



Family Support & Stabilization Re-Design
Focus Group Project
May 2022

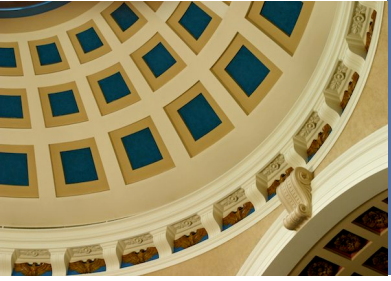
About the Project

- The Department of Children and Families (DCF) will be launching a redesigned Family Support & Stabilization program in the coming months, through a re-procurement process.
- To supplement and support DCF's ongoing efforts to gain input on the program design, and to help ensure that the program design meets the needs of families, in December 2021 the OCA contracted with DMA Health Strategies to conduct a series of focus groups with **individuals who have lived and/or professional experience with the child welfare system more generally, and family support & stabilization services more specifically.**
- The goal of the focus groups was to better understand the experience of families receiving these services, including what is working for them, what isn't, and what they would like to see change in the future. Over 80 individuals participated in 10 different focus groups, which were conducted in numerous languages and with individuals from across the state.

About the Project

- What follows is the report that DMA Health Associates prepared for the OCA on the results of the focus groups.
- The information collected and reported here comes directly from focus group participants and reflects *their* reported experiences with this program and with DCF more generally. Similarly, the recommendations presented are those of focus group participants.
- The OCA is extremely grateful to all of the individuals who participated in the focus groups, as well as the various organizations and individuals who helped connect DMA with focus group participants, helped facilitate groups or provide translation services, advised on the focus group questions and format, and helped distribute gift certificates to participants. Much of this work was done during the height of the Omicron COVID wave, and we recognize that many individuals participated in this process despite heightened work and life stresses.

We could not have done this without you!



Support and Stabilization Focus Group Summary



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Introduction

- The Office of the Child Advocate (OCA) contracted DMA Health Strategies (DMA) in December 2021 to conduct Family Support and Stabilization (S&S) focus groups with Caregivers, Social Workers, Family Resource Center Clinicians and Family Partners, and a Caregiver Advocacy Group. One provider shared feedback and context at the end of a fathers-specific focus group.
- The OCA works to ensure Massachusetts state agencies provide children with quality services and that children receiving services are protected from harm.
- **This report presents findings and recommendations shared by these stakeholder groups.**
- S&S aims to build skills for caregivers and youth, strengthen family relationships, and build a network of community supports and resources in order to prevent out-of-home placements or support family reunification.
 - S&S services are provided for families referred by the Department of Children and Families and with ongoing DCF involvement.
 - S&S teams provide intensive family support, in-home therapy, caregiver education, supervised visitations, and direct support to youth aimed at increasing independence with daily living skills, social skills, and family-relationship building.



Methodology

Focus Group Planning: DMA with OCA

- Developed an initial focus group guide and data collection plan.
- Organized meetings with the Family Resource Centers (FRC) Director, Program Manager, and Training Coordinator to explore opportunities for organizing groups, scheduling, and framing for the FRC Clinician and Family Partner discussion guide.
- Met with S&S providers to plan, organize, and schedule groups, including identifying facilitators and notetakers based on language capacity and provider preference.
- Revised discussion guides according to respondent type and provider feedback.
- Tailored incentive type and distribution strategy by region and provider preference.
- Hired the UMass Translation Center to translate the discussion guide into Cape Verdean Creole and used a DMA consultant and staff member to translate the guide into Spanish.



Methodology (cont.)

Recruitment

- S&S providers recruited Caregiver program participants.
- Non-Caregiver groups were scheduled to take place during regular meeting times.

Data Collection and Analysis

- Facilitators described S&S in terms familiar to focus group participants, providing additional explanation and clarification as needed.
- DMA provided Caregivers incentives via email, text, or hard copy, in some cases mailing gift cards in advance for S&S providers to distribute.
- Facilitators and notetakers provided back translation of discussion notes.
- DMA analyzed quantitative and qualitative data using Excel and NVivo, developing themes and findings.



