EVALUATION REPORT
August, 17, 2007
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Table of Contents

Executive Summary

Description of the Neighbor To Family Program

Neighbor To Family, a professionalized foster care agency, was founded by Mr. Gordon Johnson. As the President of Jane Adams Hull House Association in Chicago, Mr. Johnson believed that foster care could better serve children and their families if designed around four concepts. First, sibling groups would be placed together. Next, birth parents would remain involved in and responsible for planning their children's lives. In addition, the foster caregiver's role would be professionalized. Finally, permanency planning would be on-going and based on intensive team effort. In 1994, an award winning model, Neighbor To Neighbor emerged from Mr. Johnson's efforts. Subsequently, Mr. Johnson was invited by the State of Florida to begin his program in Daytona Beach where it was incorporated in 2000 by the name of Neighbor To Family, Inc. (NTF). In accordance with their model, NTF defines its mission as "[c]ontributing to a better society by supporting the family unit with focused programs to keep siblings together through strong partnerships with families, foster parents and communities" (Neighbor To Family, 2005).

At this time, NTF has programs in five states, including Georgia where the 1st program was opened in December of 2002 in Fulton County. Fulton was soon followed by Dekalb, which opened in October of 2003; Clayton opened in October of 2004, Gwinnett in February of 2005, and Richmond in June of 2006. Of these, Fulton, Dekalb, Clayton and Gwinnett counties constitute the core of the Atlanta metropolitan area, and the children in these counties serve as the focus of this program evaluation.

The Neighbor To Family, Inc. *goals* are to:

- Provide safe, nurturing foster care for sibling groups in a home setting and in close proximity to the family of origin;
- Provide case management and additional services to promote social, emotional, physical and educational development of children in care;
- Promote and strengthen attachment between siblings and family members; and,
- Provide services of sufficient quality to ensure that participants and stakeholders are satisfied with services.

Toward these goals, Neighbor To Family *provides multiple services* for children, foster caregivers, and birth parents.

For *children*, NTF emphasizes keeping siblings together in foster care placements that are in close proximity to the family of origin. In addition, NTF strives to promote children's well-being by providing services related to developmental, mental health, physical health, and educational needs. Specific services include the following:

- Placement of sibling groups in the same foster home;
- Placement within 50 miles of family of origin;

- Up-to-date immunizations and physical examinations for each child;
- Multi-disciplinary Family Team Meetings within 9 days for children in Dekalb and Fulton counties, and within 30 days for children in Gwinnett and Clayton counties, the focus of which is to assess each child's strengths and needs, as well as to determine what specific services each child will require;
- Comprehensive Child & Family Assessment within 30 days of placement to evaluate the strengths and needs of each child, birth parent, and family; as well as to make recommendations for services and establish permanency goals;
- Assessment of each child's developmental, educational, and mental health needs;
- Ameliorative mental health, developmental, and educational assistance;
- Contact with members of birth family; and
- Aftercare services for 6 months following reunification.

For *foster caregivers,* NTF strives to support professionalism and job satisfaction through education and support; salary and benefits; and inclusion in planning and delivery of services to children and birth families. Specific services include:

- Annual salary and benefits;
- Respite care;
- Minimum of 40 hours of annual training and supervision;
- Crisis/urgent support from NTF staff members 24/7; and
- Inclusion in case planning and service provision to the child and birth family members.

For *birth parents,* NTF emphasizes participation in planning and caring for their children. Toward that end, birthparents are encouraged to actively participate in planning, and to receive supports necessary to provide safe and nurturing parenting. Specific services include:

- Facilitation of monthly (at a minimum) visits with children where appropriate;
- Inclusion in case planning and goal setting for child and family;
- Assistance with concrete needs such as food, clothing, and transportation;
- Educational services (parenting classes, GED programs, etc.);
- Therapeutic and referral services;
- Assistance in developing working relationships with foster caregivers, who in turn model appropriate parenting skills and serve as mentors to the birth parents.

Purpose of Evaluation

In April, 2006, Mr. Tony Everett, Director of Operations for Georgia, Maryland, and Virginia contacted Dr. M. Elizabeth Vonk at the University of Georgia, School of Social Work regarding program evaluation for Neighbor To Family in Georgia (NTF). Planning

for the evaluation began in June, 2006 with a series of meetings and conference calls regarding the purpose and goals of the evaluation. These meetings were variously attended by Mr. Everett; Mr. Terrence Johnson, VP, Georgia, Virginia, and Maryland; Dr. Jean Elder, external consultant; Ms. Gabrielle Rodney, Quality Assurance Manager; and the evaluator, Dr. Vonk. Through these meetings, it was determined that the purposes of the evaluation were to:

1. Demonstrate service delivery and process outcomes related to safety, permanency, and well-being for children in the care of NTF;
2. Assess the level of satisfaction with NTF services among clients, foster caregivers, and NTF stake-holders; and
3. Provide illustrations related to children and families via analysis of qualitative data.

Dr. Vonk is not affiliated in any way with NTF and was therefore able to perform an independent, third party evaluation for the agency. Dr. Vonk was assisted throughout the evaluation by Ms. Sun Young Yoo, Doctoral Candidate and Mr. Scott Allen, MSW. In addition, Dr. Michael Holosko served as an external consultant to review the evaluation process and deliverables. Approval for data collection was granted by the University of Georgia Institutional Review Board. All data were delivered in May of 2007; analysis was complete June 29, 2007; and the report was delivered on August 17, 2007.

Design and Procedure

A cross-sectional design and data from all cases active between the dates of July 1, 2005 and June 30, 2006 were utilized. A coding sheet was developed to capture from case-records both quantitative and qualitative data related to the service delivery and process outcomes of safety, permanency, and well-being for children in the care of NTF. In addition, demographic data were collected.

The preliminary coding sheet was piloted by three case-managers who completed two cases each. The coding sheet was then revised based on discussion with the case-managers and review of their completed forms. The coding sheet was presented in final form to all case-managers in a face-to-face meeting. The data collection procedure required approximately 30 minutes per case. Confidentiality was protected through the use of case-numbers rather than names on the coding sheets.

Satisfaction was assessed through analysis of satisfaction surveys that were administered to clients, foster caregivers, and stakeholders during the specified time period. The surveys included both quantitative and qualitative data.

Descriptive analyses of quantitative data were completed using the Statistical Package for Social Sciences (SPSS). Most quantitative results are reported in tabular form. Qualitative data from open-ended responses and notes from meetings were examined to identify themes. These results are integrated into relevant sections of the report and often include quotes that capture the spirit of the identified theme.

Evaluation Findings

The evaluation findings are presented in five sections:

- Demographics of children and foster caregivers
- Safety Indicators
- Permanency Indicators
- Well-Being Indicators
- Satisfaction with NTF

Demographics

NTF served a total of 417 children from July 1, 2005 to June 30, 2006. Of these, 311 children were in care over 30 days; and 301 children were discharged from care. The majority of children (83%) were in foster homes in Dekalb and Fulton counties, which is not surprising since these two programs had been in operation longer than those in Gwinnett or Clayton. Children were fairly evenly distributed by age categorized in 5 year increments with the exception of children who were over the age of 16 who represented a smaller proportion of the children (12%). In addition, the children were almost evenly divided by gender. A large majority of children in care were African-American (83%).

Foster caregivers were primarily African-American (97%) women (71%). This appears to reflect a similar racial demographic as the children.

Neglect was identified as the most frequent cause for placement, followed by physical abuse, and parental drug abuse. Most children were initially in the “assessment” level of care, assigned as level 3 by agreement with Department of Human Resources in Georgia (DHR-GA). Only 68 or 17% of the children were in Level 1, the only level that does not require specialized or therapeutic placement. As children moved out of assessment, a higher percentage were in Level 1; however approximately two-thirds still required specialized or therapeutic foster care.

Safety Indicators

Safety indicators are related to the absence or presence of any type of maltreatment of children. In addition to these indicators, understanding of children’s *safety* during NTF care was supplemented with qualitative data gathered by the Quality Assurance Manager from the Case-Managers.

Table EXEC 1

Safety Indicators	Target	Percent
Percent of children with substantiated maltreatment on DFCS record for 6 months prior to NTF placement	NA	100.0%
Percent of children with substantiated maltreatment on record during NTF placement	0%	0.3%
Percent of children with substantiated maltreatment on record in the 6 months following NTF placement	0%	2.0%

Qualitative data revealed more about children's safety while in NTF placement. Aside from one case of substantiated maltreatment, representing 0.3% of children in NTF care over 30 days, there were several cases in which at least one sibling alleged maltreatment. In each case, DFCS' investigation failed to substantiate the maltreatment. Nevertheless, NTF responded proactively by providing extra supervision and training to the relevant foster caregivers. In one case, while the alleged maltreatment did not reach the level of abuse, the foster caregivers' conduct broke NTF policy and employment was terminated. Clearly, NTF holds high standards of behavior for foster caregivers in order to ensure the safety of children in their care.

Permanency Indicators

Permanency indicators are related to timely establishment and fulfillment of permanency plans with emphasis placed on successfully reuniting children with birth family or relatives. In addition, indicators are related to the quality of case planning, such as involving birth family members, children, and foster caregivers in the process. Other indicators are related to maintaining connections among children, their siblings, and their birth parents or other relatives. For example, children must be placed in close proximity to and maintain regular contact with birth family members.

