Assessing the Evaluability of the Casey Family Services

Parent-Child Foster Care Program

Final Report and Recommendations

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Executive Summary

Casey Family Services (CFS) engaged the University of Maryland School of Social Work to assess the evaluability of the CFS Parent-Child Foster Care (PCFC) program. The University of Maryland School of Social Work research team reviewed existing program documents and conducted structured interviews with CFS management, direct service staff, foster parents, and foster youth. Using data from these sources and drawing on literature describing the state of the science in providing services to adolescents in foster care and parenting adolescents, a program model description and program logic model were developed.

The PCFC program cares for young mothers (ages 12-21) who are in the custody of Baltimore City Department of Social Services and their children who are not under the custody of the Department of Social Services (non-committed children). The PCFC program model has four major components: (1) the relationship context; (2) family strengthening and permanency planning services; (3) the neighborhood context; and (4) outcomes. Services offered to the adolescent mothers are provided in both center and in home settings and are determined through strengths-based needs assessments using standardized instruments. In addition to services offered in response to participants current strengths and needs, the relational and neighborhood context are also stressed. These practices include a focus on strengthening the foster parent-child relationship and the mother-child bond as well as maintaining or developing social and community ties in the adolescent’s community.

The PCFC program logic model describes the population served, inputs (resources), activities, program outputs, short-term outcomes, and long-term outcomes. Expected long-term outcomes of the PCFC program include (a) the achievement of permanency for the young mother and her child; (b) strengthened relationships; and (c) improved life skills and preparation for adulthood. Our review of the Casey Family Services Computer Information System in place during 2010 suggests that the system appears to have adequate information to assess many of the short- and long-term PCFC program outcomes and that this would be an asset to evaluation.

Although findings reveal an emphasis on individually tailored case planning--a strength of the PCFC approach--the current program and logic models do not suggest an underlying theory of change that informed the development of the PCFC approach and that would explain the link between program services and expected short- and long-term outcomes. Additionally, program and logic models do not suggest the existence of clear and measureable fidelity criteria in place for PCFC.

In conclusion, the PCFC program addresses an important challenge in child welfare practice and exhibits a number of strengths that merit empirical exploration. However, the PCFC program is not yet ready to be evaluated because it lacks essential components, most notably a clear theory of change, established fidelity criteria, and a practice manual that is specific to the program.
The University of Maryland School of Social Work research team and the PCFC Research Advisory Group developed the following set of recommendations to facilitate the movement of the PCFC program toward becoming an evidence-based practice:

- **Refine the Program and Logic Models.** Future research and technical assistance should include identifying the PCFC program’s theory of change. Other activities should include describing the extent to which the young mothers move, over time, toward more self-direction in identifying and accessing the services they need; aftercare planning for young mothers to achieve permanency early in the program; determining whether permanency is a primary or secondary goal; and enhancing understanding of foster youth engagement and the role and process of permanency teaming.

- **Establish fidelity criteria for implementation of PCFC.** Future research and technical assistance should include determining fidelity criteria that can be varied and observed.

- **Produce indicators of positive program outcomes.** Future research should include the identification of indicators of positive program outcomes. The University of Maryland School of Social Work research team will develop specific suggestions for data elements that should be used to examine short-term and long-term outcomes.

- **Add reproductive health education.** Future research and technical assistance should involve the identification of evidence-based practices to embed within PCFC. This is in line with Annie E. Casey Foundation’s aim to be the exemplar of evidence-based practices.

- **Clarify foster parent recruitment and retention issues.** Future research and technical assistance should examine the strengths and areas in need of improvement for PCFC foster parent recruitment and retention. Some foster parent recruitment and retention policies and activities are determined by the State of Maryland, while others are determined by PCFC. Aspects of recruitment and retention, including support and training, should be emphasized in any manualization with potential for replication.
1.0 Introduction

Casey Family Services (CFS) contracted with the University of Maryland School of Social Work to assess the implementation and evaluability of the Parent-Child Foster Care (PCFC) Program, a treatment foster care program in Baltimore. The PCFC places young mothers (ages 12-21 years) and their non-committed child(ren) into certified foster homes in partnership with the Baltimore City Department of Social Services. The goal of the program is to achieve family permanency for the young mothers while supporting them in the development of the resources and social supports needed to become nurturing parents and to make successful transitions to adulthood.

The purpose of the study was to examine the readiness of PCFC for a formal outcome evaluation, which could potentially lead to program expansion and/or replication. To accomplish this, the University of Maryland School of Social Work:

- Studied the program history, design, and operation
- Reviewed the data elements of the Casey Family Service’s Case Information System for completeness and comprehensiveness (see Appendix A)
- Conducted semi-structured interviews with CFS staff \( n = 12 \), foster parents \( n = 6 \), and foster youth \( n = 11 \)
- Coded the interviews and analyzed the data using NVivo 9.0
- Developed a narrative program model and logic model
- Conferrered with a panel of research advisors (see Appendix B for list of advisors) to assess the likelihood that a program evaluation would be feasible

The following pages describe the study findings. The study timeframe was October 2009 – June 30, 2011. The PCFC program model and the logic framework that guides the program are presented first. Following that, we discuss study limitations and present several recommendations for moving the program toward evidence-based practice and positioning it for an outcome evaluation. At the end of the report, Appendices C, D, and E contain the CFS staff, foster parent, and foster youth interview guides. Appendices F and G contain excerpts of representative data from the interviews with the young mothers.

2.0 Background and Significance

Adolescent girls in foster care have higher rates of sexual activity and are at greater risk for pregnancy and birth than girls in the general population (National Campaign to Prevent Teen Pregnancy, 2006). By age 19, nearly half of girls in foster care have been pregnant and estimates are that one third to one half of those who have been pregnant once will experience a second pregnancy (Dworsky & DeCoursey, 2009; National Campaign to Prevent Teen Pregnancy, 2006). Teen childbearing is associated with lower educational achievement, an increased risk of poverty, and long-term welfare dependence for the mother and poorer outcomes for her child (Furstenberg, 2007; Hoffman and Maynard, 2008). A host
of social programs have been developed to prevent rapid repeat birth and to provide a safety net for young mothers, but the special needs of young mothers who are in publically provided out-of-home care present a unique and complex set of challenges (American Academy of Pediatrics, 2001).