Methodology (cont.)

Limitations

- DMA received sporadic Caregiver demographic data due to variations in S&S provider recruitment strategies. Some providers were not able to collect these data and others collected it on all who were scheduled to attend a group. Most groups had about half the scheduled participants, making it impossible to match the data with participants.
- Most Caregivers were affiliated with a specific S&S program or service provider.
- Most participants in the Caregiver advocacy group had **not** received S&S services, despite seemingly meeting the eligibility criteria.
- Facilitators described S&S by service types or provider programs. **The majority of participants were not familiar with the term Support and Stabilization.**
- There were five different facilitators due to language capacity, provider preference, or timing, resulting in variations in facilitation styles and follow-up approaches.



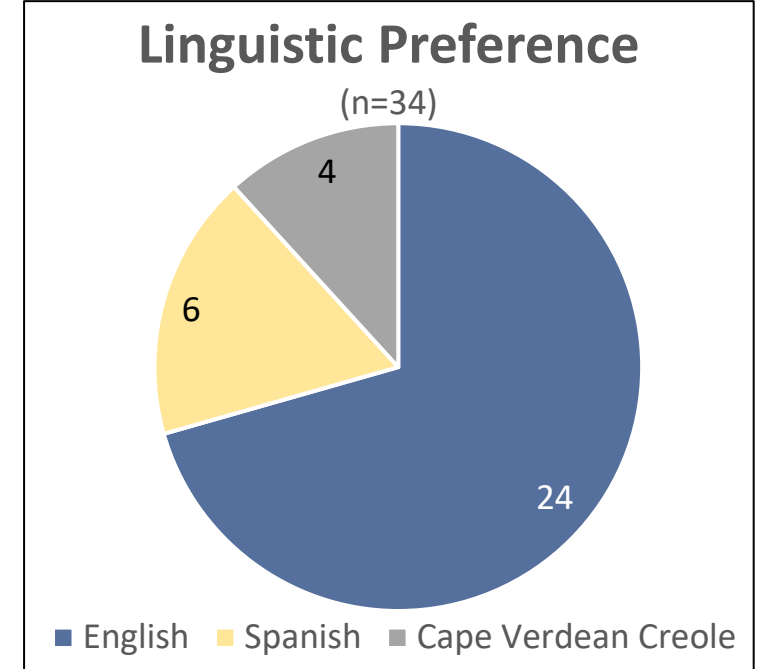
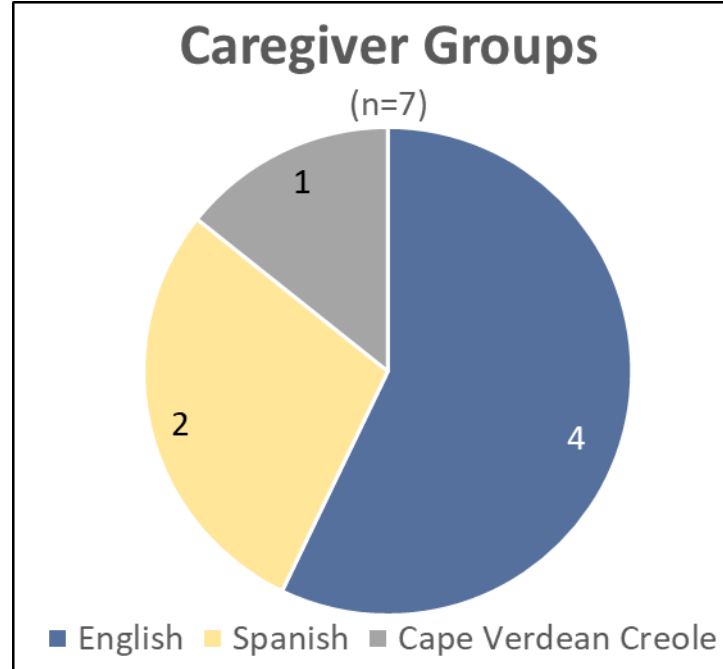
Participant Overview

In total, **80 individuals** participated in **10 focus groups** from January to March 2022.