Table EXEC 2

Permanency Indicators		Target	Findings
Percentage of children with established permanency goal within 30 days of placement		100%	87.5%
Percentage of children with length of stay in NTF placement <12 months		100%	97.0%
Percentage of children returned to:	Birth family	NA	54.0%
	Relative placement	NA	33.0%
	Adoption	NA	0.0%
	Non-NTF foster care	NA	7.0%
	Independent living	NA	4.0%
	Other	NA	2.0%
Percentage of children who re-enter NTF foster care within 6 months of discharge		0%	9.1%
Percentage of children who had birth family members in attendance at case planning meetings		NA	88.5%
Percentage of children who had NTF staff members in attendance at case planning meetings		100%	100.0%
Percentage of children placed within 50 miles of home		100%	96.1%
Percentage of children remaining in the same foster care home during placement		90%	70.4%
Percentage of children initially placed with all siblings in NTF care		90%	84.3%
For siblings in different placements, frequency of phone and face-to-face visits with siblings		1 per 30 days	7.8 per 30 days
Frequency of phone and face-to-face visits with birth mother		1 per 30 days	5.8 per 30 days

For the most part, NTF performance on permanency indicators came close to their very ambitious targets. Almost 90% of the children were either reunified or placed with relatives at discharge. While in placement, children had frequent contact with birth family members, with less than 4% of children living over 50 miles away from home. Only two permanency indicators fell more than 10% short of targets, including percentage of children with established permanency plans within 30 days; and percentage of children remaining in the same foster care home during placement.

Qualitative data provides some insight about barriers to discharge for the small percentage of cases that did not achieve permanency plans within 12 months. These data indicate that birthparents' failed to complete plan for reunification due to their inability to obtain appropriate housing or employment; drug abuse or mental health issues; and/or incarceration. The most frequently cited reasons for re-entry into care were neglect and parental drug abuse.

NTF also appears to be involving members of the birth family and children in case-planning. Qualitative data indicate that this is accomplished directly though attendance at case planning meetings, e.g., the vast majority of children had birth family members in attendance at case planning meetings. Family members and children were also represented at meetings by NTF staff members based on interviews with and assessments of the children's and families' strengths, needs, and desires. Whether through direct or indirect involvement, birth family members were encouraged to help set goals and work toward meeting those goals.

While the majority of siblings were placed together, the target of 90% was not reached. The primary reason that children were not placed in NTF homes with their siblings was because some sibling groups were too large to be accommodated in one home. Further analysis of cases that indicated "sibling group was too large" revealed the mean number of siblings was 4.47 with a standard deviation of 0.80. In most sibling groups of 5 or 6, children were placed in two NTF homes, sometimes split by gender and other times by age. Siblings were moved from the same home to separate homes primarily due to safety concerns. These concerns included threats to the safety of other children in the home or to foster caregivers. Those siblings who were not placed together had frequent contact either by phone or in-person.

Well-Being Indicators

Well-Being indicators are related to the health of the child, as well as, enhancement of the family's ability to care for that child. Well-being information was supplemented with qualitative data from the coding sheet, office staff members, and case managers.

Table EXEC 3 (continued next page)

Well-Being Indicators	**Target**	**Findings**
Percent of children's birth family members who received services from NTF[1]	NA	59.2%
Frequency of supervision received by foster caregivers[2]	1 per month	5.2 per month
Percentage of children who received a physical exam within 72 hours of placement with NTF	100%	89.9%

Table EXEC 3 (continued)

Well-Being Indicators	Target	Findings
Percentage of children who had up-to-date immunizations	100%	97.7%
Percentage of children with identified developmental needs who received related assistance	100%	75.0%
Percentage of children with identified educational needs who received related assistance	100%	85.0%
Percentage of children with identified mental health needs who received related assistance	100%	86.0%

[1]Types of services and frequency per month are further detailed in body of report.
[2]Types of other services and frequency per month are further detailed in body of report.

NTF provided numerous and varied services to children's family members and foster caregivers. Birth mothers were the most frequent recipients of service; and close to two-thirds of children had at least one birth family member who received some type of service from NTF. In addition, the frequency of supervision for foster caregivers was far greater than the requirement of one visit per month.

NTF did not reach 100% targets for the well-being indicators. Over one-third of the children were identified with developmental needs of which 75% reportedly received assistance. Over one-half of the children were identified with educational needs of which approximately 85% received assistance. Mental health needs were identified in over one-half of the children of which 86% received assistance. For physical exams, the identified barrier was the inability to get the Medicaid number from DFCS. However, at the time of data collection, NTF had already changed their procedure to get the exam within 72 hours and then receive reimbursement. The immunization rate came closest to the NTF target; the identified barrier to achieving 100% was receipt of record from DFCS.

Satisfaction Data

All groups surveyed indicated satisfaction with NTF. Community stake-holders including DFCS supervisors, judges, and others who work directly with the children and NTF gave the highest ratings of the three adult groups. Without exception, all items were rated in the superior range. The mean of the item means is 7.5 on a scale of 1 to 9.

Birth parents rated satisfaction with NTF at or close to the superior range on all but two items with an "overall" rating of 7.1 on a scale of 1 to 9. Birth parents were especially satisfied about help from NTF with family visitation and involvement in case-planning.

Foster caregivers rated satisfaction with NTF in the satisfactory range on all items. The mean of the item means is slightly greater than 6.0 on a scale of 1 to 9. Comments on

the surveys revealed that some foster caregivers felt tremendous support from their case-workers and office staff. Other foster caregivers suggested improvements in three areas. First, a few comments indicated need for concrete help such as children's clothing and transportation. Next, a few caregivers mentioned the need for respite. Finally, several statements indicated a need for greater communication about the children from office staff members.

Children ages 8 and under rated their happiness with NTF in the "happy to very happy" range. The mean of the item means was 4.4 on a scale from 1 to 5. Children ages 9 and up rated their satisfaction with NTF in the "satisfied to very satisfied" range. The mean of the item means was 4.3 on a scale of 1 to 5. The children's comments indicate that foster caregivers use appropriate rewards and consequences related to children's behavior. In addition, the variety of rewards and consequences clearly indicates that caregivers approach children as individuals who have differing wishes and needs. A few children also added comments that underscored level of happiness with their caregivers.

Recommendations

The following recommendations are drawn from evaluation findings and data conclusions:

- **Continue to do what is working well.** This evaluation revealed many areas in which NTF performance is exemplary and should be continued. These include: keeping children safe while in care; maintaining connections among siblings and members of birth family; involving children, birth families, and foster caregivers in case-planning; timely fulfillment of permanency plans; reunifying children with birth families and relatives; and maintaining supportive, community relationships.

- **Focus attention on indicators that did not meet performance expectations.** The evaluation also revealed several areas in which performance might be improved.

  (1) The stability of placements fell short of NTF expectations.

  (2) Performance targets were not met for provision of assistance to children with identified developmental, mental health, and educational needs.

  (3) "Communication" barriers were mentioned in relation to several outcomes, including timely transfer of information from DFCS to NTF; and transfer of information from NTF to the birth family.

  (4) Though in the satisfactory range, satisfaction data from foster caregivers revealed two potential areas of improvement. First, the data suggest the need for more respite and concrete support. Next, they suggest the need for better

transfer of information about the children from the NTF professional staff to the foster caregivers.

While it might be speculated that each of these identified areas of improvement is related to human and financial resources, further examination is needed to more clearly identify the factors that may be hindering the achievement of NTF targets.

- **Follow-up on questions that came to light through findings of this evaluation.** At least two questions were raised by evaluation findings.

  (1) While only 3% (n=10) of discharged children were in care over 12 months, it might be enlightening to examine these cases in more depth to better understand the barriers to outcome achievement. While qualitative data indicated that persistent problems among birth parents were common in these cases, more information may help to guide thought and discussion concerning service provision to such families. Alternatively, adjustment of the outcome target may need to be considered.

  (2) None of the children discharged during the data collection time-frame were adopted. Further examination of this phenomenon may be warranted to explore the role of adoption in permanency planning for children in NTF care.

- **Review the established outcome indicator targets for their accuracy and congruence both with NTF, as well as, National and State of Georgia standards.**
  The results found in this evaluation are very favorable in terms of NTF performance on most outcome indicators. In spite of that, many targets were not met due to having set targets at very ambitious levels. In fact, most of the targets were set above both National and State standards. It may well be that NTF would like to set higher standards than are required; however, further examination of this issue is warranted. Thus, NTF may want to review and modify targets keeping results of this evaluation, as well as, National and State standards in mind.

- **Future evaluations** The current evaluation has revealed several areas that can be improved upon in future evaluations.

  (1) In the current evaluation, it was difficult to directly compare NTF performance with National or State standards for some of the variables. For example, the National Standard for foster care re-entry is at or below 8.6% *over 12 months* (DHR, 2006). In the case of this evaluation, we looked for re-entry *over 6 months*, which is the length of NTF follow-up. As another example, the State Standard for stability in placement is defined as no more than *2 moves within 12 months* (DHR, 2006), whereas in this evaluation, it was defined as *no moves while in placement at NTF*. Again, NTF may want to reconsider ways in which outcome indicators are defined keeping in mind standards, as well as, contingencies of agency practice.

(2) Due to the large number of children served by NTF in Georgia, future evaluations may be less cumbersome through the use of a random sample of the population. In addition, consideration should be given to the benefits and costs of using only discharged cases as the population.

(3) Satisfaction surveys would benefit from modification both for consistency among the various surveys, and to supplement the current open-ended question that asks for “suggestions for improvement” with one that asks for comments about “what is going well”.

(4) Add more qualitative data using focus groups and/or individual interviews to obtain greater depth of understanding of satisfaction with NTF. This would be particularly helpful toward understanding foster caregivers’ issues.

Neighbor To Family – Georgia
Evaluation Report
August 17, 2007

Literature Review

There were approximately 513,000 children in foster care throughout the USA as of September 30, 2005 (U.S. Department of Health and Human Services, 2006).The primary reasons for placement in foster care are numerous, including child maltreatment, poverty, homelessness or unstable housing, adolescent parenthood, parental substance abuse, mental illness, physical illness, domestic violence, incarceration, and HIV/AIDS (Barbell & Freundlich, 2001; Chipungu & Bent-Goodley, 2004). According to the FY 2006 data from the National Child Abuse and Neglect Data System (NCANDS), approximately 195,000 children were removed from their homes as a result of child maltreatment, of which the most common type was neglect (64.4%) (U.S. Department of Health and Human Services, 2007).

