

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

1. Q1-Q3

1. In which Children's Administration service areas do you currently work?
(Check all that apply.)

- Family Voluntary Services (FVS)
- Child and Family Welfare Services (CFWS)
- Family Reconciliation Services (FRS)
- Child Protective Services (CPS)
- Division of Licensing Resources / Child Protective Services (DLR/CPS)
- Division of Licensing Resources / Licensing (DLR/Licensing)
- Intake
- Adoption

Next, Research and Data Analysis (RDA) needs your SSPS or 300 ID to make sure survey invitations have reached the right people, to help you with any problems, and to send reminders to people who haven't finished the survey. We go to great lengths to safeguard your confidentiality. No one from Children's Administration will know how you answer. Children's Administration will ONLY see your answers combined with others in reports. For more information about confidentiality, go to <http://www.dshs.wa.gov/rda/poc>.

2. Enter your office number and SSPS ID below. If you don't have an SSPS ID, put your 300 ID.

YOUR OFFICE NUMBER (For example: 747)

YOUR SSPS ID (For Example: 99ZZ99)

YOUR 300 ID (Enter only if you don't have an SSPS ID. Example: ABCD300)

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3. The following statements are about the Children's Administration and Solution-Based Casework.

Please indicate how strongly you agree or disagree with each of the following statements

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Don't Know or NA
a. I am clear about why Children's Administration is adopting Solution-Based Casework.	ja	ja	ja	ja	ja
b. This change will have a large effect on my day-to-day work.	ja	ja	ja	ja	ja
c. Children's Administration adopting Solution-Based Casework will have a positive impact on my job satisfaction.	ja	ja	ja	ja	ja
d. I am confident that after Children's Administration adopts Solution-Based Casework we will not go back to the "old way" of doing things.	ja	ja	ja	ja	ja
e. I am clear about what is expected of me when Children's Administration adopts Solution-Based Casework.	ja	ja	ja	ja	ja
f. I feel involved in Children's Administration planning and implementation of Solution-Based Casework.	ja	ja	ja	ja	ja
g. I believe that adequate support and resources are available to accomplish implementation of Solution-Based Casework.	ja	ja	ja	ja	ja
h. I have enough time to learn and apply Solution-Based Casework.	ja	ja	ja	ja	ja
i. The team responsible for planning and implementing Solution-Based Casework has a high level of credibility with me.	ja	ja	ja	ja	ja
j. I believe that adopting Solution-Based Casework will positively affect the families with whom Children's Administration works.	ja	ja	ja	ja	ja
k. I understand the basic principles and skills of Solution-Based Casework.	ja	ja	ja	ja	ja
l. I understand how I will learn and be assessed in using Solution-Based Casework.	ja	ja	ja	ja	ja
m. Solution-Based Casework is compatible with my professional values.	ja	ja	ja	ja	ja

2. Q4-Q5

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

4. We are interested in your perspective on some practice issues and current casework practices.

Please indicate the degree to which you agree or disagree with the following statements. Statements about families refer to the families you work with most often (e.g., biological families, foster families).

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Don't Know or NA
a. Families served often have many more problems than strengths.	ja	ja	ja	ja	ja
b. Emphasizing family strengths draws attention away from efforts to protect children.	ja	ja	ja	ja	ja
c. My immediate superior emphasizes the importance of assessing family strengths.	ja	ja	ja	ja	ja
d. All parents have strengths and resources they can use to solve problems.	ja	ja	ja	ja	ja
e. Even abusive and neglectful parents sometimes do a good job parenting.	ja	ja	ja	ja	ja
f. There is always an exception to a parent's pattern of problem behavior.	ja	ja	ja	ja	ja

5.

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree	Don't Know or NA
g. My immediate superior emphasizes the importance of involving families in case planning and decisions.	ja	ja	ja	ja	ja
h. Parents are less resistant when they have input in the case plan and services.	ja	ja	ja	ja	ja
i. Parents are more motivated to change when they define the problem.	ja	ja	ja	ja	ja
j. Including the relatives and friends of parents in case planning is not particularly helpful for most families.	ja	ja	ja	ja	ja
k. Most families have relatives or friends who are supportive and helpful to them.	ja	ja	ja	ja	ja
l. Family and friends' support can be as effective as professional services in finding solutions to parenting problems.	ja	ja	ja	ja	ja
m. Monitoring families' attendance at services is a good way to assess their progress.	ja	ja	ja	ja	ja
n. Assessing families' skill development is important to assessing their progress.	ja	ja	ja	ja	ja
o. It is difficult to use new approaches to helping families because the necessary organizational support is not provided.	ja	ja	ja	ja	ja
p. It is difficult to use new approaches to helping families because of all my other responsibilities.	ja	ja	ja	ja	ja
q. It is difficult to use new approaches to helping families because of media or political pressure on Children's Administration.	ja	ja	ja	ja	ja

3. Q6

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

6. Please indicate the degree to which you agree or disagree with the following statements about current family assessment procedures.