First, as with all adolescent mothers, those in foster care lack many of the personal resources they need to be effective parents, with the additional disadvantage of not having direct, day-to-day access to supportive kin who can model and encourage appropriate parenting behavior. As a result, adolescent girls in foster care are at risk of emotional distress and often unprepared to parent (Budd, Holdsworth, & HoganBruen, 2006; Bunting & McAuley, 2004; East, Matthews, & Felice, 1994; Holub et al. 2007; Meyers & Battistoni, 2003). Second, as young people themselves, adolescent mothers in foster care have not yet completed their own physical and psychological development, and many exhibit the behavior problems and risk-taking common among their peers (East et al., 1994; Sieger & Renk, 2007). Third is the challenge of motivating these adolescents to prevent or delay repeat pregnancies (Becker & Barth, 2000; Klerman, 2004; Love, McIntosh, Rosst, & Tertzakian, 2005) and being prepared to respond to that motivation with an accessible array of appropriate family planning methods. Though some adolescents in foster care have greater access to reproductive health care and family planning services than their peers do, they have higher rates of sexual activity and pregnancy (National Campaign to Prevent Teen Pregnancy, 2006; Pecora et al., 2003).

Teenage girls in the poorest communities often feel strong motivation to become mothers at an early age; many of them believe that it signals that they are adults, it earns them some respect in their neighborhoods, and it provides a sense of direction and a source of unconditional love in an otherwise chaotic environment (Edin & Kefalas, 2005; Love et al., 2005). Finally there is the challenge of equipping foster care parents and child welfare workers with the training, resources, and support they need to foster these young parents and their child(ren). Although we have a growing understanding of specialized foster parenting of youth from ages 3 to 18 (e.g., Fisher, Burraston, & Pears, 2005; Price et al., 2008), this rarely addresses issues related to reproductive health or parenting. Further, we have little information about foster parenting of very young children (cf., Dozier, Albus, Fisher, & Sepulveda, 2002; Dozier, Peloso, Lewis, Laurenceau, & Levine, 2008).

3.0 Program Model Description

We present here a narrative description of the PCFC program model and a logic model that illustrates program inputs, activities, outputs, and short and long term goals. The program model is based on a review of PCFC program documents, interviews with PCFC staff, foster parents, and young mothers in foster care, and the current literature on pregnant and parenting youth under child welfare services supervision. The program documents reviewed include the CFS case practice manual, the permanence framework, and several brief documents that describe the PCFC program.

The PCFC program can be understood through a social-ecological framework in which child development takes place within a nested system of family and community and society (Bronfenbrenner, 1979). A stated principle of the PCFC model is that relationships are a key to the future success of youth, providing an important context in which young people can prepare for adulthood and become successful parents. Figure 1 illustrates four major components of the PCFC model that make up the social ecology of
the intervention: (1) the relationship context; (2) family strengthening and permanency planning services; (3) the neighborhood context; and (4) outcomes.

Figure 1. An Ecological Map of the Parent-Child Foster Care Program

Program Goal: The goal of the program is to achieve family permanency for the young mothers while supporting them in the development of the resources and social supports needed to become a nurturing parent and to make a successful transition to adulthood. **Program Assumption:** Strong relationships and a safe home environment are a necessary context for the healthy development of life and parenting skills.
3.1 The Components of PCFC

3.1.1. Relationship context

At the core of the PCFC program is the foster home in which the young mothers and their children live and the network of supportive relationships that surround them. These relationships include those with the young mother’s birth family, foster parents, social worker, family support specialist, and permanency team members, all of whom play a role in helping the young mother to prepare for adulthood. The development of a healthy, supportive, and strong relationship context is a crucial component of PCFC because it serves as the foundation for safety, permanence, and well-being.

The relationships that the young mother forms with her foster parents and her CFS social worker and family support specialist are intended to ensure her immediate safety and well-being. The foster parents provide the young mother with a stable and safe home, set expectations and boundaries for acceptable behavior, and model and encourage appropriate parenting behavior. The majority of young mothers, ten out of eleven, report a positive relationship with their foster parents. However, the most commonly perceived main weakness of the PCFC approach was barriers to developing strong relationships with the foster parents in the program. One young mother said, “It’s something that can be worked on, the quality bonds that are shared between the foster parent and the foster child . . . . Most foster parents are older and they think that they’ve been through more and this is just from my perspective, I think they should sit down and listen.”

The CFS social worker and family support specialist assess the young mother’s needs and facilitate her access to services and resources, as described below. The support of the CFS team for the young mothers was the primary strength of the PCFC program that the young mothers identified in interviews. The longer-term relationships that the young mothers have with her birth family and members of her permanency team are believed to be important to the young mother’s future stability and well-being. In PCFC, the young mother is a leader in the process of achieving permanency in that she is encouraged to take the initiative to identify people she wants on her permanency team and to develop those relationships, with the support of CFS staff and her foster parents. These ties are developed so the young mother can achieve legal permanence via reunification or adoption and—whether or not legal permanency is achieved—to secure lifelong, committed connections.

3.1.2 Family strengthening and permanency planning services

Young mothers in PCFC have access to an array of resources and services that include a cost-of-living allowance; transportation (bus) vouchers; child care; permanency teaming; clinical case management; educational programming including General Educational Development (GED), pre-GED, and English as a Second Language; parenting classes; counseling and anger management groups; work skills training; and advocacy. Some of the services—including child care, counseling and group work, education and job-readiness courses—are provided at the Casey Family Services facility located in East Baltimore, whereas other, community-based services are coordinated through case management. The services are delivered to young mothers by CFS program staff under the two broad categories of family strengthening services and permanency planning services. Family strengthening services are intended to strengthen and support the young mothers’ legal families and to facilitate their social and economic stability in preparation for family reunification. Permanency planning services are built on a permanency teaming
approach to reunify young mothers with their birth families safely where possible, or to instead identify and build relationships with other adults who can become legal parents through adoption or guardianship. Although the majority of the young mothers report a negative relationship with a member of their biological family—typically their parent(s)—the young mothers also indicate maintaining a positive relationship with yet another member of their family. Additionally, in interviews with the young mothers, the majority say that CFS staff encourages maintaining a relationship with their biological family.

Two key CFS staff members are assigned to each young mother in the program, a licensed social worker and a family support specialist (who may have a degree in social work, though this is not a requirement). In addition, each young mother has a Baltimore City Department of Social Services (DSS)-assigned child welfare worker, who is the young mother’s referring licensed social worker. The CFS social worker and family support specialist meet with the young mothers weekly to facilitate and coordinate services. The DSS child welfare worker partners with the CFS social worker, particularly in the area of permanency planning.