Neglect is also associated with poverty in that poor families may not have the capability or resources to provide basic necessities for their children. In fact, children living in poverty are more likely than others to be reported to child protective services as victims of child neglect (Duncan and Brooks-Gunn, 1998). In addition, various parental problems such as substance abuse, mental illness, physical illness, domestic violence, incarceration, and HIV/AIDS are related to entry into the foster care system. Yet the number of children in foster care as a result of each of these problems is not clear (Chipungu & Bent-Goodley, 2004).

The Need to Provide Safety, Permanency, and Well-Being

The U.S. Department of Health and Human Services mandates that each state periodically assesses foster care service performance with three outcomes: child safety, permanency, and child and family well-being (Barbell & Freundlich, 2001). According to the child welfare outcomes from the U.S. Department of Health and Human Services (1998), safety is defined as “the protection of children from abuse or neglect in their homes or in foster care.” Similarly, permanency is defined as “children having stable and consistent living situations, along with continuity of family relationships and community connections.” Well-being is defined as “families having the capacity to provide for their children’s needs, children having educational opportunities and achievements appropriate to their abilities, and children receiving physical and mental services adequate to meet their needs”.

Challenges in Foster Care Provision

The foster care system faces multiple challenges in serving and supporting children and families toward achievement of safety, permanency, and well-being. Families whose

children are placed in foster care have complicated and multifaceted needs. However, appropriate and accessible community-based services such as mental health and substance abuse treatment, housing, and high quality child care are lacking. In addition, the service-delivery system has been found to be fragmented (Chipungu & Bent-Goodley, 2004). Further, the foster care system faces large caseloads, high staff turnover, difficulties in recruiting and retaining foster parents, and increased demands related to accountability (Barbell & Freundlich, 2001; Chipungu & Bent-Goodley, 2004).

Moreover, children who are removed from their homes and placed in foster care often experience detrimental short- and long-term effects associated with emotional, behavioral, developmental, physical, and educational difficulties (Barbell & Freundlich, 2001). These effects may be attributable either to their experiences before entering care or to the foster care experience itself. As the length of time in foster care and the number of placements increase, the children's well-being may continue to deteriorate.

Increasing Achievement of Outcomes

In spite of challenges to provide for the children and families involved with foster care, several factors have emerged that appear to be related to greater achievement of safety, permanency, and well-being outcomes. While consensus is lacking on determination of the best goal for children, that is, preserving families or promoting alternatives for children such as adoption and long-term foster care, reunification has been and is currently the principal goal for children in foster care. In 2005, 51% of children in foster care had a case goal of reunification with parent(s) or principal caretaker(s) (U.S. Department of Health and Human Services, 2006).

Preservation of the family is supported by developmental literature that suggests the best place for children is in their original homes with the proper supports available to assure safety. If such a placement is not feasible, the next choice is for the child to be placed with a member of the extended family. Relative placement, also known as kinship care appears to have psychological advantages in that children can know and remain connected with their biological roots and family identity (American Academy of Pediatrics, 2000). As a final option, if safety cannot be assured through reunification or kinship care, the child may need to be placed in foster care.

Once a child is in foster care, there are several factors that appear to be related to the outcomes of permanency and well-being. First, it is important for the child to experience safety, that is, no further maltreatment. Next, permanency can be supported through stable placement and continuity in relationships with foster caregivers and case-workers while in care. Continuity of family relationships is another important part of permanency, including placing siblings together and maintaining relationships between children and their birth families through regular visitation (U.S. Department of Health and Human Services, 1998). In order to maintain connections and relationships with birth families, children must be placed in foster homes that are in close proximity to their original homes. These efforts may help children who cannot physically return home maintain continuous psychological connections with their birth families, which in turn may

enhance the child's positive sense of self, ability to cope with loss, and ability to form or maintain attachments (Barbell & Freundlich, 2001).

The well-being outcome refers both to the child and the family. The child's well-being may be enhanced through attention to developmental, emotional, educational, and physical health needs. This includes both assessment and delivery of assistance for necessary remediation, such as therapy and referral to specialists. Families' well-being may be enhanced by increasing their capacity and resources necessary to safely care for their children. This may involve offering intensive supports and services, such as concrete help with housing, transportation, and employment; education; therapeutic help for mental illness and substance related disorders; and various supports such as mentoring or referrals (Barbell & Freundlich, 2001).

Enhanced achievement of outcomes has also been linked to "professionalized" foster care. Foster caregivers have complex and emotionally demanding responsibilities, including providing nurturance, discipline, and advocacy for children in their care. Oftentimes, the children have extra needs related to emotional, physical, or educational difficulties. In addition, foster caregivers are called upon to provide information about children to case-workers and other professionals. Moreover, they may be asked to mentor birth parents (Dougherty, 2001).

Historically, foster caregivers have been highly dissatisfied with their roles, leading to a low retention rate (National Commission on Family Foster Care, 1991). Dissatisfaction has been related to lack of agency responsiveness, such as, poor agency response to crisis situations; lack of agency communication, such as, disrespect for foster parents as team members; and lack of agency support, such as, inadequate training, financial support, respite, or on-going support from social workers (National Commission on Family Foster Care, 1991; Cox, Buehler, & Orme, 2002). Thus, in order for foster parents to perform their many and various roles to help children in their care, they need first to be recognized as full partners and team members in children's case planning. They also need adequate financial compensation, including benefits and salary. Moreover, they need ongoing training, support, and respite care (Barbell & Freundlich, 2001; Chipungu & Bent-Goodley, 2004). With recognition of and respect for their place on the care team, along with adequate supports, foster caregivers are more apt to experience role satisfaction and employment longevity. In turn, they will be able to better provide for children's safety, permanency and well-being.

Foster Care in the State of Georgia

Similar to other child welfare systems, Georgia's Department of Human Resources (DHR-GA) strives to provide foster care that ensures children's safety, promotes permanent placement, enhances children's well-being, and increases families' capacity to care for their children. Similar also are the challenges faced by DHR-GA to provide high quality foster care that meets these goals. As outlined above, these challenges include, but are not limited to, accessibility and fragmentation of psychosocial services;

complexity of multi-problem children and families; need for continuity in placement; and role dissatisfaction among foster caregivers.

In 2002, Children's Rights, a national advocacy group, filed a law suit against the Department of Family and Children's Services (DFCS), a division of DHR-GA, on behalf of the children served by DFCS in Fulton and Dekalb counties. The suit claimed that children were at high risk because the system was overburdened and mismanaged. Problems cited included high caseloads for case-managers that prevented appropriate safety monitoring; placement of children with disregard of their needs; lack of permanency planning and fulfillment; and lack of safety while in care. The case reached a settlement in 2005 and by Consent Decree specified 31 outcomes and monitoring guidelines related to safety, permanency, child well-being, and strengthened DFCS infrastructure (Children's Rights, 2007). This settlement has brought much public and media attention to child welfare services in Georgia, which in turn has provided incentive and resources to improve the system.

In 2006, there were approximately 17,000 children in foster care in Georgia, with about 50% of those in privatized care (N. Adams, personal communication, January 11, 2007). Neighbor To Family (NTF) is one such private, professionalized foster care agency serving Georgia's foster children.

Description of the Neighbor To Family Program

History

Neighbor To Family, a professionalized foster care agency, was founded by Mr. Gordon Johnson. As the President of Jane Adams Hull House Association in Chicago, Mr. Johnson believed that foster care could better serve children and their families if designed around four concepts. First, sibling groups would be placed together. Next, birth parents would remain involved in and responsible for planning their children's lives. In addition, the foster caregiver's role would be professionalized. Finally, permanency planning would be on-going and based on intensive team effort. In 1994, an award winning model, Neighbor to Neighbor emerged from Mr. Johnson's efforts. Subsequently, Mr. Johnson was invited by the State of Florida to begin his program in Daytona Beach where it was incorporated in 2000 by the name of Neighbor To Family, Inc. (NTF). In accordance with their model, NTF defines its mission as "[c]ontributing to a better society by supporting the family unit with focused programs to keep siblings together through strong partnerships with families, foster parents and communities" (Neighbor To Family, 2005).

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- Contact with members of birth family twice per month; and
- Aftercare services for 6 months following reunification.

For *foster caregivers,* NTF strives to support professionalism and job satisfaction through education and support; salary and benefits; and inclusion in planning and delivery of services to children and birth families. Specific services include:

- Annual salary and benefits;
- Respite care;
- Minimum of 40 hours of annual training and supervision;

- Crisis/urgent support from NTF staff members 24/7; and
- Inclusion in case planning and service provision to the child and birth family members.

For *birth parents,* NTF emphasizes participation in planning and caring for their children. Toward that end, birthparents are encouraged to actively participate in planning, and to receive supports necessary to provide safe and nurturing parenting. Specific services include:

- Facilitation of monthly (at a minimum) visits with children where appropriate;
- Inclusion in case planning and goal setting for child and family;
- Assistance with concrete needs such as food, clothing, and transportation;
- Educational services (parenting classes, GED programs, etc.);
- Therapeutic and referral services;
- Assistance in developing working relationships with foster caregivers, who in turn model appropriate parenting skills and serve as mentors to the birth parents.

Evaluation Purpose and Method

Purpose and Objectives

In April, 2006, Mr. Tony Everett, Director of Operations for Georgia, Maryland, and Virginia contacted Dr. M. Elizabeth Vonk at the University of Georgia, School of Social Work regarding program evaluation for Neighbor To Family in Georgia (NTF). Planning for the evaluation began in June, 2006 with a series of meetings and conference calls regarding the purpose and goals of the evaluation. These meetings were variously attended by Mr. Everett; Mr. Terrence Johnson, VP, Georgia, Virginia, and Maryland; Dr. Jean Elder, external consultant; Ms. Gabrielle Rodney, Quality Assurance Manager; and the evaluator, Dr. Vonk. Through these meetings, it was determined that the purposes of the evaluation were to:

1. Demonstrate service delivery and process outcomes related to safety, permanency, and well-being for children in the care of NTF;
2. Assess the level of satisfaction with NTF services among clients, foster caregivers, and NTF stake-holders; and
3. Provide illustrations related to children and families via analysis of qualitative data.