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree	NA, DLR Does Not Do This Kind Of Assessment
a. A clear and useful procedure is in place to assess parental substance abuse.	jn	jn	jn	jn	jn	jn
b. A clear and useful procedure is in place to assess parental mental health.	jn	jn	jn	jn	jn	jn
c. A clear and useful procedure is in place to assess risk of child maltreatment.	jn	jn	jn	jn	jn	jn
d. A clear and useful procedure is in place to assess domestic violence.	jn	jn	jn	jn	jn	jn
e. A clear and useful procedure is in place for assessing parenting skills.	jn	jn	jn	jn	jn	jn
f. A clear and useful procedure is in place for assessing families' basic needs as they pertain to child safety.	jn	jn	jn	jn	jn	jn

4. Q7-Q8

7. For each item below, please indicate the extent to which you believe it obstructs Children's Administration's ability to help families you work with most often (e.g., biological families, foster families).

	No Obstacle At All	Slight Obstacle	Moderate Obstacle	Significant Obstacle
a. The amount of paperwork/forms to be completed.	jn	jn	jn	jn
b. The size of caseloads.	jn	jn	jn	jn
c. Overall staff morale.	jn	jn	jn	jn
d. The number of organizational rules.	jn	jn	jn	jn
e. Cooperation shown by families.	jn	jn	jn	jn
f. Language barriers between families and service providers.	jn	jn	jn	jn
g. Cultural barriers between families and service providers.	jn	jn	jn	jn
h. The quality of working relationships with supervisory staff.	jn	jn	jn	jn
i. The quality of working relationships with managerial staff.	jn	jn	jn	jn
j. Organizational concerns with legal vulnerability.	jn	jn	jn	jn
k. The lack of availability of services needed to help families solve problems.	jn	jn	jn	jn
l. The number of problems facing families.	jn	jn	jn	jn

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8.

	No Obstacle At All	Slight Obstacle	Moderate Obstacle	Significant Obstacle
m. The effectiveness of services available to families.	jn	jn	jn	jn
n. The overall quality of the organizational environment where I work.	jn	jn	jn	jn
o. Problems arising from families' involvement with multiple service systems.	jn	jn	jn	jn
p. The lack of availability of culturally competent services for families.	jn	jn	jn	jn
q. The lack of available foster homes.	jn	jn	jn	jn
r. Ability of available foster homes to care for the children Children's Administration serves.	jn	jn	jn	jn
s. The quality of working relationships with families.	jn	jn	jn	jn
t. The quality of working relationships with court liaisons.	jn	jn	jn	jn
u. The quality of working relationships with attorneys.	jn	jn	jn	jn
v. The quality of working relationships with CASA, guardians ad litem, or other child advocates.	jn	jn	jn	jn
w. The quality of working relationships with judges.	jn	jn	jn	jn
x. It is difficult to use new approaches to helping families because of pressures from the court.	jn	jn	jn	jn

5. Q9-Q10

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

9. Please indicate how often you have had the following experiences in doing your current job.

	Never/Very Seldom	Seldom	Sometimes	Often	Always/Very Often
a. Do you have too much to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Is your workload irregular so that the work piles up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Are your work tasks too difficult for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Do you perform work tasks for which you need more training?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Do you perform work tasks for which you need more experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Have clear, planned, goals and objectives been defined for your job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Do you know exactly what is expected of you at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Are you given assignments without adequate resources to complete them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Do you receive incompatible requests from two or more people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Is your work challenging in a positive way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Are you given meaningful assignments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. If needed, is your immediate supervisor willing to listen to work related problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10.

