____
- ○ Number of Months (2) _____

Display This Question:

If Of the following six options, please identify the group that most closely matches your function i... CPSW or Supervisor in EFCI units (PD Units 331, 360, 368 and 399) Is Selected

Or Of the following six options, please identify the group that most closely matches your function i... CPSW or Supervisor in Non-EFCI units Is Selected

Or Of the following six options, please identify the group that most closely matches your function i... Child Family Specialist (CFS) or CFS Supervisor. This includes those who facilitate the Initial Child Safety Conferences and follow-up CSCs. Is Selected

And If

If Do you currently have a caseload? Yes Is Selected

Q41 **Experiences with Supervision**

Please rate your experiences related to supervision:

	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither agree nor disagree (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
The supervision I receive is of adequate quantity. (1)	☐	☐	☐	☐	☐	☐	☐
The supervision I receive is of adequate quality. (2)	☐	☐	☐	☐	☐	☐	☐
My supervisor teaches me the skills I need to do my job. (3)	☐	☐	☐	☐	☐	☐	☐
My supervisor clearly communicates what are acceptable, as opposed to unacceptable, case decisions. (4)	☐	☐	☐	☐	☐	☐	☐
My supervisor supports my case decisions. (5)	☐	☐	☐	☐	☐	☐	☐
My supervisor requires that I use standards (i.e., criteria) to address case decisions. (6)	☐	☐	☐	☐	☐	☐	☐
My supervisor does not take time to review case decisions with me. (7)	☐	☐	☐	☐	☐	☐	☐
When it comes to my case decisions, the advice I get from my coworkers in my unit is important. (8)	☐	☐	☐	☐	☐	☐	☐

Display This Question:

If Of the following six options, please identify the group that most closely matches your function i... CPSW or Supervisor in EFCI units (PD Units 331, 360, 368 and 399) Is Selected

Or Of the following six options, please identify the group that most closely matches your function i... CPSW or Supervisor in Non-EFCI units Is Selected

Or Of the following six options, please identify the group that most closely matches your function i... Child Family Specialist (CFS) or CFS Supervisor. This includes those who facilitate the Initial Child Safety Conferences and follow-up CSCs. Is Selected

Q42 **Perceptions of Leadership** Please rate the extent to which you agree with the following statement about the leadership (e.g., managers, directors, and administrators) at DCP:

	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither agree nor disagree (4)	Somewhat agree (5)	Agree (6)	Strongly Agree (7)
Provides visible, ongoing support for innovations and ideas. (1)	☐	☐	☐	☐	☐	☐	☐

Views leadership as a role that is shared by staff and administration. (2)	☐	☐	☐	☐	☐	☐	☐
Encourages others to provide leadership for new projects. (3)	☐	☐	☐	☐	☐	☐	☐
Discourages independent decisions making in our work. (4)	☐	☐	☐	☐	☐	☐	☐
Has credibility in DCP. (5)	☐	☐	☐	☐	☐	☐	☐
Represents DCP effectively to the community. (6)	☐	☐	☐	☐	☐	☐	☐
Truly cares about the staff and their families. (7)	☐	☐	☐	☐	☐	☐	☐
Treats the staff with respect. (8)	☐	☐	☐	☐	☐	☐	☐
Fails to show appreciation for the work of staff and their families. (9)	☐	☐	☐	☐	☐	☐	☐
Behaves in a way that is consistent with DCP's values, beliefs and principles. (10)	☐	☐	☐	☐	☐	☐	☐
Motivates staff to give 100% to the job. (11)	☐	☐	☐	☐	☐	☐	☐
Works as a team in setting priorities. (12)	☐	☐	☐	☐	☐	☐	☐
Promotes communication throughout DCP. (13)	☐	☐	☐	☐	☐	☐	☐
Values cultural responsiveness in our work with families. (14)	☐	☐	☐	☐	☐	☐	☐
Advocates for resources necessary to meet our goals and the DCP mission. (15)	☐	☐	☐	☐	☐	☐	☐

Display This Question:

If Of the following six options, please identify the group that most closely matches your function i... CPSW or Supervisor in EFCI units (PD Units 331, 360, 368 and 399) Is Selected

Or Of the following six options, please identify the group that most closely matches your function i... CPSW or Supervisor in Non-EFCI units Is Selected

Or Of the following six options, please identify the group that most closely matches your function i... Child Family Specialist (CFS) or CFS Supervisor. This includes those who facilitate the Initial Child Safety

Conferences and follow-up CSCs. Is Selected

Q43 **Shared Vision and Professionalism**

Please rate the extent to which you agree with the following statements:

	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither agree nor disagree (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
Workers in my unit are proud to work in child welfare (1)	☐	☐	☐	☐	☐	☐	☐
Workers in my unit spend time in professional reflection about their work (2)	☐	☐	☐	☐	☐	☐	☐
Workers in my unit do NOT believe they can have a positive impact on the lives of most of their clients (3)	☐	☐	☐	☐	☐	☐	☐
Workers in my unit use the findings from child welfare research in their work with children and families (4)	☐	☐	☐	☐	☐	☐	☐
Workers in my unit are committed to continuous professional development (5)	☐	☐	☐	☐	☐	☐	☐
Workers in my unit clearly understand the agency vision for child welfare programs (6)	☐	☐	☐	☐	☐	☐	☐

End of Block

Implementation Team

Q44 **Implementation Team Membership**

Are you part of the Implementation Team for EFCI?

- ○ Yes (1)
- ○ No (2)

Display This Question: If Implementation Team Membership Are you part of the Implementation Team for EFCI? Yes Is Selected

Q45 **Organization and Community Context**

Please rate your level of agreement with the following statements.

	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither agree nor disagree (4)	Somewhat agree (5)	Agree (6)	Strongly Agree (7)
DCP leaders, internal stakeholders, and external stakeholders have consensus on the vision for EFCI. (1)	☐	☐	☐	☐	☐	☐	☐
DCP internal and external stakeholders understand their role in EFCI. (2)	☐	☐	☐	☐	☐	☐	☐
Perspectives at all levels of DCP (internal stakeholders) have been included during implementation of EFCI. (3)	☐	☐	☐	☐	☐	☐	☐
There is political will supporting EFCI. (4)	☐	☐	☐	☐	☐	☐	☐
Staff at all levels of DCP are committed to EFCI. (5)	☐	☐	☐	☐	☐	☐	☐
There has been positive recognition of EFCI. (6)	☐	☐	☐	☐	☐	☐	☐
DCP leadership has openness and transparency to promote problem-solving when issues arise with EFCI implementation (7)	☐	☐	☐	☐	☐	☐	☐
DCP leaders, staff, and stakeholders share an understanding of the values and principles that provide the framework for EFCI. (8)	☐	☐	☐	☐	☐	☐	☐

End of Block

Open Comments

Q46 Is there anything else that you'd like to tell us about the Enhanced Family Conferencing Initiative (EFCI) and/or this survey?

_____

_____

_____

End of Block

Appendix C. EFCI Fidelity Survey – Family Version

Date of the FCSC: __ __/__ __/__ __ __ __ CFS Facilitator Name: _____

Case ID: _____ Parent Advocate Name: _____

Part 1. Please answer questions 1-13, based on your experiences <u>BEFORE</u> the Follow-Up CSC begins.

		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Doesn't Apply/ Don't Know
1.	I understand ACS's concerns about the child(ren).	☐	☐	☐	☐	☐	☐	☐
2.	I understand the purpose of the FCSC.	☐	☐	☐	☐	☐	☐	☐
3.	Mom's family members were invited to the FCSC.	☐	☐	☐	☐	☐	☐	☐
4.	Dad's family members were invited to the FCSC.	☐	☐	☐	☐	☐	☐	☐
5.	Professionals, other than ACS, were invited to the FCSC.	☐	☐	☐	☐	☐	☐	☐
6.	Other people who feel "like family" (neighbors, friends) were invited to the FCSC.	☐	☐	☐	☐	☐	☐	☐
7.	I feel prepared to participate in the FCSC.	☐	☐	☐	☐	☐	☐	☐