The specific constellation of services that a young mother in the program receives is determined through a strengths-based assessment process that features use of the Child and Adolescent Needs and Strengths (Lyons, Griffin, Fazio, & Lyons, 1999) tool to identify her needs and strengths and to support decision making and service planning. As part of the assessment process, young mothers also complete the Ansell Casey Life Skills Assessment, so the young mother’s proficiency in various life skills domains can be evaluated, and the Adult-Adolescent Parenting Inventory (Bavolek, 1984) which assesses parenting and child-rearing attitudes and provides an index of risk for parenting behaviors that are known to be associated with child maltreatment. The CFS social worker scores these instruments and uses the results along with other sources of information (e.g., interviews with the youth and with the foster parent) to inform development of a service plan for the young mother, in cooperation with members of the young mother’s permanency team. CFS’s focus on parenting is in line with the perceived needs of the young mothers. A number of the young mothers report child discipline as an area in which they need assistance, as it is a difficulty for them. The struggle with discipline may be related to the tendency for the young mothers to have relationships with their child(ren) which may more closely resemble those of siblings or friends than of mother-to-child. Four of the young mothers suggested such a type of relationship as one young mother stated “Our relationship is kind of like a friendship, like a brothers-sisters type of relationship, because I had him so young.”

Although CFS has no formally articulated approach regarding reproductive health education for the young mothers, CSF staff, foster parents, and the young mothers indicated that CFS works to promote better reproductive health among the young mothers. In particular, repeat pregnancy and prevention of sexuality transmitted infections are areas of concern for the young mothers. Of the eleven young mothers interviewed, three reported no current use of contraception and one reported a lapse in her contraception use. In terms of the messages regarding pregnancy prevention that the young mothers receive from CFS, there appears to be a lack of consistency. Several foster youth report never having talked to CFS staff about pregnancy prevention while other foster youth report conversations with CFS staff. Likewise, foster parents are giving the young mothers mixed messages regarding reproductive health. Five foster youth report never speaking with their foster parents about reproductive health or believing that they received inaccurate information from the foster parents.
3.1.3 The neighborhood context

The PCFC program serves young mothers within the context of Baltimore City, a city with uneven middle and high school educational programs, high unemployment among youth, much violent crime, and high rates of child and family poverty. Preparing parenting youth for adulthood in this context is challenging, but the PCFC model has two particular strengths in this regard. First, the location of CFS in East Baltimore helps to maintain young mothers’ ties to the neighborhoods in which many were raised and to the residents, even though the young mothers have been moved into foster care. These social ties can be important parts of the relationship context that supports the young mothers’ development. Second, the education, job-readiness, and life skills services available to the young mothers in the PCFC program can increase protective factors and prepare the young mothers to parent effectively and safely and to live independent and productive lives, even if they remain in a far less than optimal neighborhood context.

3.1.4 Outcomes

Over the long term, this combination of center-based services and case management services delivered within the context of multiple supportive social ties is expected to yield (a) strengthened relationships and the achievement of permanency for the young mother and her child, (b) improved parenting skills, and (c) improved life skills and preparation for adulthood. Along the way, several intermediate outcomes are expected. First and foremost, the young mother and her child are placed in a safe foster home environment and are able to remain together as a family unit. The young mother’s strengths and needs are assessed and her access to and use of needed case management and center-based services is expected to increase. Other short-term outcomes for the young mother include increased economic security, improved parenting skills, improved life skills, the identification of a social support network, and improved educational attendance, attainment, and performance. Interviews with the young mothers indicate that educational improvement was the primary way in which PCFC had improved their life. (Avoiding a subsequent pregnancy or sexually transmitted infection is not explicitly indicated as a PCFC program goal, although informal discussions with program staff suggest that this is important.)

3.2 Logic Model

The PCFC Program Logic Model (see Table 1) describes the program in an outcomes-based framework. Using a logic model can be helpful in defining a program’s resources, activities (available to participants), outputs (services provided), and short- and long-term outcomes. The logic model provides a snapshot of program services related to specific identified outcomes or goals for the participants.

Reading the logic model from left to right, the target population for PCFC comprises young mothers (ages 12-21) and their children who are in custody of Baltimore City’s Department of Social Services. The PCFC program places young mothers in certified foster homes and provides additional support and services in these homes and through CFS center-based services.
Inputs describe the resources that a program system uses to accomplish its purpose and goals. PCFC has many resources (inputs) at its disposal including the larger parent agency of Casey Family Services, the Annie E. Casey Foundation, Baltimore City Department of Social Services, the University of Maryland School of Social Work, foster parents, and other local service providers. All of these resources contribute to the success of the program and can provide services, research, and funding for the program. Activities describe what the program “does” on a daily basis. PCFC includes case-management services provided by licensed social work and para-professional staff, including assessment, in-home support, clinical services, permanency team facilitation, the Nurturing Parenting curriculum, crisis intervention, and cost-of-living allowances. In addition to individual case-management services, PCFC participants also have access to CFS’s center-based services. The extensive array of center-based services are accessed based on the young mother’s identified or developmental needs and include therapy, educational and job-readiness programs, life skills training, anger management, and child care for the participants’ children.

Outputs describe what is “produced” by the program and are directly related to the activities of the program. In this logic model, we identify several measurable outputs related to case-management and center-based services. Outputs are generally measured as counts of completed services or as percentages of a total amount. Outputs should be measurable indicators of a program’s direct service provision. The PCFC logic model outputs include (but are not limited to) the number of comprehensive assessments completed, Nurturing Parenting lessons completed, permanency team meetings held, cost-of-living allowances disbursed, psychological evaluations completed, referrals for mental health services, educational or job-readiness programs delivered, children receiving daycare, and high school graduation/GED attained.

Short-term outcomes describe what the program would expect participants to achieve after participating in the program. For PCFC, short-term outcomes include a safe home environment for young mothers and their children, identification of strengths and needs with matched appropriate services, increased economic security, nurturing parenting skills, improved life skills, and an identified social support network.

Long-term outcomes describe what program participants should experience perhaps two or more years after exiting the program. For PCFC, long-term outcomes are permanency, strengthened relationships, and preparation for adulthood.
Table 1. Logic Model of the Parent-Child Foster Care Program

**Program Goal:** This program places young mothers and their children into licensed foster homes in partnership with the Baltimore City Department of Social Services. The goal of the program is to support and provide services to the young mothers to help them access the resources and social supports needed to become nurturing parents, to achieve family permanency, and to make a successful transition to adulthood.