Participant Type	Language	Number of Participants	Facilitator and Notetaker	Gift Card Type
CAFL Social Workers	English	13	DMA	Not applicable
Caregivers: Fathers Group	English	9	DMA	\$25 Amazon to participants
Caregivers	Cape Verdean Creole	4	Provider staff facilitator and notetaker	\$45 Amazon to Provider Staff; \$25 Market Basket to participants
Caregivers (2 groups and a one-on-one interview)	English	7	DMA; Provider staff and DMA notetaker; DMA interviewer	\$45 Amazon to Provider Staff; \$25 to Grocery (plus \$25 Grocery match from one provider)
Caregivers (2 groups)	Spanish	6	Provider facilitators and DMA notetaker	\$45 Amazon to Provider facilitators \$25 Grocery to participants (plus \$25 Grocery match from one provider)
FRC: Family Partners	English	17	DMA	Not applicable
FRC: Clinicians	English	16	DMA	Not applicable
Caregiver Advocates	English	8	DMA	\$25 Amazon

Findings: Caregiver Demographics

- Demographic data were not provided for all Caregiver participants, either for themselves or their children.
- Many Caregivers commented on racial and ethnic service biases.
- While all groups appeared to be racially diverse, in the absence of self-reported participant data, linguistic preference served as a proxy for assessing participant diversity.
- Nearly 30% of Caregivers participated in a language other than English.





Findings: DCF Issues

- DCF is a conduit for accessing services and should guide caregivers through S&S referral by providing a warm handoff.
- **DCF determines needs and puts services in place without consulting families, clinicians, and providers and without considering family schedules and needs, including linguistic capacity.**
- Unclear whether assessments are being conducted and how if at all they are informing the service plan.
- DCF workers often do not understand items in service plan nor do they consider what is available where and when.
- Since Covid, S&S progress meetings are not occurring or are no longer inclusive of the full team.
- DCF turnover disrupts service continuity and progress toward plan goals, as new workers not aware of what family has completed.

“DCF workers refer clients to evidence-based groups like Parenting Journey with the expectation that somehow Parenting Journey is a skill-based class.. [We then] have to keep telling parents that it is not really a skill-based class. We need to create more awareness and education with DCF in terms of what those classes are teaching parents. DCF has no clear sense of what these programs are actually teaching.” – FRC Clinician



Findings: DCF Issues (cont.)

- Service access often depends on families relinquishing custody to DCF.
- Clinicians and Family Partners discussed that S&S utilization is low compared to overall DCF involvement. DCF workers do not know about or routinely refer to S&S services.
- Social Workers and Advocates commented on services for foster parents being better than those for biological parents.
- DCF does not address financial barriers for poor families.
- Fathers who are not sole guardians are “treated like second class citizens,” and cannot get housing support or stay in a shelter with their child(ren).
- Caregivers raised concerns about Case Workers treating fathers and mothers differently.

“DCF breaks apart families, but doesn’t bring them back together.” – Caregiver

*“DCF could provide more support. I have health problems and a lot of needs. I need a lot of help. I am not getting it from DCF.”
– Caregiver*

“[DCF is] Increasingly more willing to put in for foster families than for biological ones.” – Social Worker

“I understand what DCF is trying to do, keep kids from being harmed and exploited and help families, but the implementation is not well informed or carried out. They have bias. Workers are overwhelmed. When things happen, the workers are getting blamed, not thinking about equality. Taking a gamble with people’s life.” – Advocates Group



Findings: Action/Service Plans

- Plans are often not in place when services start, can be overly complicated, and can be a barrier to reaching goals.
- Plans are not individualized, are created without talking to families, and often do not address family needs.
- Plans do not address the root causes of family issues, such as mental health and substance use.
- Plans often do not have clear guidelines and change over time, particularly following DCF worker transitions.
- Providers would be better able to support families if they received the plans earlier in the referral process.
- Caregivers do not know where to find mandated services or the services are not regionally available.