	Never/Very Seldom	Seldom	Sometimes	Often	Always/Very Often
m. If needed, can you get support and help with your work from your immediate superior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Are your work achievements appreciated by your superior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Does your immediate superior encourage you to participate in important decisions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Does your immediate superior help you develop your skills?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Can you influence decisions that are important for your work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Can you influence the amount of work assigned to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Can you set your own work pace?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. Do you have to change plans for the work day because of sudden crises in your work with families?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u. Does your work expose you to threats and violence?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Q11

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

11. Please indicate the degree to which you agree or disagree with the following statements about your unit.

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
a. If you make a mistake in this unit, it is often held against you.	ja	ja	ja	ja	ja
b. People in this unit are able to bring up problems and tough issues.	ja	ja	ja	ja	ja
c. People in this unit sometimes reject others for being different.	ja	ja	ja	ja	ja
d. It is safe to take a risk in this unit.	ja	ja	ja	ja	ja
e. It is difficult to ask other people in this unit for help.	ja	ja	ja	ja	ja
f. No one in this unit would deliberately act in a way that undermines my efforts.	ja	ja	ja	ja	ja
g. Working with people in this unit, my unique skills and talents are valued and utilized.	ja	ja	ja	ja	ja
h. People in this unit have a "we are together" attitude.	ja	ja	ja	ja	ja
i. People in this unit keep each other informed about work related issues.	ja	ja	ja	ja	ja
j. People in this unit feel understood and accepted by each other.	ja	ja	ja	ja	ja
k. There are real attempts to share information throughout this unit.	ja	ja	ja	ja	ja
l. People in this unit are always searching for fresh, new ways of looking at problems.	ja	ja	ja	ja	ja
m. In this unit, we take the time needed to develop new ideas.	ja	ja	ja	ja	ja
n. People in this unit cooperate to help develop and apply new ideas.	ja	ja	ja	ja	ja

7. Q12

12. We are interested in the climate of the unit where you work.

Please indicate how much the following statements accurately describe the climate in your unit.

	Very Little Or Not At All	Rather Little	Somewhat	Rather Much	Very Much
a. The climate in this unit is encouraging and supportive.	ja	ja	ja	ja	ja
b. The climate in this unit is distrustful and suspicious.	ja	ja	ja	ja	ja
c. The climate in this unit is relaxed and comfortable.	ja	ja	ja	ja	ja
d. The climate in this unit is rigid and rule-based.	ja	ja	ja	ja	ja
e. People in this unit are sensitive to differences in their coworkers' cultural beliefs, values, and practices.	ja	ja	ja	ja	ja
f. You appreciate belonging to this unit.	ja	ja	ja	ja	ja
g. Your unit is successful at problem solving.	ja	ja	ja	ja	ja

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

8. Q13

13. Please indicate the degree to which you agree or disagree with the following statements about your current job.

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
a. Workers are rewarded (money, encouragement) for a job well done.	jñ	jñ	jñ	jñ	jñ
b. Workers are well taken care of in the organization.	jñ	jñ	jñ	jñ	jñ
c. Management is interested in the health and well-being of the personnel.	jñ	jñ	jñ	jñ	jñ
d. In general, I do not like my job.	jñ	jñ	jñ	jñ	jñ
e. All in all, I am satisfied with my job.	jñ	jñ	jñ	jñ	jñ
f. I would be very happy to spend the rest of my career with this organization.	jñ	jñ	jñ	jñ	jñ
g. I often look for job opportunities outside this organization.	jñ	jñ	jñ	jñ	jñ
h. I would not leave my organization right now because I have a sense of obligation to the people in it.	jñ	jñ	jñ	jñ	jñ

9. Q14-Q15

14. The next statements are about how a person may sometimes feel about his/her job. Please indicate how often you feel these ways about your current job.

	Less Than A Few Times a Year/Never	A Few Times A Month	Once A Week	A Few Times A Week	Every Day
a. I feel emotionally drained from my work.	jñ	jñ	jñ	jñ	jñ
b. I can deal very effectively with the problems of families.	jñ	jñ	jñ	jñ	jñ
c. I feel used up at the end of the workday.	jñ	jñ	jñ	jñ	jñ
d. I feel my work makes a positive difference in people's lives.	jñ	jñ	jñ	jñ	jñ
e. I feel fatigued when I get up in the morning and have to face another day on the job.	jñ	jñ	jñ	jñ	jñ
f. I can easily create a relaxed atmosphere with families.	jñ	jñ	jñ	jñ	jñ
g. I feel burned out from my work.	jñ	jñ	jñ	jñ	jñ

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15.