Dr. Vonk is not affiliated in any way with NTF and was therefore able to perform an independent, third party evaluation for the agency. Dr. Vonk was assisted throughout the evaluation by Ms. Sun Young Yoo, Doctoral Candidate and Mr. Scott Allen, MSW. In addition, Dr. Michael Holosko served as an external consultant to review the evaluation process and deliverables. Approval for data collection was granted by the University of Georgia Institutional Review Board. All data were delivered in May of 2007; analysis was complete June 29, 2007; and the report was delivered on August 17, 2007.

Design and Procedure

A cross-sectional design and data from all cases active between the dates of July 1, 2005 and June 30, 2006 were utilized. A coding sheet was developed to capture from case-records both quantitative and qualitative data related to the service delivery and process outcomes of safety, permanency, and well-being for children in the care of NTF. In addition, demographic data were collected.

The preliminary coding sheet was piloted by three case-managers who completed two cases each. The coding sheet was then revised based on discussion with the case-managers and review of their completed forms. The coding sheet was presented in final form to all case-managers in a face-to-face meeting. The data collection procedure required approximately 30 minutes per case. Confidentiality was protected through the use of case-numbers rather than names on the coding sheets.

Satisfaction was assessed through analysis of satisfaction surveys that were administered to clients, foster caregivers, and stakeholders during the specified time period. The surveys included both quantitative and qualitative data.

Descriptive analyses of quantitative data were completed using the Statistical Package for Social Sciences (SPSS). Most quantitative results are reported in tabular form. Qualitative data from open-ended responses and notes from meetings were examined to identify themes. These results are integrated into relevant sections of the report and often include quotes that capture the spirit of the identified theme.

Demographics

The children are described by placement location, age, gender, and race. Foster caregivers are described by gender and race. In addition, reasons for children's entry into care and basic services received from NTF are described. Finally, the children's level of care is shown. Very briefly, the levels, established by DHR-GA, indicate children's needs related to emotional/behavioral difficulties or medical/developmental disabilities as follows:

- Level 1: mild emotional/behavioral problems that can be addressed by consistent and supportive caregiving; no medical disabilities;
- Level 2: mild emotional/behavioral problems that result in infrequent impulsive or non-violent antisocial acts that can be addressed by caregivers in specialized placement; minor medical or developmental disabilities that require monitoring by specialists;
- Level 3: moderate emotional/behavioral problems that result in mental health diagnosis and require specialized foster care; medically fragile or severe developmental delays;
- Level 4: moderate to serious emotional/behavioral problems including threats to harm others, self, and/or property that may have previously required psychiatric hospitalization or incarceration and currently requires therapeutic foster care or other placement; major medical problems or developmental disability;
- Level 5: serious to severe emotional/behavioral problems that include a history of not responding well to treatment and require highly trained and supported

therapeutic foster care or other placement; severe medical or developmental condition that requires time intensive procedures by trained caregiver in specialized foster home.

Demographic Variables
- Distribution of children in the care of NTF-Georgia by county
- Children's age, gender and race
- Children's foster caregivers' gender and race
- Reasons for children's entry into care
- Basic services received from NTF by children in care
- Children's level of care indicating emotional and medical needs from intake to 6 months
- Children's level of care indicating emotional and medical needs at discharge or time of data collection

Safety, Permanency, and Well-Being Indicators

The framework for the indicators was based on that utilized by the *Administration for Children & Families for "Child and Family Services Reviews"*, e.g., safety, permanence, and well being (DHHS, 2006). Through discussion with NTF administrators and staff members, indicators of this three-tiered framework were chosen that fit hand-in-hand with the three primary goals of NTF to provide safe foster care, promote permanent placement, and promote child well-being. In addition, indicators of various stakeholders' satisfaction with NTF services were included.

Safety indicators are related to the absence or presence of any type of maltreatment of children. In addition to these indicators, understanding of children's *safety* during NTF care was supplemented with qualitative data gathered by the Quality Assurance Manager from the Case-Managers.

Safety Indicators
- Frequency of maltreatment on DFCS record for 6 months prior to NTF placement (Target – NA)
- Frequency of substantiated maltreatment on record during NTF placement (Target –0%)
- Frequency of substantiated maltreatment on record in the 6 months following NTF placement (Target –0%)

Permanency indicators are related to timely establishment and fulfillment of permanency plans with emphasis placed on successfully reuniting children with birth family or relatives. In addition, indicators are related to the quality of case planning, such as involving birth family members, children, and foster caregivers in the process. Other indicators are related to maintaining connections among children, their siblings,

and their birth parents or other relatives. For example, children must be placed in close proximity to and maintain regular contact with birth family members. Qualitative data, provided on the coding sheet by case-managers and through interview of office staff, were used to provide further insight into the efforts made by NTF to fulfill permanency goals for children in their care.

Permanency Indicators

- Frequency/percentage of children with established permanency goal within 30 days of placement (Target 100%)
- Length of stay in NTF placement <12 months (Target 100%)
- Frequency/percentage of children returned to birth family, relative placement, adoption, non-NTF foster care, independent living, or other; (Target –non-specified)
- Frequency of re-entry into foster care within 6 months of discharge (Target – 100%)
- Attendance of birth family members in case planning (Target – non-specified)
- Attendance of NTF staff members in case planning (Target – 100%)
- Number of miles between the NTF foster care home and the home the child lived in prior to placement (Target – 50 miles maximum)
- Frequency/percentage of children remaining in the same foster care home during placement (Target – 90%)
- Frequency/percentage of children placed with all siblings in NTF care (90% target)
- For siblings in different placements, or if some were not in NTF care, frequency of phone and face-to-face visits the child had with siblings (Target – 1 per 30 days)

Well-Being indicators are related to the health of the child, as well as, enhancement of the family's ability to care for that child. Well-being information was supplemented with qualitative data from the coding sheet, office staff members, and case managers.

Well-Being Indicators

- Number and percent of children's birth family members who received services from NTF
- Frequency and types of services received by children's birth family members
- Frequency and types of services received by foster caregivers while serving children in NTF care
- Frequency/percentage of children who received a physical exam within 72 hours of placement with NTF (Target 100%)
- Frequency/percentage of children who had up-to-date immunizations (Target 100%)
- Number and percentage of children with identified developmental, educational, and/or mental health needs; and percentage of those who received related assistance for identified need (Target 100%)

Satisfaction Data

Satisfaction with NTF services and employment was assessed by analyzing quantitative and qualitative data from satisfaction surveys routinely administered during the designated time period (July 1, 2005 through June 30, 2006).

Groups Represented by Satisfaction Data

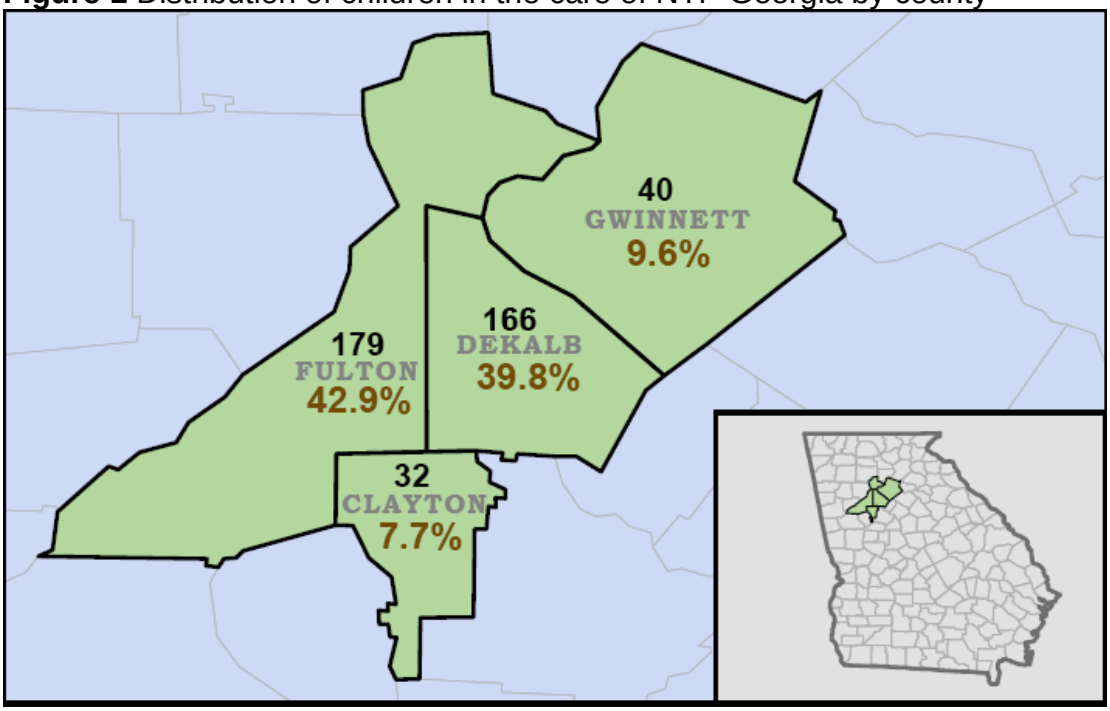
- Birth family members
- Foster caregivers
- Community Stakeholders
- Children ages 8 and under
- Children ages 9 and above

Results & Conclusions

The results are presented according to specified indicators following presentation of demographics. The total number of children served during the specified time period was 417. Thus 417 cases represent the entire population. However, the number of cases utilized for each indicator varies due to missing data and/or coding errors. Results will be presented in tabular form for the most part and data conclusions will be offered throughout.