“If there’s no action plan and no assessment, what are you doing to serve families?”

– Social Worker

“[DCF] creates an action plan with 23 tasks that can’t be completed. Child is removed.”

– Social Worker

“In [our] county, 95% of families are told to take a parenting class, do therapy, and go to a support group. Nothing is individualized. There is minimal guidance from DCF.”

– Clinician



Findings: Action/Service Plans (cont.)

- Caregivers need resources to meet plan requirements, in particular transportation, housing, and childcare.
- Some plans require regional or statewide travel to programs or services with no available public transportation.
- Social Workers reported the assessment process needs to be revamped and needs to occur before the child is removed.
- Caregivers are often placed into programs not aligned with their family issues, such as a domestic violence program when the issue is not present for the family.
- Caregivers reported being forced into mandatory classes or programs, which is both unproductive and ineffective in achieving desired outcomes.

“There is not enough accommodating to client disabilities or mental health needs. There should be more hand holding.” – FRC Family Partner

“Families feel overwhelmed... They don't see the value of the services, because there are too many cooks in the kitchen, just another person to explain their situation to.” – FRC Family Partner

“Some questions [on the assessment] are taken out of context and used against [caregivers] throughout the case.” – Social Worker



Findings: Family Resource Centers

- FRCs need more assistance and greater coordination in supporting DCF referred families to achieve their goals.
- FRCs can help Caregivers with mental health and substance use issues.
- There is no communication between FRCs and S&S Teams, making it more difficult for FRCs to support families, particular after 90 days.

“Many families come and are looking for an advocate to work with DCF (not the role of FRC), and people have discussed looking for more guidance and support for dealing with DCF and knowing what to do.” – FRC Family Partner

*“The family is given ‘go and grab’ classes, and are sent to the FRC parenting classes when the core problem is their recovery. The DCF workers should be directing [them] to more appropriate classes to address the issues leading to the children being taken away.”
– FRC Family Partner*

“Family support programs and services work well with families with DCF referrals, but the rapport building piece is very important and many times the DCF workers with families do not understand the services provided by FRCs. The role of the service provider is never case management, but the DCF workers think that it is case management.” – FRC Family Partner



Findings: Lived Experience

- Caregivers reported that better communication and shared language helps understanding and facilitates relationship building.
- Many families from Asia and Africa would benefit from having a Family Partner that understands their culture.
- In some counties, particularly Hampden and Berkshire, there is little to no access to Family Partners.

“Parent Partners are the most helpful service due to lived experience.” – FRC Clinician

*“[Teachers] are parents who have struggles and make mistakes too. Parents hearing that is huge. Sharing stories about staff family experiences shows that they understand and are there for them when it becomes overwhelming.”
– FRC Family Partner*

*“I see many families’ cultures and languages aren't addressed in the classes. Very few Spanish, Portuguese, Indian, Asian, African country classes. I understand there can't be many classes for all cultures, but all classes can at least be respectful of the culture that the families are raised in.”
– FRC Family Partner*



Findings: Race, Culture, and Language

- Caregivers in specific programs reported that providers respected their family culture and language, while other Caregivers, Advocates, and Family Partners reported that family culture and language were not respected.
- Caregivers and Advocates mentioned that trainings do not address systemic racism and reported differential treatment for Black people.
- Social Workers reported that families do not have a say in the language, gender, and culture of provider.
- DCF does not have many Portuguese-speaking social workers.

"I had other providers that worked with me for 4 years and I saw no results because they came to my house and spoke in English and we didn't accomplish anything. I have been working with your agency's provider for months and we accomplish a lot because we understand each other."

– Caregiver

"The therapist speaks our language and knows our problems, which also made it a lot easier because we feel more comfortable talking and disclosing our situations. It is a relief to have this kind of support."