<table>
<thead>
<tr>
<th>Target Population</th>
<th>Inputs (Resources)</th>
<th>Activities</th>
<th>Outputs</th>
<th>Short-term outcomes</th>
<th>Long-term outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young mothers (ages 12-21) who are in the custody of Baltimore City Department of Social Services and their children</td>
<td>Casey Family Services</td>
<td><em>Case Management Services</em></td>
<td>Number of comprehensive assessments completed</td>
<td>Young mother and child are placed in a safe foster home environment</td>
<td>Permanency</td>
</tr>
</tbody>
</table>
| | Annie E. Casey Foundation | • Assessment  
• In-home support  
• Clinical services  
• Permanency team facilitation  
• Cash stipend  
• Nurturing Parenting curriculum  
• Child care funding, monitoring, and support  
• Education advocacy, monitoring, and support  
• Life skills training  
• Crisis intervention | Number of Nurturing Parenting lessons presented | Young mothers and child are able to remain together as a family unit | Strengthened relationships |
| | Baltimore City Department of Social Services | | Number of monthly stipends disbursed | Young mother’s strengths and needs have been assessed and deficiencies identified | Increased preparedness for adulthood |
| | University of Maryland School of Social Work | *Center-Based Services* | Number of psychological evaluations completed | Young mother has increased access to and use of needed case management and center-based services | |
| | Foster parents | • Therapy  
• Educational programs  
• Job-readiness programs  
• Life skills training  
• Anger management group  
• Child care | Number of referrals for mental health services | Young mother has increased economic security | |
| | | | Number of educational programs delivered | Young mother has improved nurturing parenting skills | |
| | | | Number of children receiving day care services | Young mother has improved life skills | |
| | | | Percent of participants who graduate high school or obtain GED | Young mother has identified a social support network | |
| | | | | Young mother has improved educational attendance, attainment, and performance | |
4.0 Study Limitations

The CFS affiliated members of the Research Advisory Group (RAG) reviewed the final compilation of the Evaluability Assessment findings. These RAG members noted that the CFS permanency team plays a key role and PCFC emphasizes youth engagement/youth driven service delivery. However, the program model does not accentuate these elements. The discrepancy between the RAG’s expectations for the program description and program description as detailed here can be attributed two main factors: the timeframe of the document review and the interview questions.

University of Maryland School of Social Work researchers completed the document review early in the study timeline. The document review informed the development of the program model as well as the research interview questions for staff, foster parents, and foster youth. The CFS affiliated members of the RAG noted that at the time of the document review there was less of a formal focus on the development and implementation of the CFS Lifelong Family Connections model which emphasizes the permanency team. Additionally this model is a work in progress and the language used to describe the model, and the ways that staff, foster parents and youth have understood its elements, changed over time. It is possible that during interviews, staff, foster parents or foster youth did not discuss youth engagement, youth driven practice or the permanency team as currently implemented by CFS.

The interview questions used for CFS staff, foster parents and the young mothers included broad questions about program services and activities. The advantage of this approach is that it permitted participants to discuss a wide range of program components including permanency teaming. Yet, the probes were broad and not specific to the permanency teaming process or youth engagement. Because of this, the interview questions may not have elicited descriptors of some programmatic components within the PCFC program including the full extent of youth engagement and permanency teaming. Appendices C, D, and E list the interview questions for CFS staff, foster parents and the young mothers.

5.0 Moving Toward Evidence-Based Practice

As CFS continues to work with pregnant and parenting youth, there are some specific steps that could be taken to move the program in the direction of evidence-based practice. The following set of recommendations emerged from discussions among the PCFC RAG members, which convened to review the first phase of the Evaluability Assessment findings (September 2010) and to consider how PCFC can be guided toward evaluability. In addition, following completion of the young foster mother interviews in May 2011, the CFS affiliated members of the RAG provided additional recommendations for the final Evaluability Assessment report.

Researchers and practitioners interested in evidence-based best practices and looking to PCFC as a rare and important example of treatment foster care for young mothers and their child(ren) will want to know if the program is effective before they attempt to replicate it. To establish evidence of the effectiveness of PCFC, we recommend the following.
5.1 Refine the Program Model and Logic Model

Theory of Change. A recommended first step in refining the PCFC program model is to identify the theory of change. Underlying any effective, replicable intervention is an explicit understanding of the individual or environmental factors that create or worsen the social problem that the program is designed to address. A theory of change proposes an explanation for why a certain social problem exists and suggests malleable points of intervention where protective factors may be enhanced and risk factors may be minimized. The current program and logic models do not suggest that there is an underlying theory of change that informed the development of the PCFC approach and would explain the link between program services and expected short- and long-term outcomes, and so this is one area in which the PCFC program could be further developed.

Identifying a theory of change for PCFC entails mapping the causal chain that should move the young mothers in the program (and their families) toward the intended program outcomes. Because the program actually intends multiple intermediate and long term outcomes, it may be that more than one theory of change would help to explain them. The process of identifying the theory of change that drives PCFC will involve a review of the literature and could help answer the question of why the PCFC program is believed to work.

Program Model. Per the RAG’s feedback, the program model should be revised to ensure all elements of youth engagement, youth driven practice and permanency teaming are included within the model. Together with a select group CFS staff (the PCFC implementation team), University of Maryland School of Social Work researchers will examine all elements of the program model to validate its accuracy. Part of this technical assistance process will specially address those concerns raised by the RAG surrounding the areas of permanency teaming and youth engagement. The program model will be augmented and expanded upon as recommended by the implementation team through a series of meetings facilitated by University of Maryland School of Social Work researchers.

Logic Model. As the program model is refined, the logic model can be improved to more accurately reflect the program. A recommended first step is to consider and clarify the goal of the PCFC program, which is worded differently across program documents. Interviews with program staff, foster parents, and young mothers reveal that services to help the young mothers become nurturing parents and to make the successful transition to adulthood are foremost on the minds of program staff and foster parents, yet the achievement of permanency is the main objective of the CFS approach to foster care. Technical assistance can help to clarify the importance of permanency relative to the other services that the program provides so that a program goal statement can be developed.