Demographics of Foster Children and their Caregivers

Figure 1 Distribution of children in the care of NTF-Georgia by county



Data conclusion: As seen in Figure 1, the majority of children were in foster homes in Dekalb and Fulton counties. This is not surprising since these two programs had been in operation longer than those in Gwinnett or Clayton.

Table 1 Children's age, gender and race

Demographic Variables		Frequency	Percent
Age (n=410)			
	0-5	119	29.0
	6-10	140	34.1
	11-15	102	24.9
	16 up	49	12.0
Gender (n=415)			
	Male	199	48.0
	Female	216	52.0
Race (n=409)			
	African-American	340	83.1
	Euro-American	35	8.6
	Latino/a	20	4.9
	Asian	6	1.5
	Bi-racial	8	2.0

Data Conclusion: Table 1 shows that children were fairly evenly distributed by age categorized in 5 year increments with the exception of a smaller proportion of children who were over the age of 16. In addition, the children were almost evenly divided by gender. In contrast, a large majority of children in care were African-American.

Table 2 Children's foster caregivers' gender and race

Demographic Variables		Frequency	Percent
Gender (n=415)			
	Male	15	3.6
	Female	295	71.1
	Couple	105	25.3
Race (n=412)			
	African-American	398	96.6
	Euro-American	3	0.7
	Latino/a	11	2.6

Data conclusion: As seen in Table 2, foster caregivers were primarily African-American women, reflecting a similar racial demographic as the children.

Table 3 Reasons for children's entry into care (n=408)

Reasons for Entry*	Frequency	Percent of total number of children in care
Neglect	226	55.4
Physical Abuse	102	25.0
Parental Drug Abuse	89	21.8
Inadequate Housing	58	14.2
Incarceration	37	9.1
Abandonment	34	8.4
Inability to Cope	31	7.6
Sexual Abuse	25	6.1
Other	14	3.4
Child Behavior	12	2.9
Relinquishment	10	2.5
Parental Alcohol Abuse	5	1.2
Child Drug Abuse	4	1.0
Death of Parent	3	0.7

*****Reasons are not mutually exclusive.

Data conclusion: These data parallel national data regarding reasons that children are placed in foster care. Neglect was the most frequent cause for placement, followed by physical abuse, and parental drug abuse.

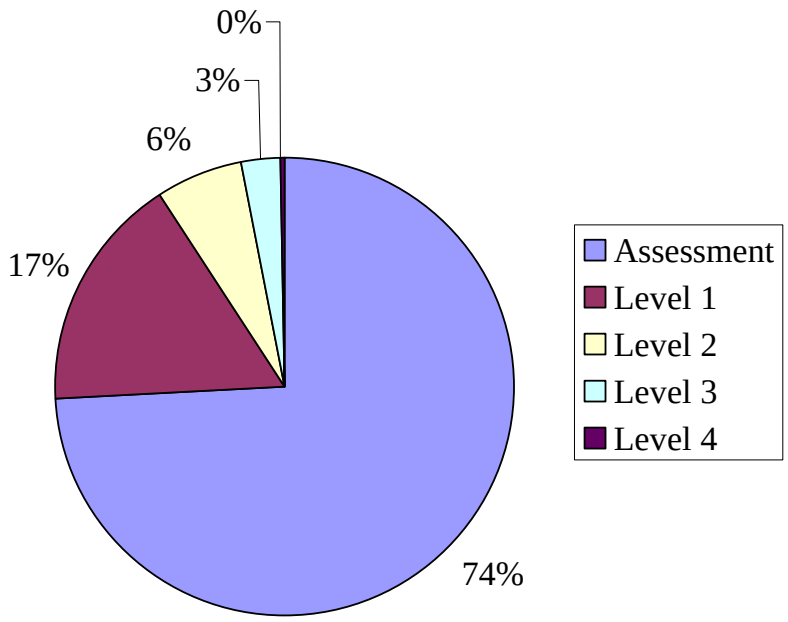
Table 4 Basic services received from NTF by children in care (n=414)

Basic Services Received	Frequency	Percent
Assessment*	192	46.4
NTF foster care placement*	403	97.3
Assessment only	11	2.7
NTF foster care placement only	222	53.6
Both assessment & placement	181	43.7

*****Services are not mutually exclusive.

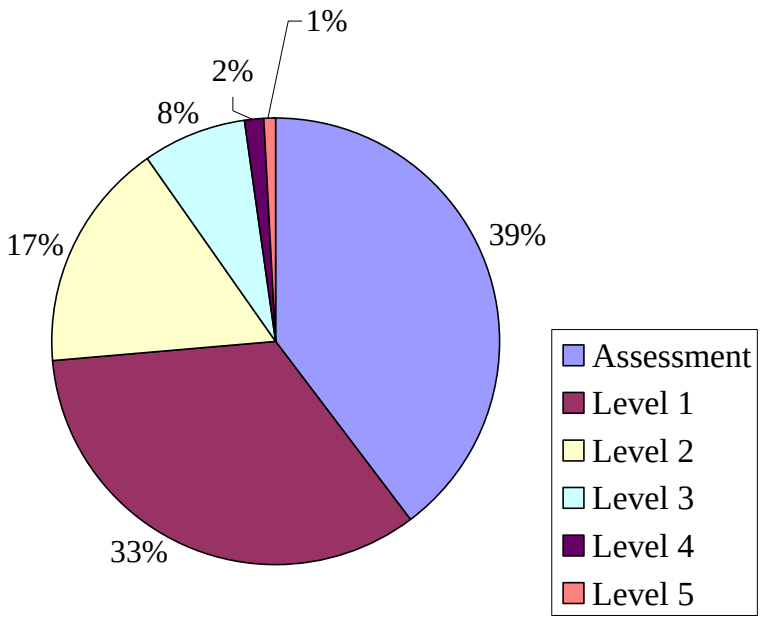
Data conclusion: These data clearly show that NTF serves its mandate to provide foster care to its constituency.

Figure 2 Children's level of care indicating emotional and medical needs from intake to 6 months



Data conclusion: Figure 2 shows that most children are initially in the "assessment" level of care, assigned as level 3 by agreement with DHR-GA. Only 68 or 17% of the children are in Level 1, the only level that does not require specialized or therapeutic placement.

Figure 3 Children's level of care indicating emotional and medical needs at discharge or time of data collection



Data conclusion: Figure 3 provides a "snapshot" of children's level of care at discharge or when data collection was completed. As seen, approximately two-thirds of the children are in placements requiring specialized or therapeutic caregiving.

Safety

Table 5 Frequency of substantiated maltreatment prior to, during, and following NTF placement for all cases in care over 30 days (Total n=311)

Maltreatment Occurrences	Prior to NTF (n=271)	During NTF (n=305)	After NTF (n=244)
0		304 (99.7%)	239 (98.0%)
1	227[1](83.8%)	1 (0.3%)	1 (0.4%)
2	31 (11.4%)	0 (0%)	4 (1.6%)
3	13 (04.8%)	0 (0%)	0 (0.0%)

[1]All children were removed from homes by DFCS due to maltreatment of themselves or their siblings.

Qualitative data revealed more about children's safety while in NTF placement. Aside from the one case of maltreatment reported in Table 5, there were several cases in which at least one sibling alleged maltreatment. In each case, DFCS' investigation failed to substantiate the maltreatment. Nevertheless, NTF responded proactively by providing extra supervision and training to the relevant foster caregivers. In one case, while the alleged maltreatment did not reach the level of abuse, the foster caregivers' conduct broke NTF policy and employment was terminated. Clearly, NTF holds high standards of behavior for foster caregivers in order to ensure the safety of children in their care.

Data Conclusion: With the exception of one child, representing 0.30% of children in NTF care over 30 days, no maltreatment occurred during NTF placement. This percentage is well below the national standard of 0.57% (DFCS, 2006). All but five children discharged from NTF experienced no substantiated maltreatment during the six month follow-up period.

Permanency

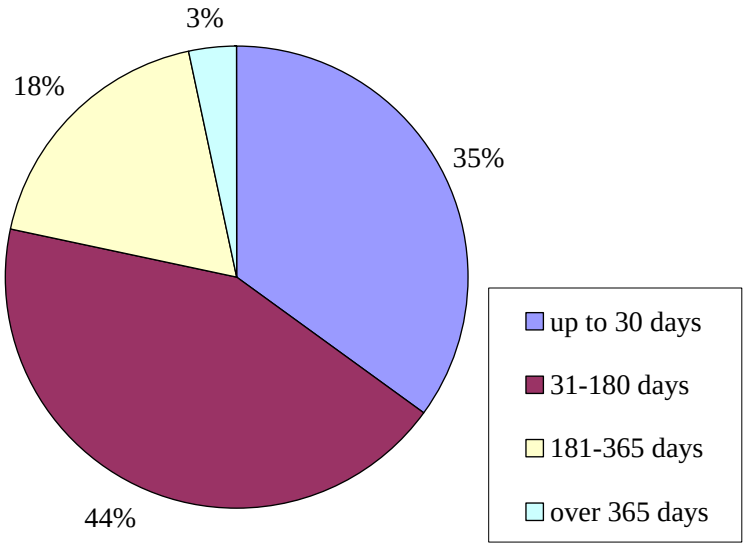
Establishment and Fulfillment of Permanency Plans

- 272 (87.5%) of those cases in which the total length of care was over 30 days (n=311) established a permanency goal within 30 days.
    - The primary reason provided for those who did not establish goal within 30 days was a lack of information from the referring agency (DFCS).

- 44 (14.1%) had permanency plan changes while in care.
    - The most frequent changes went from reunification to:
        - Relative placement (n=32),
        - Adoption (n=10), and
        - Long-term foster care (n=1).
    - In one case, the plan changed from relative placement to reunification.

At the time that data collection ended, 302 (72.6 %) of the total population of children served by NTF during the specified time period (n=416) had been discharged from care. The following two analyses are based on those children.