8. What is your **relationship to the child/children** in the family for whom this FCSC is being held? **Please choose only ONE**:

☐	Child/youth (focus of the meeting)	☐	Dad's family: aunt, uncle or cousin of child(ren)
☐	Mom (biological or adoptive)	☐	Dad's family: grandparent of children
☐	Dad (biological or adoptive)	☐	Dad's significant other
☐	Stepdad	☐	Family friend or neighbor
☐	Stepmom	☐	Friend to the child/youth
☐	Sibling (biological, adoptive, half, step)	☐	Guardian
☐	Mom's family: aunt, uncle or cousin of child(ren)	☐	Godmother/Godfather
☐	Mom's family: grandparent of child(ren)	☐	Clergy (pastor, rabbi, priest, minister)
☐	Mom's significant other	☐	Other (please describe): _____

9. Are you also a kinship or relative caregiver to the child/youth (focus of the meeting)? ☐ Yes ☐ No

10. What is your gender? ☐ Male ☐ Female

11. What is your age? _____

12. Are you of Hispanic, Latino, or Spanish Origin?
    - ☐ No
    - ☐ Yes (please specify): _____

13. What is your race? (check all that apply)
    - ☐ Alaska Native
    - ☐ American Indian
    - ☐ Asian (please specify) _____
    - ☐ Black or African American
    - ☐ Native Hawaiian or other Pacific Islander
    - ☐ White
    - ☐ Other (please specify) _____

Part 2. Please answer these questions <u>AFTER</u> the Follow-up Child Safety Conference (FCSC) meeting is over and based on your experiences <u>AT</u> the FCSC:

		Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree	Doesn't Apply or Don't Know
14.	The purpose of the FCSC was clear.	☐	☐	☐	☐	☐	☐	☐
15.	The right people were at the FCSC.	☐	☐	☐	☐	☐	☐	☐
16.	ACS staff stated the concerns that the plan needed to address.	☐	☐	☐	☐	☐	☐	☐
17.	ACS staff were open to the family's ideas and decision-making abilities.	☐	☐	☐	☐	☐	☐	☐
18.	ACS staff were open to the family asking questions about the information they presented.	☐	☐	☐	☐	☐	☐	☐
19.	The family caucus (or time that we met on our own) helped our family create a plan that was unique to our family.	☐	☐	☐	☐	☐	☐	☐
20.	During the family caucus, we were able to have discussions that would *not* have been possible had ACS been in the room.	☐	☐	☐	☐	☐	☐	☐
21.	Professionals told the family how to solve ACS's concerns.	☐	☐	☐	☐	☐	☐	☐
22.	Others listened to my opinions about what was best for the child.	☐	☐	☐	☐	☐	☐	☐
23.	My opinions were included in the plan.	☐	☐	☐	☐	☐	☐	☐
24.	The child's ideas or needs were *not* considered in the plan.	☐	☐	☐	☐	☐	☐	☐
25.	The plan includes things for the family to do.	☐	☐	☐	☐	☐	☐	☐
26.	The plan includes things for ACS to do.	☐	☐	☐	☐	☐	☐	☐
27.	The Parent Advocate identified family or community resources to meet the children's safety needs.	☐	☐	☐	☐	☐	☐	☐
28.	The Parent Advocate identified family or community resources that strengthened and supported the family.	☐	☐	☐	☐	☐	☐	☐
29.	The plan states who is doing what by when.	☐	☐	☐	☐	☐	☐	☐
30.	The Facilitator worked with the family and ACS to reach a plan that everyone could agree on.	☐	☐	☐	☐	☐	☐	☐
31.	The plan made at FCSC was best for the child.	☐	☐	☐	☐	☐	☐	☐
32.	I think ACS had already decided on a plan before the FCSC started.	☐	☐	☐	☐	☐	☐	☐
33.	I felt safe at the FCSC.	☐	☐	☐	☐	☐	☐	☐
34.	The Facilitator respected me.	☐	☐	☐	☐	☐	☐	☐
35.	The ACS staff were *disrespectful* to me.	☐	☐	☐	☐	☐	☐	☐
36.	The Parent Advocate respected me.	☐	☐	☐	☐	☐	☐	☐
37.	Other professionals were *disrespectful* to me.	☐	☐	☐	☐	☐	☐	☐
38.	I would recommend FCSC to others.	☐	☐	☐	☐	☐	☐	☐

Part 3. Please only answer these questions if the Parent Advocate was assigned to work with you.