5.2 Establish Fidelity Criteria

Fidelity is the degree to which the PCFC program is implemented as specified in the program model. Once the program model is refined and the theory of change is identified, fidelity to the model is what links implementation to the expected program outcomes. The particular combination of services offered to young women in the PCFC program varies, depending on the needs of the young mothers. This is a strength of the program but it also presents a challenge to ensuring fidelity should others seek to replicate the program.
Future research and technical assistance should help to build processes to ensure program fidelity. First, the PCFC program should be manualized, which is a process of describing, in detail, how the program should be implemented by program staff and, perhaps, by foster parents. Second, fidelity measures and program checklists should be developed that serve as indicators of whether staff are implementing crucial components of the program as intended by the program model. Third, staff should be re-trained in the final PCFC model and supervision and monitoring processes should be put into place to ensure ongoing fidelity.

5.3 Produce Indicators of Positive Program Outcomes

The PCFC program services are intended to achieve specific short-term outcomes, specifically: young mother and child are placed in a safe foster home environment; young mother and child are able to remain together as a family unit; young mother’s strengths and needs have been assessed and deficiencies identified; young mothers have increased access to and use of needed case management and center-based services; young mothers have greater economic security; young mothers have improved nurturing parenting skills; young mothers have improved life skills; young mothers have high attendance and performance at school; and young mothers have identified a social support network. These short-term outcomes are expected to lead to the longer-term outcomes of permanency, strengthened relationships, and increased preparedness for adulthood.

Our review of the CFS Case Information System (project deliverable #2) suggests that the system appears to have adequate information to assess many of the short- and long-term PCFC program outcomes and that this would be an asset to evaluation. Other data elements to assess short- and long-term outcomes should be determined. Since the Case Information System review, CFS Baltimore Division has implemented a new Case Information System (Casebook). Additional data collection (e.g., Maryland’s Statewide Automated Child Welfare Information Systems) may be necessary to confirm the way that Case Book supports the evaluation and all data collection sources should be mapped to a refined logic model.

5.4 Add Reproductive Health Education

The prevention or delay of subsequent pregnancy and the prevention of sexually transmitted infection are not explicitly indicated as a PCFC program goal, but discussions with program staff, foster parents, and youth suggest that these are important. In order to ensure consistent and current information regarding reproductive health, future research and technical assistance should involve the identification of evidence-based practices to prevent pregnancy and promote reproductive health that can be incorporated into the PCFC program. Adding a proven curriculum or other evidence-based approach to the array of services offered to young women in PCFC may help motivate them to avoid or delay repeat pregnancy and protect their health and enable them to access the medical care and contraceptive technology needed to do so. Finally, foster parents should be trained on the curriculum and its key messages in order to support CFS in their efforts to promote reproductive health among the young mothers.
5.5 Clarify Foster Parent Recruitment and Retention Issues

Future research and technical assistance should examine the strengths and areas in need of improvement for PCFC foster parent recruitment and retention. Some foster parent recruitment and retention policies and activities are determined by the State of Maryland, while others are determined by PCFC. Aspects of recruitment and retention, including support and training, should be emphasized in any manualization with potential for replication.

6.0 Summary and Conclusions

The purpose of this study was to determine the readiness of the PCFC Program for evaluation. The research efforts included a review of program documents; interviews with program staff, foster parents, and youth; the creation of a narrative program model and a logic model; and an evaluation of the utility of the program’s Case Information System as a source of data on program outcomes. The study concluded with a meeting of the PCFC Research Advisory Group, which reviewed the findings and approved the recommendations presented here.

The PCFC program has both center-based and case management services that address many of the challenges faced by young mothers in foster care. The program services are intended to achieve specific short-term outcomes: to create a safe home environment for adolescents and their children, to identify strengths and needs with matched appropriate services, to increase economic security, to develop nurturing parenting skills, to improve life skills, and to identify a social support network. These short-term outcomes are expected to lead to the main program outcome of permanency, as well as to strengthened relationships and increased preparedness for adulthood.

It is the conclusion of the research team and the Research Advisory Group that, even though an outcome evaluation of PCFC is not feasible at this time, the program is well positioned to move toward evaluability over the next three years through continued research and technical assistance. Several recommendations are proposed to accomplish this.

- Refine the Program and Logic Models, including identifying the program’s theory of change and creating a program goal statement.
- Manualize the program and establish fidelity criteria for implementation.
- Produce indicators of positive program outcomes.
- Add reproductive health education to encourage and enable program participants to prevent or delay repeat pregnancies.
- Examine the strengths and areas in need of improvement for PCFC foster parent recruitment and retention.

PCFC is a rare and important example of treatment foster care for pregnant and parenting mothers, and it has the potential to be a national model for this type of intervention. Researchers and
practitioners who are interested in such programs will be eager for evidence of its effectiveness. A concentrated effort of research and technical assistance over the next three years could move the program toward evidence-based practice, preparing it for a rigorous outcome evaluation and contributing to what is known about how to ensure safety, permanency, and well-being for pregnant and parenting foster youth.
References


Appendix A: Examination of the Case Information System for the Parent Child Foster Care program

Casey Family Service’s Case Information System (CIS) was designed to standardize the measurement and deliver of foster care services using Casey’s clinical model and principles. The CIS system is designed to allow staff to perform all aspects of the provision of services in a consistent and measurable manner. CIS is a comprehensive case management system consisting of components related to agency referrals, client information, functioning and assessments, foster family information and assessments, placement information, service delivery, case goals and domains, case closure reasons, and post-placement contact information.

Outcomes

The broad outcome categories that are traditionally used in child welfare are in the areas of Safety, Permanency and Well-Being. These categories are used by the federal government through the Child and Family Service Reviews to examine state child welfare services annually. The Parent-Child Foster Care (PCFC) program’s size and focus on such a specialized population (youth in foster care who have children) make it unlikely that there will be enough information to mimic the federal outcomes in any meaningful manner. However, the broad outcomes suggested for the PCFC consist of strengthened family relationships, the achievement of permanency, improved educational and economic success, and increased preparation for adulthood.

Referral and Intake

Extensive demographics are captured on the youth at referral into the PCFC program including, but not limited to, information that would be needed to potentially match cases across systems such as: name; date of birth; gender; and race/ethnicity (Current Demographics.Child and Current Demographics.Child(cont)). Additionally, the youth’s social security number and Medicaid number are also collected and maintained in the CIS system (Current Demographics.Child(cont)).

As part of the demographic information collected during the referral and intake process the source of the referral is to be documented including the child welfare worker and supervisor names and contact information and the youth’s state (MD CHESSIE) identification number and the permanency plan for the youth (Current Demographics.Source).

The decision to accept the referral or placement is maintained along with information related to the program, worker, specialist, and student interns (if applicable) who are assigned to the case (Current Demographics.Decision). Information is maintained related to the date of the referral placement and the type of placement for the youth (Current Demographics.Init/Ref Plcmt). This tab also contains historical information related to the initial out of home placement for the youth and a text field designed to capture
information related to the reason for initial placement.