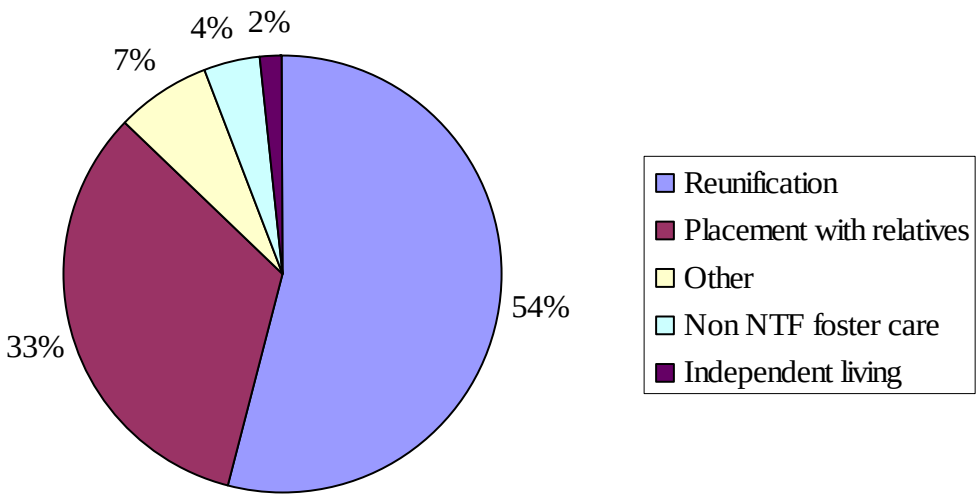
Figure 4 Length of stay in NTF placement for discharged children (n=295)



Data conclusion: As seen in figure 4, the length of stay for 97% of children who had been discharged from NTF achieved the targeted 12 months or less in care. In fact, 79% of those children were discharged within six months of intake.

Qualitative data indicated the most frequently cited barrier for the 10 children who were not discharged within 12 months was the birthparents' failure to complete plan. These barriers included parents' inability to obtain appropriate housing or employment; drug abuse or mental health issues; and incarceration.

Figure 5 Percentage of children returned to birth family, relative placement, non-NTF foster care, independent living, or other* placement (n=295)



*Other refers to group home (n=4); residential facility (n=5); and return to DFCS care (n=12)

Data conclusion: 87% of children discharged from NTF *returned home or to relative placements*. Rate of placement with relatives' is slightly higher than the National Standard of 30% or more. Notably none of the discharged children were placed for adoption.

Frequency of re-entry into foster care within 6 months of discharge

- 198 (63.7%) of the 311 cases in care over 30 days had been discharged at the time of data collection.
- Of these, 18 (9.1%) children re-entered NTF foster care within 6 months of discharge. Thus, 90.9% of children achieved target of no re-entry within 6 months. This rate is slightly lower than the national standard of 91.4% of children with no re-entry within 12 months.
- The most frequent reasons for re-entry into care were neglect and parental drug abuse.

Case Planning

Both quantitative and qualitative data were utilized to understand the case-planning process. All cases of children in care over 30 days, whether active or closed, were utilized in the analyses. (n=311)

Table 6 Participation in case planning or family team meeting

Participant	Frequency	Percent
Birth father* (n=296)	36	12.2
Birth mother* (n=303)	231	76.2
Other birth family members* (n=288)	133	46.2
At least one member of birth family (n=286)	253	88.5
Siblings (n=288)	235	81.6
NTF staff members (n=296)	296	100.0
NTF foster caregiver(s) (n=294)	275	93.5
DFCS staff member(s) (n=296)	280	94.6
Other** (n=296)	13	4.4

*More than one family member may have participated in planning
**Other responses include: Godparents and Family Friends.

Data conclusion: Table 6 shows that a large majority of children had at least one birth family member, as well as, sibling(s) in attendance at case planning meetings. All children had NTF staff members in attendance. Additionally, most children's foster caregivers attended.

Qualitative findings include the following:

- Members of the birth family were involved in case-planning through DFCS interview and assessment, as well as through frequent contact with NTF staff members.
- NTF staff, foster caregivers, and members of the birth family discussed the families' and children's strengths, needs, and desires.
- Birth family members, primarily birth mothers who attended case-planning meetings frequently expressed commitment and perceived needs in order to adequately care for their children.
- Whether through direct or indirect involvement, birth family members were encouraged to help set goals and work toward meeting those goals.

Attempts by NTF staff members to involve birth parents in planning were sometimes unsuccessful for a variety of reasons including the following:

- Parent's unavailability due to work schedule;
- Whereabouts of mother/father unknown;
- Parent's lack of acknowledgement of child's developmental deficits;
- Parent's did not attend in spite of many attempts by NTF to inform; and
- Termination of Parental Rights prior to NTF placement.

Children were involved in case planning both directly and indirectly. Children ages 12 and older often attended case planning meetings. If not in attendance due to age or other reasons, children's input was provided by case managers and/or therapists based on interviews. In either case, the children provided the following:

- Their thoughts about personal strengths, needs, and desires;
- Ideas about placement; and
- Ideas about goals and how to meet them.

Stability and Proximity of Foster Placement

Stability of Placement: 219 children (70.4%) of those cases in which the total length of care was over 30 days (n=311) remained in the same foster care home from intake to discharge (or to date of data collection).

Data conclusion: 70.4% achieved the target of remaining in one placement while in NTF care.

The primary reasons for changes in foster placement were as follows:

- Child's foster care provider…
  - Terminated (n=5)
  - Resigned (n=10)
  - Could not meet children's needs due to:
    - child's need for more structure or support (n=7)
    - poor fit between provider and activity level, behaviors, or age of child (n=9)
    - need for transportation (n=1)
- Child's or siblings' unsubstantiated allegations of abuse
  - Physical (n=10)
  - Sexual (n=2)
- Safety concerns for children in home due to child's behavior
  - Altercations among siblings (n=8)
  - Altercation with foster care providers (n=3)
  - Acting-out behaviors causing safety concerns for other children in home (n=20)
- Child's first placement was temporary respite (n=3)
- In order to place siblings in same home (n=8)
- Unknown (missing data or coding sheet error) (n=5)

Proximity of Placement for Children in Care over 30 days (n=311):

Table 7 Number of miles between child's home and foster placement

Miles	Frequency	Percent
0-10	45	14.5
10.01-20	103	33.1
20.01-30	79	25.4
30.01-40	48	15.4
40.01-50	24	7.7
>50	12	3.9

Data conclusion: Less than 4% of children in NTF care were placed over 50 miles away from their homes. In fact, over half of the children were within 30 miles of home.

Qualitative data revealed that legislation in Dekalb and Fulton counties requires placement within 50 miles. In Clayton and Gwinnett the 50 mile rule was followed in consideration of "best practice". For those cases in which placements were greater than 50 miles, it was determined that the foster caregivers' abilities to meet children's needs outweighed the distance.

Maintaining Connections with Siblings and Birth Family Members

Placement with Siblings

Of the 311 children in care over 30 days, 301 (96.8%) of them had one or more siblings. The average number of siblings for those children was 3.17, ranging from 1 to 7 siblings per child (n=293). Tables 8 and 9 describe siblings' placement at NTF.

Table 8 Frequency and percent of siblings' initial placement configurations (n=299)

Placement and Siblings	Frequency	Percent	Cum.Percent
All siblings together in NTF home	203	67.9	67.9
One or more siblings in non NTF placement	49	16.4	84.3
One or more siblings in different NTF homes	47	15.7	100.0

Data conclusion: Over two-thirds of children with siblings were initially placed together in the same home. This percentage rises considerably, to 81% (n=250) if children with siblings who are not in NTF care are removed from consideration. The most accurate picture, however, is represented by the cumulative 84.3%. In other words, 84.3% of children who had siblings in NTF care were placed together.

Table 9 Frequency and percent of siblings' placement configurations at discharge or date of data collection (n=287)

Placement and Siblings	Frequency	Percent	Cum.Percent
All siblings together in NTF home	151	52.6	52.6
One or more siblings in non NTF placement	69	24.0	76.6
One or more siblings in different NTF homes	67	23.3	99.9

Data conclusion: Table 9 shows that over one-half of children with siblings were placed together in the same home at the time of discharge or end of data collection. Once again, if children who have siblings outside of NTF care are taken out of consideration, the percentage increases to 68.6% (n=220). More importantly, the cumulative percent indicates that 76.6% of children who have siblings in NTF care are placed together.

Table 10 Reasons for children's placement[1] without all siblings in NTF care

Reason	Frequency
Sibling group was too large	75
Sibling moved to another NTF foster home due to safety	24
Other*	10

[1]refers to either initial or final placement

*Other includes cases in which one sibling entered care at a different time than others, ran away, needed special care due to behavioral or medical needs, or was reunited with birth family before others.

Data conclusions: The primary reason that children were not placed in NTF homes with their siblings was because some sibling groups were too large to be accommodated in one home. Further analysis of cases that indicated "sibling group was too large" revealed the mean number of siblings was 4.47 with a standard deviation of 0.80. In most sibling groups of 5 or 6, children were placed in two NTF homes, sometimes split by gender and other times by age. Siblings were moved from the same home to separate homes primarily due to safety concerns. These concerns included threats to the safety of other children in the home or to foster caregivers.

Visits with Siblings

When siblings were not in the same NTF home or when one or more siblings was in placement outside of NTF, visits by phone or in-person were arranged by NTF.

Table 11 Average frequency and type of sibling visit

Types[1] of Visit	**Visits per month Mean (SD)**
Phone (n=135)	3.90 (8.54)
Face to face (n=170)	3.43 (12.27)
NTF or DFCS office	3.03 (13.75)
Foster home	0.72 (1.29)
Birth family home	0.20 (0.47)
Other	1.09 (1.59)
Phone or Face to Face Visit (n=134)	7.78 (20.61)

[1]Types of visit are not mutually exclusive with the exception of the shaded row that includes any type of contact between siblings.