	Less Than A Few Times a Year/Never	A Few Times A Month	Once A Week	A Few Times A Week	Every Day
h. I feel frustrated by my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. I have accomplished many worthwhile things in this job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. I've become more callous toward people since I took this job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I worry that this job is hardening me emotionally.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. I feel exhilarated after working closely with families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. I feel a sense of pride and accomplishment from my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Q16-Q23

In order to assist in the statistical analysis for this study, we have included a set of questions asking for general demographic information about you. Your confidentiality will be protected. Children's Administration will only see the survey answers in reports that combine answers so that no one can guess how any one person answered. For more information about confidentiality, go to <http://www.dshs.wa.gov/rda/poc>.

16. Are you female or male?

Female

Male

17. What is your highest level of education?

Less than bachelors

Bachelors in social work

Bachelors in other field

Masters in social work

Masters in other field

PhD/Professional Doctorate

Other

18. If you hold a bachelors, masters, or doctorate degree, in what year did you receive your highest degree?

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

19. Have you had training in Solution-Based Casework?

Yes

No

20. How long have you been in your current position at Children's Administration?

Years

Months

21. What is your age (in years)?

22. What is your race/ethnicity? (Check all that apply)

Caucasian

African American

American Indian

Asian American/Pacific Islander

Hispanic

Other

23. Where do you work?

Central Intake

Division of Licensed Resources (includes DLR CPS)

DCFS Region 1

DCFS Region 2

DCFS Region 3

DCFS Region 4

DCFS Region 5

DCFS Region 6

11. DLR Regions

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

24. In which DLR Region do you work?

Region 1

Region 2

Region 3

Region 4

Region 5

Region 6

12. Region 1

25. Where in DCFS Region 1 do you work?

Clarkston

Colfax

Colville / Republic

Moses Lake

Newport

Omak

Spokane

Wenatchee

13. Region 2

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

26. Where in DCFS Region 2 do you work?

- Regional Adoption Section
- Ellensburg
- Goldendale
- Richland
- Sunnyside
- Toppenish
- Walla Walla
- White Salmon
- Yakima

14. Region 3

27. Where in DCFS Region 3 do you work?

- Regional Adoption Section
- Bellingham
- Everett
- Friday Harbor
- Lynnwood
- Mount Vernon
- Oak Harbor
- Sky Valley
- Smokey Point

15. Region 4

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

28. Where in DCFS Region 4 do you work?

- Central Services
- Regional Adoption / Permanency Section
- King East / Bellevue
- King South / Kent
- King West
- Office of Indian Child Welfare (Delridge)
- Martin Luther King, Jr. Office
- White Center

16. Region 5

29. Where in DCFS Region 5 do you work?

- Bremerton
- Tacoma

17. Region 6

30. Where in DCFS Region 6 do you work?

- Aberdeen
- Centralia
- Forks
- Kelso
- Long Beach
- Port Angeles
- Port Townsend
- Shelton
- South Bend
- Stevenson
- Tumwater
- Vancouver

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

18. SCREENING QUESTION FOR PART 2

CONGRATULATIONS! You have completed Part 1 of the survey. Part 2 is about a specific case on your caseload. You will continue to Part 2 only if you are a case-carrying worker in FVS, CFWS, FRS or CPS, and you were told which case to address in Part 2.

31. Are you part of the group that goes on to Part 2 of the survey - to be asked about a specific case?

YES - I am a case-carrying worker in FVS, CFWS, FRS, or CPS - and I was given a randomly selected case.

NO - I work in DLR, DLR CPS, Intake or Adoption.

NO - I work in FVS, CFWS, FRS, or CPS, but did not have cases that met the criteria for inclusion in the study.

NO - There's another reason I can't go on to Part 2 (specify below).

19. CASE QUESTIONS FOR PART 2

In this part of the survey, you will be answering questions about ONE specific case on your caseload. This case was chosen randomly by the survey team. Use the case number in red on your survey invitation unless it is invalid (you have never served the case even though the CAMIS data show otherwise, or the case has been assigned to you but you have never met the parent/caregiver).

If the red case is invalid, look at the instructions in Note 1 on the invitation. This note may include back-up case numbers. Use Case Number 2 unless it is also invalid. If all the case numbers are invalid or there is another problem with the case numbers you were given, please contact Andrea Stanley at NDST300@DSHS.wa.gov or 360-902-7559.

32. What is the case number? *Put the 10-digit case number. This should be the red number, unless it is invalid.*

33. What kind of case is this?

FRS

FVS

CPS

CFWS

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

34. Who is the primary caregiver (the adult responsible for providing care for the child or children most of the time, who was living in this family's household* at the time the case was referred to Children's Administration)?