– Caregiver

"In the past, son requested to have an African American therapist. He feels like people don't understand him in his place as a Black male. Son felt very heard and comfortable working with [African American therapist], included him in the conversation. Was always a White therapist in the past, and they brushed off the racial discrimination he was facing in the school, didn't validate or hold others accountable. – Caregiver



Findings: Program Duration

- Many groups reported that the program duration is too short and limits provider connections and ability to build rapport.
- Family Partners reported that outcomes depend on the social worker and level of connection, which is difficult to achieve in a short period.
- It takes time to open cases and schedule a first appointment, sometimes a month or more, leaving little time for service delivery.
- Difficult to get extensions, though one clinician reported success extending services due to a child's ongoing issues.
- For some Caregivers, getting into a program was easy.
- Cases close without achieving family stability and safety.
- When cases close, families have to scramble to get new services.
- Caregivers would like programs to check back after they end.

"Experience of getting into the program was horrible (I was moving around a lot), being in the program was amazing. I felt like I was a person with this group. Once in the program, it was phenomenal"
– Caregiver

"I wish it was longer especially for people like me coming back to the motherhood life."
– Caregiver

"S&S service is 3 months. What can really be done in 3 months?" – Social Worker



Findings: Family Separation & Reunification

- Social Workers, Clinicians, FPs, and the Advocates all discussed the lack of preventive services, with Advocates calling for DCF to spend more on preventing removals.
- Caregivers commented that visitation is expensive (\$50 per hour) and that limited hours are incompatible with work schedules.
- Social Workers commented that S&S should be in place to help prevent removals. Families who do not receive S&S until after removal often resist services or use them just to get child back.
- Clinicians expressed concern about assessments being completed after separation.
- A few Caregivers reported positive reunification experiences, while five were still awaiting reunification.
- Some regions do not have an active S&S Team in place, thus rendering reunification impossible.

"I wonder if there is something to be said about the diversity of programming and curriculum DCF wants the FRC to offer. Many of the programs we are familiar with are not designed or focused for families in crisis or families at risk of losing their children." – FRC Clinician

"If the goal is to prevent removal and remediate issues, then the services are coming too late." – Social Worker

*"DCF is reluctant to put in referral for S&S to avoid a removal."
– Social Worker*

"No S&S team in place, no reunification." – Social Worker



Findings: Service Access

- Lack of communication around available services and how to access them both during and after the 90-day S&S period.
- Caregivers have difficulty finding and accessing required programs, services, and housing.
- Groups commented on waitlists and difficulty scheduling, with services coming too late to prevent removal.
- DCF workers refer to In-Home Therapy and CBHI over S&S. Caregivers not given option of S&S services.
- Caregivers feel judged for having children with disabilities.

“I think one of the most helpful services are the Parent-partners, parents don’t know what to do or where to go... Parents need guidance and someone to help them navigate services. Putting a partner in would be beneficial.” – FRC Clinician

*“No love in the system for men.”
– Caregiver*

“I would like for my child to have something to do after school when they come home, like a program they can go to so they don’t have to stay home doing nothing. They are locked at home after school and enclosed, which leads to them having a crisis” – Caregiver



Findings: Service Access (cont.)

- Services and supports Caregivers wished were funded, expanded, or offered more consistently:
 - Gift cards
 - College
 - Healthy foods and lifestyles (yoga, gym memberships, and mindfulness meditation)
 - Financial literacy and credit repair courses
 - Gas money and transportation to services
 - Courses (anger management and domestic violence)
 - Housing, furniture, clothing, and bills (provided for some, but not all)
 - IHT (wished it was funded by insurance)
 - Couples therapy
 - Tutoring and mentorship
 - Workforce development
 - Case management
 - Support for non-custodial parents
 - SUD services
 - Childcare/Daycare vouchers (enabled college attendance)
 - Co-parenting classes for divorced parents
 - Father's rights advocacy group
 - Summer programming for youth
 - Prevention and early intervention focused at limiting family separations
 - Trauma-informed services and providers
 - Services for teenagers
 - Services for youth with ASD/IDD
 - Services in Spanish
- Zoom has helped with accessing services, simplifying scheduling and transportation.