The documentation of demographic and historical information on the focal youth is adequate for any outcomes analysis. The collection of the state identification number and other demographic information allows for the linkage of the CIS data to the state child welfare data system (MD CHESSIE) for any additional information that might be necessary for an analysis of child welfare contacts (any additional referrals – prior child welfare experience before the current removal episode).

**History**

Information is captured regarding previous out-of-home placements (Current Demographics.Prev Plcmt). This placement history is designed to include all placements from the first legal out-of-home placement up to and including the current placement. Information includes placement type, placement location, and start and end dates for the placement.

Health, educational, and psychiatric information for the youth is also captured for all youth. The health information lists known medical conditions, immunizations, and the date of the last medical or dental examination (Current Demographics.medical). The educational information consists of initial special education approval and special education category (as appropriate), date of current IEP (as appropriate), school information, and current grades (Current Demographics.school). Psychiatric information consists of whether a psychiatric exam has been performed, if so when, and the resulting diagnosis code (Current Demographics.medical). Additionally, information on the medication the child is receiving is listed in the health tab (Current Demographics.medical).

Family information is also collected including information related to legal parents related to demographics, relationship characteristics, contact information, contact with youth, and health information (Current Demographics.Mother/Parent1, Current Demographics.Father/Parent 2). Information on siblings is also captured with demographics, placement, and contact history collected for all siblings (Current Demographics.Siblings). Additionally, there are tabs for other family members (Current Demographics.Family) and significant others (Current Demographics.Others).

It is unclear what level of demographic information is available for the focal youth’s children or for those children’s biological father. I assume that information on the youth’s children would be captured on the Family tab and that the biological father’s information might be collected either through the Family or Other tabs. This information would be of benefit in assessing any external factors in program success – such as father involvement, whether the family is trans-racial, whether the focal youth has had other children and whether these children are in the focal youths’ custody.

**Services**

The CIS system documents numerous assessments and the names of the members of the clinical team assigned to the case. Case contact dates, the type of contact, and narrative descriptions are maintained
for all staff contacts. Service plans are documented and maintained in the CIS system, these plans are delineated through the use of dates and are documented through narrative descriptions. Service domains are collected with values of Safety, Permanency, Physical and Mental Health, Family and Interpersonal Functioning, Educational and Life Skills, and Housing, Finances and Employment. These domain identifications are followed by narrative fields.

According to the documentation provided by the PCFC program the CIS system collects service information related to in-home support, clinical services, crisis intervention, parenting support and development, and respite care.

The ability to identify and count the services that were assigned and the ability to see if these services were completed effectively will assist in understanding how the functioning of a youth is improving over time. The extensive use of narrative fields could make the use of this information challenging over time for a broader examination of how these services fit into the overall success for youth in the PCFC program. The identification of barriers related to the completion of services could be informative.

**Discharge**

Information related to the reason for discharge, and the date the placement ended. There are two identified possibilities for listing why a placement change occurs (1 and 2 below) that could lead to a discharge (or placement change) and a drop down for specialized foster care closing reason (3 below). The documentation suggests that the first list (1) relates to placement history, the second (2) to current placements and the third (3) to case closure.

Discharge reasons and post-closure information will be important benchmarks for any outcome analysis. Clarification around why and how a child left care is important. Children could age out of the child welfare system, and which would also be possible for this program. The Other category for case closure could be informative in this area. According to the documentation there is an aftercare plan that is completed for youth leaving the program. The content of this after care plan will be useful information for any follow-up contacts with discharged youth to assess how well they are handling life after foster care.
Conclusion

This is a preliminary examination and recommendations will be finalized following the development of the final program model, logic model, and discussions with the Research Advisory Group. Based on this review there appears to be adequate information in the Casey CIS system to answer some of the broad outcomes suggested for the PCFC.

- Strengthened family relationships can be measured to some degree through contacts with family members (parents, siblings, or significant others), the strength of relationship between the youth and their baby is more complicated and would rely more on narrative entries rather than visits or scaled assessment of parental skill.

- The achievement of permanency can be examined through the type of placements for youth after exiting the program (as identified through the after care plan), if the youth exits the PCFC program, but not foster care it is possible to examine the youth’s trajectory through foster care using the linking variables in the CIS. Long term permanency post-case closure will be more problematic to assess and will not be easily done through administrative data, requiring continued contact with the youth and the use of survey or interview methods in the future.

- Improved educational and economic success can be examined using proxies for the successful completion of educational milestones and economic education service programs as part of life-skills trainings. The improved economic success faces some of the same challenges long-term as does the achievement of permanency; namely, it requires continued contact with the youth and the use of survey or interview methods in the future to determine economic success.

- Increased preparation for adulthood can be examined through the number of service training programs and educational opportunities the youth has successfully completed. Additionally, the ability for the youth to successfully care for their child can be examined over time (if the baby remains with the youth, etc.).

Additionally, it might be possible to use statistical techniques to match PCFC youth with similar youth in other programs to examine the overall effectiveness of the PCFC program.
Appendix B: Research Advisory Group

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Appendix C: Interview Guide – CFS Staff

I. Background Questions

1. Briefly describe for me your role within the PCFC program.

2. How long have you been in this role?

3. In your own words, what do you think is the purpose of the PCFC program?
   *Probe: What does it aim to accomplish?*

4. What do you think are some of the program’s main short-term goals? Long-term goals?
   *Probe: Goal- high-level, broad statement that articulates what a program would like to accomplish*

II. Program Services

1. What services and/or activities are offered to youth in the PCFC program? For foster parents?

2. How is it determined what services and/or activities each youth participant in the program will receive? Each foster parent participant?

3. Are there any mandatory program components? Can you describe the mandatory program component(s)? How is(are) the mandatory program component(s) implemented? *(Probe: Use a chronological method…first, youth are identified as eligible for the program through x, then etc.)*

4. With regard to the youth, what services and/or activities have you been involved with in the past year? (or since joining the PCFC program?)(Incorporate what is known about the staff person from question #1).
   - Just to review, you indicated that you have been involved in the following youth related services and/or activities:
     a. Which do you feel were the most instrumental in accomplishing the program’s goals? (Refer back to what they said were main goals and objectives). Please describe why you feel this way?
     b. Which do you feel were the least instrumental in accomplishing the program’s goals? Why?
     c. Which do you feel were the most liked by youth? Why?