- Mother (biological, step, adoptive)
- Father (biological, step, adoptive)
- Other female relative (grandmother, aunt)
- Other male relative (grandfather, uncle)
- Female non-relative
- Male non-relative
- Other: Specify below

*If the family was homeless at the time of referral, the family's household would include all those people with whom they would be living if they weren't homeless.

35. What is the primary caregiver's age (in years)?

36. What is the primary caregiver's race? (Check all that apply.)

- Caucasian
- African-American
- American Indian
- Asian American/Pacific Islander
- Hispanic/Latino
- Other

37. Is there a secondary caregiver (another adult who provides a significant amount of care for the child(ren) who was living in the family's household at the time the case was referred to Children's Administration)?

- Yes
- No

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

38. Who is the secondary caregiver?

- Mother (biological, step, adoptive)
- Father (biological, step, adoptive)
- Other female relative (grandmother, aunt)
- Other male relative (grandfather, uncle)
- Female non-relative
- Male non-relative

39. What is the secondary caregiver's age (in years)?

40. What is the secondary caregiver's race? (Check all that apply.)

- Caucasian
- African-American
- American Indian
- Asian American/Pacific Islander
- Hispanic/Latino
- Other

21. Q40-Q45

41. Besides the primary and secondary caregiver (if you listed one), how many other adults were living in this family's household at the time this case was referred to Children's Administration?

42. How many times during the last 6 months has the primary caregiver changed residence?

- None
- 1-2
- 3-4
- 5 or more
- Don't know
- NA

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43. Is the primary caregiver currently homeless (i.e., not living in own residence, and not likely to continue living in current residence/facility for more than a month or so)?

Yes

No

Don't know

NA

44. Is the primary caregiver living in the home of a friend or another family member?

Yes

No

Don't know

NA

45. Prior to the referral which led to this family's current involvement with Child Protective Services/Child Welfare Services, did any of the caregivers living in the household have a prior open CPS/CWS case?

Yes

No

46. Has the primary caregiver ever had her/his parental rights terminated?

Yes

No

22. CHILD DEMOGRAPHICS

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

47. Tell us about each child 18 or younger (*Use the dropdown menus on the right side of each box.*)

	Age (in years)	Months (only if less than one year)	Relationship to Primary Caregiver	Is child currently in Out of Home Care?
Child 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

48. For each child listed above, please check all appropriate races. (*Match the child number to above. If child 3 above is 8 years old, make sure you put the race for the 8-year-old child under "Child 3."*)

	Caucasian	African American	American Indian	Asian American/Pacific Islander	Hispanic/Latino
Child 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

49. Does any child in this family have a disability, as diagnosed by an education, mental health, or other health professional?

	Yes	No	Don't Know
a. Learning disability.	jn	jn	jn
b. Mental or behavioral disorder (e.g., depression, anxiety, ADHD).	jn	jn	jn
c. Developmental disability (e.g., autism).	jn	jn	jn
d. Physical disability.	jn	jn	jn
e. Speech or language impairment.	jn	jn	jn
f. Hearing impairment.	jn	jn	jn
g. Vision impairment.	jn	jn	jn
h. Other disability.	jn	jn	jn

50. Does any child in this family abuse alcohol or drugs, or have serious behavior or health problems?

	Yes	No	Don't Know
a. Abuses alcohol.	jn	jn	jn
b. Abuses other drug(s).	jn	jn	jn
c. Has serious behavior problem(s).	jn	jn	jn
d. Has serious health problem(s).	jn	jn	jn

51. Please indicate the type(s) of maltreatment that the child(ren) in this family were subjected to immediately preceding the family's current involvement with CA. (Check all that apply.)

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect
- Abandonment
- General child welfare
- Positive test for alcohol or other drugs at birth of child

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

52. Who was the perpetrator of the child(ren)'s maltreatment? (Check all that apply.)

- Primary caregiver
- Secondary caregiver
- Other relative
- Non-relative
- Unknown

53. Is there court involvement in this case?

- Yes
- No

54. Are any of the family's children currently in out-of-home care?

- Yes
- No

23. Q53

55. What is the current permanency plan(s) for the child(ren) in out-of-home care?

- Return home
- Adoption
- Emancipation/Independent Living
- Guardianship
- No permanency plan yet established

24. Q54-Q56

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

56. If the permanency plan is "return home," who will be granted custody of the child?

- Primary caregiver only
- Secondary caregiver only
- Primary and secondary caregiver

Other (please specify)

57. How likely is it that the child(ren) will be returned home within the next 6 months?

- Very likely
- Somewhat likely
- Not very likely
- Very unlikely

58. If the permanency plan is "return home," how well do you believe the primary caregiver(s) understand the return conditions set by the court?