Data conclusion: The last row of Table 11 shows the average frequency per month with which children had any type of contact with siblings. This rate is well above the targeted one visit per month.

Visits With Members of Birth Family

Visits between children and birth family members were also arranged by NTF. Of 311 cases in care over 30 days, *239 cases (76.85%) had contact with the birth father; 284 cases (91.32%) with birth mother; and 242 cases (77.81%) with another relative*. The types and frequency of visits are shown in table 12.

Table 12 Average frequency and type of birth family visitation

Family Members	Types of Visit[1]	Times per month Mean (SD)
Birth father	Phone (n=222)	0.26 (1.24)
	Face to face Observed (n=239)	0.42 (1.01)
	Face to face Unsupervised (n=214)	0.02 (0.14)
	Any type of visit with birth father (n=210)	0.59 (1.72)
Birth mother	Phone (n=241)	3.37 (7.83)
	Face to face Observed (n=284)	2.09 (5.30)
	Face to face Unsupervised (n=218)	0.25 (0.88)
	Other* (n=53)	0.12 (0.38)
	Any type of visit with birth mother (n=208)	5.83 (10.69)
Birth relative	Phone (n=223)	0.87 (1.85)
	Face to face Observed (n=242)	0.72 (1.07)
	Face to face Unsupervised (n=202)	0.01 (0.06)
	Any type of visit with birth relative (n=197)	1.37 (2.54)

[1]Types of visit are not mutually exclusive with the exception of the shaded rows that include any type of contact with the preceding birth member.
*Other responses indicated that many visits took place in the community, and in one case, a minor birth mother in NTF care visited with her baby in another NTF home on a daily basis.

Data conclusion: The average frequency per month with which children had contact with members of their birth families is well above the targeted 1 contact per month.

Well-Being

Services for the Children's Birth Families

Table 13 Frequency and percent of children's birth family members receiving services from NTF (n=311)

Child's Relative	Frequency	Percent
Birth Mother	175	56.3
Birth Father	33	10.6
Other Family Member	19	6.1
Any Family Member*	184	59.2

*Includes all family members served

Table 14 Frequency, percent of total cases, and mean frequency per month of various NTF services to birth family members (n=311)

Family Member	Types of Service[1]	Number Receiving Service (percent of total cases)	Times per Month Mean (SD)
Birth mother	Concrete	64 (20.6%)	1.24 (4.27)
	Educational	68 (21.9%)	1.38 (2.10)
	Therapeutic	59 (19.0%)	0.72 (0.70)
	Referral	28 (9.0%	0.48 (0.69)
	Other*	105 (33.8%)	11.44 (23.65)
Birth father	Concrete	10 (3.2%)	0.68 (00.74)
	Educational	12 (3.9%)	0.97 (01.08)
	Therapeutic	5 (1.6%)	0.59 (0.76)
	Referral	14 (4.5%)	0.59 (0.58)
Other birth family	Concrete	5 (1.6%)	0.17 (0.07)
	Educational	6 (1.9%)	0.54 (0.31)
	Therapeutic	9 (2.9%)	0.64 (0.72)
	Referral	12 (3.9%)	0.27 (0.15)

[1]Types of service are not mutually exclusive
*Other refers to transportation, employment, and housing assistance.

Data conclusions: NTF provided numerous and varied services to children's family members. As seen in table 13, birth mothers were the most frequent recipients of service; and close to two-thirds of children had at least one birth family member who

received some type of service from NTF. Elaboration of service provision is provided in table 14. For birth mothers, the most frequent service was “other” which referred to transportation, employment, and housing assistance.

Services for the Children’s Foster Caregivers

Foster caregivers also received services to enhance the well-being of children in NTF care. These services are shown in table 15.

Table 15 NTF services to children’s foster caregivers (n=399)

NTF Services	**Times/month Mean (SD)**
24 hr. Crisis or Urgent Support	0.30 (2.16)
Training	1.85 (11.80)
Scheduled Supervision	5.19 (25.92)
Other*	0.05 (0.47)

*Other refers to therapy, transportation, and help with case-management.

Data conclusion: Foster caregivers received a variety of services. The frequency of supervision is far greater than the requirement of one visit per month.

Physical exam within 72 hours of children’s placement with NTF: *89.9% (277/308) of children reached target.* The identified barrier was the inability to get Medicaid number from DFCS. At the time of data collection, NTF had already changed their procedure to get the exam within 72 hours and then receive reimbursement.

Children’s immunizations up-to-date: 97.7% (300/307) of children reached target. The identified barrier was receipt of record from DFCS.

Services for the Children

Table 16 Children's needs and assistance from NTF (n=311)

Types of Need	Frequency (Percent)	Types of Assistance[1]	Number receiving assistance (% of those identified)
Developmental	120 (38.6%)		
		Assistance from NTF professional	59 (49.2%)
		Referral to specialist[2]	51 (42.5%)
		Other[3]	10 (08.3%)
		No assistance	30 (25.0%)
Educational	162 (52.09%)		
		Assistance from NTF professional	76 (46.9%)
		Referral to specialist	106 (65.4%)
		Other[4]	14 (08.6%)
		No assistance	25 (15.4%)
Mental health	180 (57.9%)		
		Assistance from NTF professional	133 (73.9%)
		Referral to specialist	55 (30.6%)
		Other[5]	4 (02.2%)
		No assistance	26 (14.4%)

[1]Children may have more than one identified need
[2]Referred for developmental assistance to Schools, Children's Health Center, Marcus Institute, Babies Can't Wait, Speech and Occupational Therapists
[3]Other development assistance: Pediatricians
[4]Other educational assistance:

- Transportation to special school
- Babies Can't Wait
- Day Care/Pre-K (to improve social skills and school readiness)

[5]Other mental health assistance: Unspecified

Data conclusions: Over one-third of the children were identified with developmental needs of which 75% reportedly received assistance. Over one-half of the children were identified with educational needs of which approximately 85% received assistance. Mental health needs were identified in over one-half of the children of which 86% received assistance.

Satisfaction with NTF Services

Satisfaction surveys were administered by NTF in June, 2006. Data are presented in tables 17 through 21, followed by anecdotal comments. Please note that quotes taken from the qualitative satisfaction data are reported exactly as they were written.

The scale for *birth family members, foster caregivers, and community stake-holders* ranges from 0 to 9, as follows:

- 0 = non-performance
- 1 to 3 = partial performance
- 4 to 6 = satisfactory performance
- 7 to 9 = superior performance

Table 17 Birth family members' satisfaction with NTF (n=37)

Satisfaction Items	**Mean (SD)**
1. I was invited to participate in the treatment team meeting regarding my family and encouraged to voice my ideas and concerns.	6.9 (2.3)
2 Information regarding my child's progress and any changes in progress is given to me as soon as possible.	6.7 (2.8)
3. The roles and responsibilities of everyone on the treatment team were fully explained to me and I was allowed to participate in appropriate decision making involving my children and myself.	7.2 (2.2)
4. I was treated with dignity and respect.	7.2 (2.4)
5. I feel that my social worker understands my concerns and is helpful in providing and identifying needed resources	7.1 (2.2)
6. My social worker returns my telephone calls within 24 hours and I am seen for appointments on time.	7.3 (2.3)
7. The office is centrally located and is easy for me to access.	6.3 (3.1)
8. I am encouraged to attend and participate in family visitation and provided assistance with transportation if needed.	7.9 (1.3)
9. I am afforded privacy when meeting with my social worker to discuss concerns, issues and service needs.	7.3 (2.0)
10. If my social worker is unavailable, I know who to contact to request assistance.	7.2 (2.3)
11. Overall, I am satisfied with the services I receive.	7.1 (2.4)

Data conclusion: As seen in table 17, birth parents rated satisfaction with NTF at or close to the superior range on all but two items with an “overall” rating of 7.1.

Birth parents were especially satisfied about help from NTF with family visitation and involvement in case-planning. One parent commented, “Everything is alright, especially with Mrs. [A] pick me up and getting there and making sure that I get back to a train station even if she has to leave. Thank You Very Much!” The two items that were rated in the satisfactory range involve access to the office and timely information about children’s progress. For example, one parent expressed dissatisfaction with her perception that NTF did “not let [me] know what is going on with my children”.

Table 18 Foster caregiver’s satisfaction with NTF (n=110)

Satisfaction Items	**Mean (SD)**
1. Neighbor To Family staff has related to you as a team member by recognizing your contributions.	5.8 (2.5)
2. Neighbor To Family staff has related to you as a team member by soliciting your input and appreciated your opinions.	5.8 (2.4)
3. Neighbor To Family staff has related to you as a team member by keeping you informed about all aspects of the case.	5.5 (2.5)
4. Staff at Neighbor To Family responded to my request for services or support, and is accessible 24 hours a day 7 days a week.	5.7 (2.5)
5. If I have concerns that cannot be resolved by my caseworker, I feel comfortable talking with the worker’s supervisor.	6.2 (2.5)
6. My Children’s Resource Records (CRR)/Medical Books are up to date with all the necessary documentation.	6.6 (2.4)
7. I feel comfortable with the frequency of my caseworker’s visits.	6.9 (2.2)
8. I feel that Neighbor To Family appreciates the work I do as a NTF foster parent.	6.4 (2.6)
9. The caseworker makes every effort to provide me with written and verbal information on the children prior to their placement.	5.8 (2.8)
10. Neighbor To Family staff has supported me and provided needed services upon request.	5.9 (2.7)

Data conclusion: Foster caregivers rated satisfaction with NTF in the satisfactory range on all items. The mean of the item means is slightly greater than 6.0.

Comments on the surveys revealed that some foster caregivers felt tremendous support from their case-workers and office staff. For example, one foster caregiver stated, "[My case-worker] is very proficient and gets things done in a timely manner without hesitation. I applaud [her] being supportive of her foster parents; it makes me want to continue to do this much needed work." Others commented, "Thanks for all the accolades" and "my team always show[s] positive and exceptional support."