We are interested in your feelings about your involvement with the Parent Advocate. There are no right or wrong answers to any of these questions. Please select the answer that is closest to how you feel *right now* about working with the Parent Advocate or ACS.

		Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
39.	**ACS** and I agreed about what's best for my child(ren).	☐	☐	☐	☐	☐
40.	I needed some help to make sure my kids have what they need.	☐	☐	☐	☐	☐
41.	I could talk to my Parent Advocate about what's important to me.	☐	☐	☐	☐	☐
42.	The Parent Advocate helped me take care of problems in our lives.	☐	☐	☐	☐	☐
43.	What **ACS** wanted me to do was the same as what I wanted.	☐	☐	☐	☐	☐
44.	Things got better for my child(ren) because **ACS** was involved.	☐	☐	☐	☐	☐
45.	My Parent Advocate and I respected each other.	☐	☐	☐	☐	☐
46.	The Parent Advocate helped my family get stronger.	☐	☐	☐	☐	☐
47.	**ACS** listened to what my family had to say.	☐	☐	☐	☐	☐
48.	The Parent Advocate understood my family's needs.	☐	☐	☐	☐	☐
49.	The Parent Advocate recognized the things that my family does well.	☐	☐	☐	☐	☐
50.	The Parent Advocate considered my family's culture when working with us.	☐	☐	☐	☐	☐
51.	I am better able to provide necessities like food, clothing, shelter, or medical services for my family because of my experience with the Parent Advocate.	☐	☐	☐	☐	☐
52.	The Parent Advocate provided services to meet my family's needs.	☐	☐	☐	☐	☐
53.	**ACS** provided services to meet my family's needs	☐	☐	☐	☐	☐
54.	Overall, I am satisfied with how my family was treated by my Parent Advocate.	☐	☐	☐	☐	☐
55.	Overall, I am satisfied with the help my family received through the Parent Advocate.	☐	☐	☐	☐	☐

56. How did you feel the first time you had contact with ACS? Check all that apply:

☐ Relieved ☐ Thankful ☐ Disrespected
☐ Worried ☐ Afraid ☐ Angry
☐ Stressed ☐ Encouraged ☐ Comforted
☐ Respected ☐ Hopeful ☐ Discouraged

57. How did you feel today about your contact with ACS? Check all that apply:

☐ Relieved ☐ Thankful ☐ Disrespected
☐ Worried ☐ Afraid ☐ Angry
☐ Stressed ☐ Encouraged ☐ Comforted
☐ Respected ☐ Hopeful ☐ Discouraged

58. Did your family receive help from any of the following groups/agencies because of your involvement with the Parent Advocate? *Check all that apply.*

- ☐ Child care/day care/early childhood services
- ☐ Respite care/crisis nursery
- ☐ Mental health services
- ☐ Substance abuse treatment
- ☐ Developmental disability services
- ☐ Medical/health care services
- ☐ Dental care services
- ☐ Transportation services
- ☐ Domestic violence services/DV shelter
- ☐ Food pantry/food assistance
- ☐ Housing assistance
- ☐ Utilities and other household assistance
- ☐ Employment services
- ☐ Adult education/vocational services
- ☐ Youth education/vocational services
- ☐ Parenting classes/household management
- ☐ Youth recreational activities
- ☐ Legal services
- ☐ Support groups (e.g. Parents Anonymous)
- ☐ Mentoring
- ☐ Tribal services
- ☐ Immigration services
- ☐ Faith-based services
- ☐ Bilingual services
- ☐ Social Supports (e.g., extended family, friends, neighbors, etc.)
- ☐ Other (please specify):