- Very good to excellent understanding (*i.e., can describe all conditions accurately, clearly understands what types of behaviors or attitudes they need to modify, and/or activities they will need to complete, to satisfy each condition*)
- Good understanding (*i.e., understands the general intention of all conditions and/or can describe most of them accurately; understands, in general, the behavioral and/or attitudinal changes they will need to make to satisfy all the conditions*)
- Fair understanding (*i.e., understands the general intention of at least half of the conditions, and/or can describe no more than half of them accurately; understands, in general, the behavioral and/or attitudinal changes they will need to make to satisfy most of the conditions*)
- Poor to very poor understanding (*i.e., understands the general intention of less than half of the conditions, and/or can describe accurately only one or two; understands, in general, the behavioral and/or attitudinal changes they will need to make for less than half of the conditions*)

25. Q57-Q59

59. Is the primary caregiver allowed to have unsupervised visits with the child(ren)?

- Yes
- No

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

60. How often during the last month did the child(ren) have face-to-face or phone contact with the primary caregiver?

	Once	Twice	Three Times	Four or More Times	No Contact in Past Month	Don't Know
a. Face-to-face contact.	jn	jn	jn	jn	jn	jn
b. Phone contact.	jn	jn	jn	jn	jn	jn

61. Has the substitute caregiver refused to allow visitation that has been approved by the court between the primary caregiver and the child(ren) in this case?

Yes

No

Don't Know

26. Q60-Q71

62. Does the child(ren)'s primary caregiver have a history of any of the following types of traumatic experiences?

	Yes	No	Don't Know
a. Childhood history of physical abuse.	jn	jn	jn
b. Childhood history of sexual abuse.	jn	jn	jn
c. Childhood history of neglect.	jn	jn	jn
d. Childhood history of witnessing domestic violence.	jn	jn	jn

63. Does the child(ren)'s primary caregiver, alone or together with other adults living with the family, receive enough income to provide for the basic needs (e.g., food, clothing, housing, utilities) of the child(ren)?

Yes

No

Don't Know

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

64. How much do you agree with the following statements regarding the child(ren)'s primary caregiver?

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
a. He/she makes sure his/her child(ren)'s financial needs are met before spending money on himself/herself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. He/she budgets the family's money wisely and plans for unforeseen financial problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. He/she purchases essential items (e.g., food, clothing, shelter) before spending money on non-essential items..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the question below, please check the answer that best describes the degree to which the child(ren)'s primary caregiver's child-caring capacity may be limited. The source of any limitations can be physical, emotional, mental, or behavioral.

65. What is the primary caregiver's capacity for child care? (Check one.)

Adequate (*no personal limitations on capacity for child care; caregiver has no significant physical, emotional, mental, or behavioral limitations, including those arising from substance use or abuse, that interfere with his/her ability to care for the child(ren)*)

Marginally adequate (*caregiver has a physical, emotional, mental, behavioral, or substance abuse problem - e.g., chronic physical illnesses, physical disabilities, mental or emotional illnesses, criminal activity, drug addiction - that threatens to interfere with his/her child caring ability, or that has already caused some erratic child care quality; caregiver requires, and may be receiving, help or treatment for this problem, but there is no current necessity or plan for hospitalization, in-patient mental health or substance abuse treatment, institutionalization, or incarceration of the caregiver; problem is not of long duration, or if it is of long duration, it has recently improved; supportive services - e.g., counseling, medical care - seem sufficient to stabilize the situation or to further improve it*)

Moderately inadequate (*caregiver has a physical, emotional, mental, behavioral, or substance abuse problem that is of long duration or, if it is of short duration, has recently deteriorated; problem may be recurring and not be completely curable; caregiver will be, is now, or recently was, hospitalized, admitted to an in-patient mental health or substance abuse treatment facility, institutionalized, or incarcerated; caregiver will resume, or is resuming, at least partial child care responsibilities, but longer-term provisions for supplementary child care - e.g., daycare, homemaker - may be required; temporary substitute care for the children will be, is now, or was, used during caregiver's absence, or used as a respite service, but long-term substitute care not necessary*)