Other foster caregivers suggested improvements in three areas. First, a few comments indicated need for concrete help such as children's clothing and transportation. Next, a few caregivers mentioned the need for respite. Finally, several statements indicated a need for greater communication about the children from office staff members. For example, one caregiver stated, "Be honest with foster parents, follow-up with concerns that parents have…give foster parents as much info [as] you have on children placed in home." Another caregiver commented on the need for more timely communication "regarding meetings, visits, events…"

Table 19 Community stake-holder's satisfaction with NTF (n=29) (Cont. next page)

Satisfaction Items	**Mean (SD)**
1. I was invited to the table to have a voice in planning and providing support to the children and family.	7.6 (1.3)
2. Staff listened to my ideas and supported my area of expertise.	7.7 (1.3)
3. If I had a concern or complaint it was handled well.	7.6 (1.8)
4. Phone calls were returned promptly.	7.4 (1.9)
5. The staff demonstrated overall knowledge of the children's and families' needs; and communicated progress and status changes in a timely manner.	7.8 (1.5)
6. Comprehensive assessments of the children and families needs are completed upon intake and are re-evaluated throughout placement.	7.2 (1.9)
7. Foster parents are seen as a valuable team member and given support to meet the special needs of the children placed in their home.	7.5 (1.5)
8. Team decision making is guided by what is in the best interest of the children.	7.9 (1.4)

Table 19 Community stake-holder's satisfaction with NTF (n=29) (Cont.)

Satisfaction Items	Mean (SD)
9. It was easy for me to get to the office.	7.2 (2.4)
10. The office was clean and comfortable.	7.4 (2.4)

Data conclusion: Community stake-holders including DFCS supervisors, judges, and others who work directly with NTF and children in their care gave the highest satisfaction ratings of the three adult groups. Without exception, all items were rated in the superior range. The mean of the item means is 7.5.

Very few comments were made on the surveys, most of which were positive or neutral, including "NTF staff has been wonderful and has relieved some of my responsibilities at DFCS" and "continue to be consistent with follow-up calls." A few pointed to potential areas of improvement, including "collaborating the scheduling of the FTM and follow up" and "communicating about daycare to foster parents regarding payment."

The scale for the *children's (8 and under)* satisfaction survey ranged from 1, "very unhappy" to 5, "very happy".

Table 20 Children's ages 8 and under satisfaction with NTF (n=102)

Satisfaction Items	Mean (SD)
1. How happy are you with [name of foster care-giver] showing that he/she cares for you?	4.5 (0.6)
2. How happy are you with [name of foster care-giver] being a nice and fair person?	4.4 (0.6)
3. What is your level of happiness with your ability to talk to [name of foster care-giver] about anything?	4.2 (0.8)
4. How happy are you with [name of foster care-giver] ability to make sure you are safe?	4.5 (0.7)

Data conclusion: As seen above, children ages 8 and under rated their happiness with NTF in the "happy to very happy" range. The mean of the item means is 4.4.

Children were asked to comment on what happens in their foster placement when they do something well and when they do something that gets them "in trouble". Without exception, their comments indicate that foster caregivers use appropriate rewards and consequences related to children's behavior. In addition, the variety of rewards and consequences clearly indicate that caregivers approach children as individuals who have differing wishes and needs. For example, comments related to rewards include "we go to Chuckie Cheese and we get treats", "get yogurt", and "go to the YMCA".

Related to consequences, comments include “go to my room”, “no TV”, and “sit in kitchen”.

A few children also added comments that underscored their level of happiness with their caregivers, such as, “she hugs, cooks, and lets me play.” In addition, a few commented on their desire to return home. For example, one child stated that he is “ready to go live with his mother.”

The scale for the children’s (9 and over) satisfaction survey ranged from 1, “very dissatisfied” to 5, “very satisfied”.

Table 21 *Children’s ages 9 and up* satisfaction with NTF (n=106)

Satisfaction Items	**Mean (SD)**
1. How satisfied are you that [name of foster care-giver] listens to your concerns?	4.3 (0.7)
2. How satisfied are you with [name of foster care-giver] understanding your needs?	4.4(0.7)
3. What is your level of satisfaction with [name of foster care-giver] including your thoughts/wants in your treatment plan?	4.1 (0.8)
4. How satisfied are you with [name of foster care-giver] being open and honest with you?	4.2 (0.9)
5. How satisfied are you with [name of foster care-giver] planning for your future living arrangement? (Return home, college, relative foster care, adoption etc…)	4.3 (0.9)

Data conclusion: Children ages 9 and up rated their satisfaction with NTF in the “satisfied to very satisfied” range. The mean of the item means is 4.3.

Once again, children’s comments indicated understanding of rewards and consequences for their behavior. For good behavior, children indicated that they were rewarded with “going outside”, “praise”, “allowance”, and “going to friend’s house”. Consequences for inappropriate behavior included “restriction from TV”, “phone taken away”, and “Play Station 2 taken away”.

As with the younger children, there were a several comments elaborating on satisfaction with NTF, such as “They tell me things they think I should hear about or ask about”; “She understands me and I love her dearly”; “She’s quite like a mama”; “She always sits down with us and listens to what we say and we listen to some of her life stories”; and “Ms. [B] knows what she is doing planning my future for me or helping me with it.”

Limitations

The following represent a set of limitations related to this evaluation. They do not in any way deter or diminish the integrity of the data collected or analysis. However, they are presented here in the spirit of furthering understanding of this and other evaluations of its kind.

1. As with evaluations of this nature, the data presented herein are subject to time-and-place of the program. As we are aware, program mandates, objectives, and planning vary in the life of any such program. As a result, these data reflect the "here and now" of the NTF program for the time-frame of data collection.

2. Despite efforts to use coding methods that were consistent and uniform, coders may have had differing interpretations on translating secondary data to the coding sheet.

3. Client satisfaction data is historically high in evaluations of service delivery. Although the current findings collected from the five groups were positive, understanding would be strengthened utilizing alternate ways of gathering this important information, e.g. focus groups or individual interviews.

4. The data presented herein were not analyzed with any inferential statistical tests. As such, the results of this first evaluation of the Georgia program are presented as descriptive and/or trend data suitable for program planning and decision-making purposes.

5. The data conclusions presented in the results section of this report are drawn by the evaluator from the data analysis. Others may have differing interpretations of the data's meaning.

Recommendations

The following recommendations are drawn from evaluation findings and data conclusions:

- **Continue to do what is working well.** This evaluation revealed many areas in which NTF performance is exemplary and should be continued. These include: keeping children safe while in care; maintaining connections among siblings and members of birth family; involving children, birth families, and foster caregivers in case-planning; timely fulfillment of permanency plans; reunifying children with birth families and relatives; and maintaining supportive, community relationships.

- **Focus attention on indicators that did not meet performance expectations.** The evaluation also revealed several areas in which performance might be improved.

  (1) The stability of placements fell short of NTF expectations.

  (2) Performance targets were not met for provision of assistance to children with identified developmental, mental health, and educational needs.

  (3) "Communication" barriers were mentioned in relation to several outcomes, including timely transfer of information from DFCS to NTF; and transfer of information from NTF to the birth family.

  (4) Though in the satisfactory range, satisfaction data from foster caregivers revealed two potential areas of improvement. First, the data suggest the need for more respite and concrete support. Next, they suggest the need for better transfer of information about the children from the NTF professional staff to the foster caregivers.

  While it might be speculated that each of these identified areas of improvement is related to human and financial resources, further examination is needed to more clearly identify the factors that may be hindering the achievement of NTF targets.

- **Follow-up on questions that came to light through findings of this evaluation.** At least two questions were raised by evaluation findings.

  (1) While only 3% (n=10) of discharged children were in care over 12 months, it might be enlightening to examine these cases in more depth to better understand the barriers to outcome achievement. While qualitative data indicated that persistent problems among birth parents were common in these cases, more information may help to guide thought and discussion concerning service provision to such families. Alternatively, adjustment of the outcome target may need to be considered.

(2) None of the children discharged during the data collection time-frame were adopted. Further examination of this phenomenon may be warranted to explore the role of adoption in permanency planning for children in NTF care.

- **Review the established outcome indicator targets for their accuracy and congruence both with NTF, as well as, National and State of Georgia standards.** The results found in this evaluation are very favorable in terms of NTF performance on most outcome indicators. In spite of that, many targets were not met due to having set targets at very ambitious levels. In fact, most of the targets were set above both National and State standards. It may well be that NTF would like to set higher standards than are required; however, further examination of this issue is warranted. Thus, NTF may want to review and modify targets keeping results of this evaluation, as well as, National and State standards in mind.

- **Future evaluations** The current evaluation has revealed several areas that can be improved upon in future evaluations.

  (1) In the current evaluation, it was difficult to directly compare NTF performance with National or State standards for some of the variables. For example, the National Standard for foster care re-entry is at or below 8.6% *over 12 months* (DHR, 2006). In the case of this evaluation, we looked for re-entry *over 6 months*, which is the length of NTF follow-up. As another example, the State Standard for stability in placement is defined as no more than *2 moves within 12 months* (DHR, 2006), whereas in this evaluation, it was defined as *no moves while in placement at NTF*. Again, NTF may want to reconsider ways in which outcome indicators are defined keeping in mind standards, as well as, contingencies of agency practice.

  (2) Due to the large number of children served by NTF in Georgia, future evaluations may be less cumbersome through the use of a random sample of the population. In addition, consideration should be given to the benefits and costs of using only discharged cases as the population.

  (3) Satisfaction surveys would benefit from modification both for consistency among the various surveys, and to supplement the current open-ended question that asks for “suggestions for improvement” with one that asks for comments about “what is going well”.

  (4) Add more qualitative data using focus groups and/or individual interviews to obtain greater depth of understanding of satisfaction with NTF. This would be particularly helpful toward understanding foster caregivers’ issues.

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