“They will walk all over you if you don’t speak up and tell them the services you need.” – Caregiver

“If you do get custody, services are for the child and not the father.” – Caregiver

“I’ve had clients where I thought S&S would be helpful and they never heard the option from DCF.” – FRC Clinician



Findings: Program Success - Caregivers

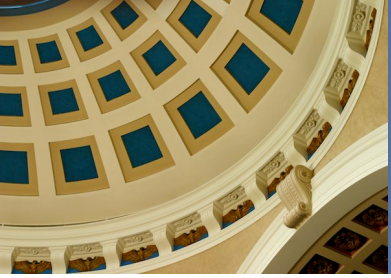
“The program is helping, but I do not think our needs are being fully covered. For example, we are not receiving couples therapy because it does not provide it. We have to pay an out-of-home program to receive this service, and we do not always have the financial means to do this.”

“The program restored my faith in humanity”

“I did not feel that I had a voice with the previous organization... I felt like I had a voice and input when working with [this program].”

“The program has impacted me in many different ways. It came at a time when I really needed help. Other providers that didn’t speak my language were coming and stressing me out because I couldn’t communicate with them.”

“It helped me become a better person toward my son once I got him back.”



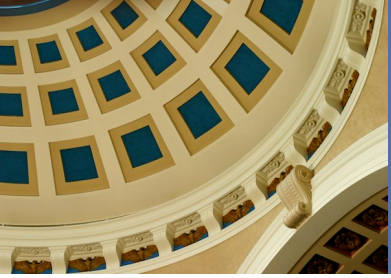
Recommendations: Overall

- Increase focus on preventing removal thereby reducing family trauma.
- Tailor service timelines to family needs and preference.
- Increase awareness of S&S among DCF workers.
- Develop clear, individualized, and achievable service plans.
- Ensure service plan changes are made by the treatment team and not individual DCF workers.
- Increase sensitivity to the unique needs of children and families, including race, ethnicity, culture, language, mental health, disability, and trauma.
- Match families with providers who share language/culture or family partners with shared lived experience when possible.
- Consider issues of service access and disparities, including location, population, and transportation.



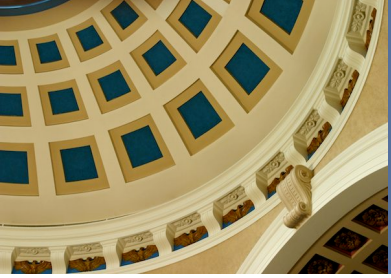
Recommendations: CAFL Social Workers

- Expand S&S service access and ensure uniformity of service availability and types across regions.
- Revamp the assessment process and tool. Make sure assessments are completed for all cases, prior to removal, and inform the service plan.
- Eliminate arbitrary timeline of S&S services and tailor services to the needs of families.
- **Start services earlier in an effort to prevent removal and involve Caregivers in service planning.**
- Hold providers accountable for service quality and consistency.
- Provide assistance and support with basic needs, e.g. bus passes, transportation, housing, and other social determinants of health.
- Increase referrals for therapy and provide better access to Family Partners statewide.
- Investigate models in other states where foster parents work collaboratively with biological ones.
- Set clear and realistic Caregiver requirements, remediate the situation, and put kids back in home.
- Ensure better coordination across DCF, reinstate S&S Team meetings, and establish a Central S&S Coordinator to oversee and expand service access allowing for non-DCF service referrals.



Recommendations: FRC Clinicians

- Continue and expand the Family Partner program to support service access and navigation.
- Provide more access to trauma-informed services and more diverse course offerings.
- Ensure that existing services are practical and accessible to families.
- Foster collaboration between DCF and clinicians and ensure DCF consults with clinicians prior to putting services in place.
- **Include options to extend the program length, particularly for preferred services.**
- Enhance substance use trainings for clinicians to ensure service delivery includes empathy, support, and is not judgmental.
- Streamline “hand-off” from one DCF worker to another to avoid service duplication.
- Shift the mindset from removal toward prevention and support reunification.
- Coach and support Caregivers to prepare them for family reunification.
- Provide summer programming for youth.