5. With regard to the foster parents, what services and/or activities have you been involved with in the past year? (or since joining the PCFC program?)
   - Just to review, you indicated that you have been involved in the following foster parent related services and/or activities:
a. Which do you feel were the most instrumental in accomplishing the program’s goals? (Refer back to what they said were main goals and objectives). Please describe why you feel this way?
b. Which do you feel were the least instrumental in accomplishing the program’s goals? Why?
c. Which do you feel were the most liked by the foster parents? Why??

III. **Staff Training**

1. Is there a training program that you attended prior to beginning your role in the PCFC program?
2. Was it helpful? Why or why not?
3. Have you attended any other trainings related to your role in the PCFC program?
4. If so, what were they?

IV. **Data Management**

1. What information is routinely gathered related to program activities and services provided to youth? Foster parents?
2. How is this information recorded and stored?

V. **Program Overall**

1. Thinking about the program overall, not only the services you are directly involved with, what would you say are the program’s main strengths? What are the program’s main weaknesses?
2. What is being done to improve these weaknesses?
3. What were your thoughts about the PCFC program prior to your involvement in it? What are your thoughts about the program now?
4. If you could change one thing about the program, what would it be? Is there anything else that you would change about the program?
5. We have come to the conclusion of the interview, is there anything else about the PCFC program that you would like to share today?
Appendix D: Interview Guide – Foster Parents

I. Background Questions

1. How did you first hear about the Parent-Child Foster Care Program?

2. Can you walk me through the process of becoming a foster parent with this program?

3. How long have you been a foster parent with this program?

4. What would you say is the purpose of the program?

5. How would you describe your role as a foster parent with this program?

II. Foster Parent Perspective & Involvement

1. What services and/or activities is (child name) involved in through the Parent Child Foster Care Program?
   Probe: Nurturing Parent Program, educational classes, job readiness, anger management or other psychological services

2. Do you feel that they’re beneficial or helpful? In what way?

3. Would you say that any of the programs or services and/or activities are more beneficial or helpful than others?
   Probe: Why or why not?

4. What PCFC services or activities have you participated in to help you in your role?

5. Can you tell me a little bit about the services or activities in which you have participated?

6. How does the program support your role as a foster parent to (child name)?

7. How often are you in contact with a staff member from the Casey Staff?

8. Can you describe the type of communication? Frequency?

9. Who do you most often communicate with?

10. Do you feel that the support the Casey staff gives is adequate?
    Probe: Why or why not?

11. Describe what it is like to be a foster parent in this program?
12. Describe some of the challenges you have faced being a foster parent in this program?

13. What are some of the benefits of being a foster parent in this program?

14. What are your thoughts on the program as a whole? What do you think are its strengths? Where do you see a need for improvement?

15. How do you think the program could be improved?
Appendix E: Interview Guide – Foster Youth

I. Background Questions

1. How old are you?
2. How many children do you have?
3. Do they all live with you?
4. How long have you been with your current foster placement?
5. Can you describe for me your living situation?
6. How would you describe your relationship with your foster parent(s)?
7. How long have you been involved with the PCFC program?
8. In your own words, what do you think is the purpose of the program?

II. Education

1. Where are you in terms of your education right now?
   Probe: high school, GED program, etc?
2. How have your foster parent(s) and the program supported you in this area?

II. Motherhood

1. Please tell me a little bit about your thoughts on mothering.
2. What do you find most difficult about it?
3. Where do you feel as though you need the most assistance?
4. How do your foster parent(s) help?
5. How does the PCFC program help?
6. Can you describe for me your relationship with your child?
III. History with Biological Family

1. How would you describe your relationship with your biological family?

2. Are you in contact with them, and if so, how regularly?

3. How does the PCFC program support you in this area?

IV. Contraception

1. Regarding contraception, are you on any kind of birth control right now?

2. What are you doing to prevent another pregnancy?

3. Do you feel as though the PCFC program is supportive of that?

4. How so?

5. How are your foster parent(s) involved in this?

6. Can you describe for me the conversations that you have had with PCFC staff on the issue of sex, unprotected sex, STIs, etc.?

7. Can you describe for me the conversations that you have had with your foster parents on the issue of sex, unprotected sex, STIs, etc?

V. Perspectives & Involvement with PCFC Program

1. What services and/or activities have you been involved with in the past year (or since joining the PCFC program?)

2. Which do you like/enjoy the most, and why?

3. Which do you feel are the most important, and why?

4. What challenges do you face in this program?

5. Do you feel as if there are things standing between you and your goals?

6. If so, what are they?

7. What would you say are the program’s strengths?

8. What are its weaknesses?
9. What were your thoughts about the program prior to your involvement in it?

10. What are they now?

11. How would you say your life has changed or improved since becoming involved in it? Probe: Can you point to specific areas of your life that are now better because of what you’ve learned or done in the program?

12. Do you feel as if you have any needs that are not currently being met?

13. What, in your opinion, could be done to address them?

14. Who would need to do it?

15. If you could change one thing about the program, what would it be?

16. We have come to the end of the interview, is there anything else about the PCFC program that you would like to share today?
Appendix F: Young Mothers’ Interviews Highlights

• A majority of young mothers report a positive relationship with their foster parents.

• The main weakness of the PCFC program, the young mothers report, is the foster parents. Specifically, several young mothers cited issues surrounding management of payments received from CFS and their foster parent(s).

• A majority of young mothers report a negative relationship with a member of their biological family, most often a parent.

• Most of the young mothers say they have at least one positive relationship with a biological family member.

• The majority of young mothers perceive CFS staff as being supportive of maintaining ties to their biological family.

• Child discipline was cited as both an area in need of assistance and a difficulty for many young mothers.

• The main strength of the PCFC program, as identified by many young mothers, was the supportiveness of the program.

• Education improvement was the most reported way in which the PCFC program had changed the young mothers’ lives.

• The majority of young mothers reported using contraceptives for family planning. However, the consistency of use and barriers to use were not discussed.

• The program lacks consistency regarding family planning. Some of the young mothers report discussing family planning with foster parent(s) and/or CFS staff while others report never speaking to foster parent(s) and/or CFS staff about family planning.