_____

*If you did **not** receive help from any of these groups/agencies, please skip to Question 60.*

59. If you received help or services, how effective were they in helping with your problems?

- ☐ Not at all effective
- ☐ Slightly effective
- ☐ Moderately effective
- ☐ Very effective

60. Was there any help that you or your family needed but did not receive?

- ☐ No
- ☐ Yes. *Please tell us what help you needed but did not receive:*

_____

61. Overall, is your family better off or worse off because of your experience with the Parent Advocate?

Check only one response:

☐ We are better off ☐ We are the same ☐ We are worse off

Thank you for your time!

Appendix D. EFCI Interview Protocols

Family Member Interview Guide

We are asking you to think back to the Initial Child Safety Conference (ICSC) that you attended at ACS a few months ago. This meeting likely took place at the ACS Bronx office, and it likely included a facilitator, your ACS worker, the ACS supervisor, and yourself and other members of your family. Our first set of questions are about that initial conference.

Initial Child Safety Conference

1. What was your understanding of why ACS was holding this conference? (**preparation** and **transparent planning**) *Probes*:
    a. Your level of understanding about ACS' concerns
    b. Your level of understanding about what the conference was about or what would happen at the conference?
    c. How did you feel about going into the Initial CSC?

2. You were offered a Parent Advocate before the conference began. What made you accept Parent Advocate's presence in your ICSC? (**inclusion**)
    a. Did you have time to talk to the Parent Advocate prior to the conference?
    b. If yes, how much time you had and what you talked about? (**preparation**)
    c. How helpful was it?

3. Tell us who from your circle of family, friends and community attended the conference?
    a. Looking back, do you wish you had brought or invited others to attend? If yes, who and why? (**Inclusion**)

4. At the conference, you were supposed to have the opportunity to discuss ACS' and your concerns and strengths about your child and family. Tell us about your experience with that. (**Transparent planning**) *Probes*:
    a. Was the information clear/confusing? If so, in what way? Who clarified confusing information?
    b. How helpful was it to be able to share your concerns and discuss strengths?
    c. How much were you able to contribute to this discussion?
    d. How much did the Parent Advocate contribute to this discussion?

5. During the conference, the facilitator was supposed to have given you some time to meet privately with your family members and/or your Parent Advocate to develop an initial plan.
    Tell us about your experience with that. (**Family leadership**). *Probes*:
    a. Who was present?
    b. What was discussed?
    c. Were you able to come up with a plan that you could present to ACS?
    d. What was the Parent Advocate doing during this private time?

e. How helpful was it to you? Why or why not?

6. By the end of the conference, there was a plan that you and the agency were going to work on, aka "safety plan" (**transparency** and **family leadership**). In getting to the plan, tell us:
    a. How open was ACS to your family's ideas, opinions, and suggestions (please explain)?
    b. To what degree were your opinions included in the case plan?

Time between Child Safety Conference and Follow-up Child Safety Conference

7. There is typically about 20-30 days between the Initial Child Safety Conference and the Follow Up Child Safety Conference. We would like you to tell us what happened with you and your case, during this 20-30 day time period. *Probes*:
    a. What did your Parent Advocate do for you during this time period?
        i. Describe your Parent Advocate's role in helping you access resources or services?
        ii. Describe your Parent Advocate's role in identifying family and community members to support you?
    b. How often did you meet with the ACS worker during this time?
    c. What preventive or other community services to support you and your children were offered by the ACS worker?

Follow Up Child Safety Conference

8. The next conference you attended was the follow-up child safety conference. Could you please describe whether you experienced the 2nd conference to be similar or different to the 1st conference? In what ways? *Probes*:
    a. Role of Parent Advocate—how helpful was the Parent Advocate during Follow-up Child Safety Conference? Please give examples.
    b. More family members attended
    c. The number and type of other people who attended
    d. Time to meet alone-Was Parent Advocate with you during private time? Who was? How helpful was it to you? Why or why not?
    e. Was the information shared in the meeting clear?