Severely inadequate (*owing to a physical, emotional, mental, behavioral, or substance abuse problem, caregiver has no current capacity to care for the child(ren), even with supplementary child care services, and no change is expected in the near future; if caregiver is, or is due to be, hospitalized, admitted to an in-patient mental health or substance abuse treatment facility, institutionalized, or incarcerated, this is expected to be long-term; if caregiver is at home, he/she is not capable of more than personal self-care tasks, perhaps requiring assistance; in either case, long-term arrangements for substitute care of the child(ren) are required*)

Unknown-insufficient information

Not applicable

For the question below, please check the answer that best describes the degree to which the child(ren)'s primary caregiver understands (1) the nature and severity of his/her family's problem situation, (2) his/her own contributions to the problem situation, and (3) his/her (appropriate) acceptance of responsibility for the problem situation.

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

66. What is the primary caregiver's level of recognition of family problems? (Check one.)

Adequate (*caregiver has good understanding and recognizes responsibility; understands the types of problems the family has, and generally agrees with others about the severity of those problems; is aware of the degree to which his/her child(ren)'s physical, social, and emotional needs are not being met; understands his/her own part in, or contribution to, the problems, to the extent that he/she is responsible for their existence at all; accepts full responsibility, if warranted*)

Moderately inadequate (*caregiver has partial understanding, and recognizes only limited responsibility; understands the types of problems existing within the family, but does not agree with others about their severity - i.e., believes problems are less severe; may lack adequate knowledge about child development and parenting; consequently, accepts only limited responsibility for existence of the problems, to the extent that he or she is responsible for their existence at all; fuller understanding of the problems might lead the caregiver to greater acceptance of responsibility, if warranted*)

Seriously inadequate (*caregiver recognizes no personal responsibility; may have some understanding of the family's problems, but entirely fails to recognize his/her own part in, or contribution to, these problems; accepts no responsibility for child(ren)'s unmet needs, even though some responsibility should be taken; may bring up questions of cultural bias, even though most members of his/her cultural group would not agree; is adamant that others - e.g., family members, society - are solely to blame, when this is not so*)

Unknown-insufficient information

Not applicable

For the question below, please check the answer that best describes the degree to which the child(ren)'s primary caregiver has demonstrated (1) concern about his/her family's problems (i.e. problems that have been identified and described to him/her by you or by some other professional helper) and (2) his/her willingness to work to resolve these identified problems.

67. What is the primary caregiver's motivation to solve problems? (Check one.)

Adequate (*caregiver shows concern and has realistic confidence; is concerned about his/her child(ren)'s welfare; wants to meet their physical, social, and emotional needs to the extent he/she understands them; has realistic confidence that he/she can overcome problems, and is willing to ask for help when needed, e.g., to negotiate the "system" or to acquire knowledge*)

Marginally inadequate (*caregiver shows concern but lacks confidence; is concerned about his/her child(ren)'s welfare and wants to meet their needs; lacks confidence that he/she can overcome problems, i.e., has a feeling of futility, making failure a self-fulfilling prophecy; may be unwilling for some reason to ask for help when needed, but uses good judgment whenever he/she takes some action to solve problems*)

Moderately inadequate (*caregiver seems concerned, but careless about his/her child(ren)'s welfare; claims he/she wants to meet their needs, but has problems with carelessness, mistakes, and accidents in trying to meet those needs; may be disorganized, not take enough time, or pay insufficient attention; may misread "signals" from child(ren); may exercise poor judgment, but he/she does not seem to intentionally violate proper parental role; shows remorse*)

Severely inadequate (*caregiver actively rejects the caregiver role, taking a hostile attitude toward child care responsibilities; believes that child care is an "imposition,"; may ask to be relieved of caregiver responsibilities; may take the attitude that it is not his/her "job"*)

Unknown-insufficient information

Not applicable

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

For the question below, please check the answer that best describes the degree to which the child(ren)'s primary caregiver has cooperated with case planning and service provision.