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1 We recognize that there are several limitations to the interviews conducted with the young mothers. For example, information about parental status was not collected. So if young mothers report CFS staff does not encourage contact with the biological family, it could be that the family is out-of-state, incarcerated, or deceased. Additionally, UM SSW interviewers asked if foster parent(s) and CFS personnel discuss family planning and STI prevention with the young mothers. If the answer to this question was no, the interviewer did not further ask if this was the young mother’s choice or a possible omission on the part of the foster parent(s) or CFS staff not to invite youth into such a discussion.
## Appendix G: Young Mothers’ Interview Data

<table>
<thead>
<tr>
<th>Questions</th>
<th>Common Responses</th>
<th>Participant’s Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Biological Family Questions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How is your relationship with your biological family?</td>
<td>Negative (9)</td>
<td>My biological family is very rough right now because I’ve been in foster care since I was 12 and when I got taken away from my mom, it was a big gap in between me and my mom. I have a lot of frustration and anger with her.</td>
</tr>
<tr>
<td></td>
<td>Positive (7)</td>
<td></td>
</tr>
<tr>
<td>Which biological family members do you communicate with?</td>
<td>Parents (9)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Extended Family (9)</td>
<td></td>
</tr>
<tr>
<td>Does CFS encourage you to have a relationship with your biological family?</td>
<td>Yes (8)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No (2)</td>
<td></td>
</tr>
<tr>
<td><strong>Education Questions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do your foster parent(s) support your educational goals?</td>
<td>Yes (9)</td>
<td>My foster mom will help me with my daughter if I have to stay at school extra time. So, they’ve been helpful and supportive with school too.</td>
</tr>
<tr>
<td>Does CFS staff support your educational goals?</td>
<td>Yes (7)</td>
<td>They make sure I’m on the right path in school with my classes. If I need to take afterschool classes or anything, Casey’s helped me. If I need a tutor they help me.</td>
</tr>
<tr>
<td><strong>Contraception Questions</strong></td>
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<td></td>
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<tr>
<td>What contraception do you use?*</td>
<td>None (4)</td>
<td></td>
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<tr>
<td></td>
<td>Depo (4)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Condoms (2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mireana IUD (2)</td>
<td></td>
</tr>
<tr>
<td>Do you discuss contraception with your foster parents?</td>
<td>No/Wrong Info (6)</td>
<td>She thinks that you get infections by being swingers, as she says it. And doing it (having sex) to a whole bunch of people or being homosexual or just doing it in general. So you just shouldn’t do it.</td>
</tr>
<tr>
<td></td>
<td>Yes (5)</td>
<td></td>
</tr>
<tr>
<td>Do your foster parents support your use of contraceptives?</td>
<td>Yes (6)</td>
<td>Yeah, she ask me questions like when are you gonna go for a physical, what’s going on and stuff? I tell them everything. I don’t keep anything from them.</td>
</tr>
<tr>
<td></td>
<td>No (5)</td>
<td></td>
</tr>
<tr>
<td>Do you discuss contraception with CFS staff?</td>
<td>No (7)</td>
<td>Well, I have not taken any classes about that nor has anyone talked to me about that here at Casey Family Services.</td>
</tr>
<tr>
<td></td>
<td>Yes (5)</td>
<td></td>
</tr>
</tbody>
</table>

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2 The data contained in Appendixes C does not represent the total volume of interview data but rather the important themes for these interviews.
<table>
<thead>
<tr>
<th>Foster Family Questions</th>
<th></th>
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</thead>
</table>
| What is your relationship like with your foster family? | Positive (10)  
Negative (4) |
| It’s great. Our relationship is more adult-like, and that’s the way I like it. I’m not talked down to as though I’m a child because I have my own child. |

<table>
<thead>
<tr>
<th>Motherhood Questions</th>
<th></th>
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</thead>
</table>
| In what area of parenting do you need assistance? | Other (4)  
Discipline (3)  
None (3) |
| Mainly discipline, because the way I grew up all my mom did was yell, yell, yell. It’s very hard because I’m a young adult and I can see my daughter can see I’m very young. She’s testing me. So I just (say), don’t do this, don’t do that. |
| Describe the support you receive from your foster parent(s) with mothering? | Positive (9)  
Negative (4) |
| She helps in a lot of ways. She helps take the kids to daycare in the morning while I get ready to go school. Sometimes she helps to pick them up. |
| Describe the support you receive from PCFC with mothering your child(ren)? | Positive (9)  
Negative (2) |
| The child care. When she (the child) goes to child care, I talk to them about some of the things that she goes through and they give me advice and stuff like that. |
| Describe your thoughts on motherhood? | Positive (9)  
Negative (7) |
| I’m happy being a mother. I’m happy to see my child grow up and learn things. I’m his biggest inspiration and he’s my biggest inspiration. |
| What is the most difficult thing about being a mother? | Other (4)  
Discipline (3)  
Time (3) |
| Discipline. I’m not sure if I’m disciplining the right way. Sometimes it gets difficult because he makes me mad sometimes when he does things, it gets frustrating. I have to calm down and try to work with him. |

<table>
<thead>
<tr>
<th>PCFC Questions</th>
<th></th>
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</table>
| What challenges did you face in the PCFC program? | Independence (6)  
Budgeting (2)  
Communication (2)  
None (2)  
Other (2) |
| The most assistance that I need is with pushing me toward independent living because that’s my primary goal. I’m ready to be on my way and I need to work on the basics of being on my own. |
| What are your unmet needs regarding PCFC? | None (6)  
Independence (2) |
| None. Not due to Casey. I have needs that are not being met but it’s nothing that Casey can do about it. It’s really with the State, with DSS. |
| What are PCFC’s most important programs? | Classes (3)  
Parenting (3)  
Therapy (3)  
None (3) |
|  |
| What things would you change about PCFC? | Independence (3)  
Program/Classes (3)  
None (3)  
Other (2)  
Communication (2) | The whole reason they extended the length of foster care in the first place because kids got kicked out of the system at 18 but weren’t ready and were still dependent, so by us being in foster care and with foster parents, we’re still dependent. |
| How has PCFC changed your life? | Education (4)  
Confidence (2)  
Time Management (2)  
Structure (2)  
None (2) | Now I’m more focused. At first school was an option—it wasn’t a priority. Now my main focus is to get my GED. |
| What are the strengths of PCFC? | Supportive (5)  
Programs (3) | You have all the resources, all the help and support in the world...Even if you’re a grown woman, they just make sure you’re on the right path. |
| What are the weaknesses of PCFC? | Foster Parents (5)  
Money (3)  
None (3)  
Other (3)  
Independence (2) | It’s something that can be worked on, the quality bonds that are shared between the foster parent and the foster child. Most foster parents are older and they think that they’ve been through more and this is just from my perspective, I think they should sit down and listen. |