9. Tell us about your overall experience of having a Parent Advocate work with you throughout your case? *Probes*:
    a. How helpful was it for you to have the parent advocate? Please explain.
    b. What kind of support have you received from the parent advocate?
        i. *Probes*: Resources? Referrals? Emotional support? Empowerment?
    c. How helpful was their personal experience as a previous recipient of child welfare services to you?

d. What suggestions do you have on how your Parent Advocate could have been more helpful?

10. What help did you or family need that was not provided? Please explain.

11. What else would you like to add?

CPS & CFS Staff Interview Guide

Background Information

1. What is your title?

2. How long have you been working in this position?

3. How long have you been working at ACS in total?

EFCI

4. Overall, what has changed, as a result of EFCI?

- For example, if we compare the EFCI conferences with regular conferences, what changes do you see?
- Please explain with examples.

5. Again, if we compare EFCI to the regular conferences, what are the benefits of EFCI to the family? Or in other words, how helpful is EFCI for families? Please give examples.

6. How helpful is this EFCI model to CPS/CFS staff? Please give examples.

7. What are the challenges that you have encountered, as a result of EFCI?

8. Now, let's talk about the caucusing that takes place during the Initial Child Safety Conference.

a. Does it always happen?
b. How helpful is the caucusing to the family during Initial Child Safety Conference? Please give examples.
c. How does having the private family time affect Initial Child Safety Conference? In what ways? Please give examples.

d. Do you notice any difference (e.g., in parents' attitudes, receptiveness, engagement, cooperation, generating ideas and suggestions, etc.) as a result of having this private family time? Please explain.

9. I also want to ask you about the EFCI Follow-up Child Safety Conference.

a. Does caucusing happen during FCSCs? How often?

b. How helpful is the caucusing to the family during Follow-up Child Safety Conference? Please give examples.

c. How does having the private family time affect Follow-up Child Safety Conference? In what ways? Please give examples.

d. Do you notice any difference (e.g., in parents' attitudes, receptiveness, engagement, cooperation, generating ideas and suggestions, etc.) as a result of having this private family time? Please explain.

Role of Parent Advocates

10. Now, I would like to ask you about the role that the Parent Advocates play during the conferences.

a. In your opinion, what are the benefits to the family of having a Parent Advocate during the **Initial Child Safety Conference**? --How the Parent Advocates are helpful in Initial Child Safety Conferences? Please give examples.

11. What about the **Follow-up Conferences**—

a. What are the benefits to the family of having a Parent Advocate during those? -- How the Parent Advocates are helpful? Please give examples.

12. How helpful the Parent Advocates are to CPS/CFS staff in general? Please give examples.

13. Do you find that parents who have a parent advocate are more likely to engage with CPS workers than parents who don't have a parent advocate? Please give examples.

14. Do you find that parents are more receptive to CPS as a result of having a Parent Advocate? How so? Please explain.

15. If we summarize, what makes a great parent advocate? What qualities or characteristics? Please give examples.

Relationship with Parent Advocates

16. How would you describe your relationship with the Parent Advocates? *[If they say, "good", ask what that means].*

17. What strengths/benefits do you see that result from your relationship with the Parent Advocates?

    Probes: exploring/sharing resources, etc.?

18. Have there ever been any challenges working with Parent Advocates?

    a. If yes, what kind? Please give examples. How have these been resolved?

19. Has a Parent Advocate ever "questioned" the safety plan or opened it up for a discussion?

    a. If yes, could you please give a case example?
    b. What happened in that case? What was the outcome?

20. What changes would you like to see in your relationship with parent advocates?

21. What knowledge or training do you think Parent Advocates should have?

    a. Is there anything lacking in their training?
    b. Are there areas that CPS/CFS and Parent Advocates need to be trained on together?