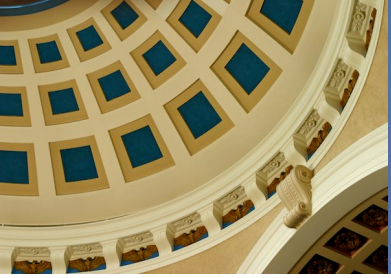
Recommendations: FRC Family Partners

- Identify and train Family Partners to increase racial, cultural, and linguistic diversity.
- Improve communication between DCF and the FRC so that whomever is leading the parenting course has a copy of the service plan to help participants reach their identified goals.
- Allow providers to bridge support with adolescents to ensure continuity of care following S&S services.
- Facilitate Caregiver engagement beyond education programs particularly to bridge support while Caregivers await access to mental health or other services.
- Assign FRC services and classes before families lose custody to help prevent removal.
- Foster increased coordination and communication with DCF to support better navigation and provide warm handoffs to parenting classes and services.
- Promote agency and self-efficacy among Caregivers by explaining the value of parenting classes.



Recommendations: Fathers Group Provider

- Develop an interagency work group focused on fatherhood.
 - Need equity for fathers. Fathers do not have the same rights. DCF gives holiday/birthday gifts and supplies to moms.
 - **DCF will not give gifts to fathers. Fathers get nothing.**
- Need more flexible visitation center hours.
 - Some visitation centers close at 5pm and require Caregivers to pay a fee to see their children.
- Provide clear guidelines on Action Plans. If Caregivers complete mandated programs, then ensure that DCF provides credit for completion.
- Allocate additional resources to S&S programs that have good outcomes and documented success, enabling continuation and potentially expansion.
- Review program guidelines and content prior to mandating or including on Action Plan.



Recommendations: Fathers Group

- Develop more services designed to support fathers and promote their success.
- Provide supports and services tailored to individual Caregiver needs.
- Ensure that fathers are treated respectfully and provided the same rights as mothers.
- Be more sensitive to fathers' needs and circumstances.
- Establish a father's advocacy group to support the rights and needs of fathers working with DCF.
- Provide clear and frequent communication about service plans and requirements.
- Provide fathers greater access to social workers, lawyers, and other reunification team members.
- Offer Nurturing Fathers as part of prenatal/postnatal support and teach it in high school.
- Establish more visitation centers, expand hours, and reduce costs.
- Provide fathers with instructions on how to present and behave in court.
- Help fathers with reintegration support after reunification.
- Provide resources and supports to help fathers with joint guardianship.



Recommendations: Parent Advocates

- **Provide equitable access to S&S services. Undertake a more collaborative, tailored process of developing service plans. Ensure the family's voice is heard and reflected.**
- Match families with Case Workers and Peers more aligned with their race and culture.
- Include Family Partners with lived experience in service planning meetings.
- Allow private therapists to participate in service planning and relevant meetings.
- Create a directory of family support services.
- **Focus on preventing family separation from happening and allowing families to reunite.**
- **Shift mindset and allocate funding from foster care to prevention and reunification.**
- Consider modeling S&S on other successful program in California and New York that prioritize family unification and reunification.
- Ensure services for families with special needs are safe and welcoming. Provide opportunities to connect with others.
- Offer more support for childcare and eliminate the requirement to get a job first, since caregivers are less likely to get a job if they do not have childcare.
- Include trauma-informed care for families as part of the service plan.



Recommendations: Other Caregivers

- **Extend the program length and, in the meantime, accommodate requests to extend time in the program, particularly when requested by the family.**
- Offer better collaboration and support for Caregivers involved in the justice system.
- Provide more access to a psychologist, daycare, and more services in Spanish.
- Check-in with families after closeout to see how they are doing and assess needs.
- Ensure the service plan is clear and achievable and without moving targets: DCF changes should be given all at once so Caregivers have a clear plan of action.
- Need more youth-focused programs and activities, particularly in Western, MA and rural communities. There are few services, recreational activities, and other therapeutic options for children and adolescents in many regions of the state.



Thank you

This report was prepared by DMA Health Strategies.

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