22. What improvements could you suggest to the EFCI model?

23. Is there anything else you would like to share that we haven't discussed?

Parent Advocate Interview Guide

Relationship with Parents

1. How much time are you given to talk to the parent <u>prior</u> to Initial Child Safety Conference? Is this enough? (**preparation**)
2. Is it important to have a chance to speak to the parent <u>before</u> going into the conference? (**preparation)** Why?
3. When you meet with a parent <u>for the first time prior to the conference</u>, what are the bottom-line things that you say to parents? (**preparation)** *Probes:*
    a. Do you tell them about your personal experience with ACS?
    b. Why or why not?
    c. Is this always the case?
    d. If not, in what situations?
4. How do parents perceive you when they first meet you (before the conference begins)? (**inclusion)** *Probes:*
    a. What are the attitudes of parents/families towards you? Please give examples.
5. How engaging/receptive do you find parents towards you? (**inclusion)** *Probes:*

a. How difficult is it to engage parents/families? Please give examples.

b. What do you do to engage them? Please give examples. (**preparation)**

6. What are some of the challenges in working with families?

7. What do you expect to accomplish in your work with families?

Initial Child Safety Conference Caucusing

8. Do family members have an opportunity to have private family time during the Initial Child Safety Conference? (**Family leadership)** *Probes:*

    a. Are you included? Who else is included? (**inclusion)**
    b. How long is it normally?
    c. How helpful is the caucusing to the family?
    d. What takes place during that time?
    e. What is your role during the caucusing?

Initial Child Safety Conference Process

9. Are you given an opportunity to speak during the conference? If yes, what kind of points do you make?

10. What kind of support are you able to provide to family members <u>during</u> Initial Child Safety Conference? (**preparation)** Give examples. *Probes*:

    a. Resources?
    b. Referrals?
    c. Emotional support?
    d. Empowerment?

11. How open is ACS to the family's ideas, opinions, and suggestions? (**transparent planning and family leadership)** Please explain.

    a. To what degree, do you think, family's opinions are included in the case plan?

12. How open is ACS to <u>your</u> ideas, opinions, and suggestions? (**transparent planning)** Please explain.

    a. To what degree, do you think, <u>your</u> opinions are included in the case plan?

13. How do you conclude Initial Child Safety Conference?

Checking in after the Initial Child Safety Conference and before 20-day Follow-up Conference

14. How do you keep in touch with the family after the Initial Child Safety Conference and before your follow-up conference? *Probes:*

    a. What has this communication been like? Around what issues?

    b. What are the benefits of this communication?

20-Day Follow-up Conference

15. What is your role during the Follow-up conference? *Probes*:
    a. Sharing resources?
    b. Referrals?
    c. Emotional support?
    d. Empowerment?
16. How helpful is it to the family to have the parent advocate during the follow-up conference? (**inclusion)** Please explain.
17. Does the caucusing usually take place during the follow-up conference? *Probes:*
    a. How helpful is it? Why?
    b. Are you present or not?
    c. If yes, what is your role during the caucusing?
18. How open is ACS to the family's ideas, opinions, and suggestions? (**transparent planning and family leadership)** Please explain.
    a. To what degree, do you think, family's opinions are included in the case plan?
19. How open is ACS to <u>your</u> ideas, opinions, and suggestions? (**transparency)** Please explain.
    a. To what degree, do you think, <u>your</u> opinions are included in the case plan?
20. How do you conclude Initial Child Safety Conference?

Collaboration with CPS

21. What are your interactions with CPS workers like?
    a. What about your interactions with facilitators (CFS)?
22. Have there ever been any challenges working with CPS staff? Facilitators?
    a. If yes, what kind? Please give examples.
    b. How have these been resolved?
23. What makes the partnership between CPS and Parent Advocates successful?
24. What changes would you like to see in your relationship with CPS workers?
        a. What about your relationship with facilitators (CFS)?
25. Do you regularly have debriefings with CPS? *Probes:*
        a. If not, why not?
        b. If yes, how often are the debriefings?
        c. Who is present at these debriefings?
        d. Are they helpful? In what ways?
        e. What do you want to get out of these debriefings?
26. What improvements would you like to see to the EFCI model?
27. Is there anything else you would like to share that we haven't discussed?