68. What is the primary caregiver's level of cooperation with case planning and services? (Check one.)

Adequate (*caregiver is fully and actively involved in case planning, services, and/or treatment - this holds both for services directed toward the child(ren) and toward self; accepts and actively uses suitable services, including following through on referrals to other agencies or providers; keeps appointments, makes self available as needed, and follows directions to best of his/her ability; shows concern about impact of services or treatment; complains about inadequate service when warranted; may not agree with everything suggested, but tries to be constructive in proposing alternatives; when problems in cooperation develop, there tend to be extenuating circumstances*)

Mildly inadequate (*caregiver is not as fully or actively involved in case planning and/or services as he/she could be; may be rather disorganized and/or somewhat ambivalent about services; accepts and uses suitable services, but doesn't always make best use of them, or drops them too early; follows through on referrals, but sometimes not in a timely manner; makes appointments, but often postpones them, and sometimes doesn't keep them, with no extenuating circumstances; may cooperate satisfactorily with services for children, but cooperate less well with personal services believed to reflect poorly on self; tends to wait for worker to suggest and act; may complain without proposing alternatives, but does accept advice*)

Moderately inadequate (*caregiver is only minimally involved in case planning, services, and/or treatment; exhibits pattern of passive resistance to service providers; accepts services verbally, but doesn't use them or follow through on referrals without constant prodding and direct assistance, i.e., has to be taken there every time, even though own transportation can be arranged; often has to be cajoled, coerced, and/or "chased after"; makes appointments, but rarely keeps them; doesn't reschedule in advance, even if there are extenuating circumstances; when services are used, participates without much enthusiasm or at the minimal acceptable level; generally doesn't refuse to accept services, doesn't act consistently hostile, and doesn't actively sabotage services; your agency is able to remain in contact with the family*)

Seriously inadequate (*caregiver actively resists any agency contact or involvement; refuses to accept any service, or actively sabotages services when persuaded or coerced into using any; may threaten service providers, or otherwise discourage them from attempting to engage them in service; may be very difficult to contact, or remain in contact with; may relocate mainly to avoid agency contact*)

Unknown-insufficient information

Not applicable

For the question below, check the answer that best describes the appropriateness of the primary caregiver's expectations (i.e., his/her behavioral demands) for all of the children currently living in the home.

FOR ALL QUESTIONS ABOUT CAREGIVER BEHAVIOR: IF THERE IS MORE THAN ONE CHILD IN THIS FAMILY, PLEASE CHOOSE THE RESPONSE THAT BEST CAPTURES THE OVERALL BEHAVIOR OF THE CAREGIVER TOWARDS THE CHILDREN IN THE FAMILY.

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

69. What are the primary caregiver's expectations of children? (Check one.)

Very realistic (*caregiver has good knowledge of, or a good feeling for, age-appropriate behaviors; gradually encourages increasingly mature behavior, but takes care not to frustrate children; helps children on tasks as needed, but doesn't allow them to give up on efforts too soon; displays flexibility in demands, and offers options to children; may make some mistakes, but these are readily acknowledged and corrected*)

Somewhat unrealistic, but open to improvement (*caregiver has fair knowledge of age-appropriate behaviors, but children sometimes held to too high or too low a standard; sometimes makes demands that frustrate both child and parent; sometimes doesn't allow child to practice new behaviors; only rarely punishes children for inability to comply with demands, or for trying new behavior; is more confused than angry; is open to advice and guidance; wants to be realistic with children, and understand their needs and capacities*)

Somewhat realistic, and not open to improvement (*same as description for the answer above, except that caregiver is indifferent or angry when children cannot comply with demands, or when they attempt exploratory behaviors, and is not very flexible and not open to advice*)

Very unrealistic (*caregiver either has very poor understanding of age-appropriate behaviors, or makes unrealistic demands of child(ren) despite some understanding; may refuse to acknowledge the concept of age-appropriate behavior; may believe that his/her expectations are appropriate, and may be hostile on this subject; often punishes child(ren) for inability to comply with demands, or for attempting more mature behavior; rarely tries to help child(ren) comply; may engage in daily conflicts with child(ren) about expectations regarding behavior; child(ren) reluctant to explore or innovate; child(ren) may exhibit some developmental delays or emotional stress due to this situation*)

Unknown-insufficient information

Not applicable

For the question below, please check the answer that best describes the primary caregiver's demonstration of acceptance of and affection for all of the children currently living in the home.

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

70. What is the primary caregiver's level of acceptance and affection for children? (Check one.)

Very accepting and affectionate (*caregiver is accepting of and affectionate toward the child(ren) - e.g., frequently uses spontaneous expressions or gestures of affection; encourages and warmly responds to child(ren)'s overtures for physical contact and emotional response; often speaks about child(ren)'s accomplishments and good behavior*)

Fairly accepting and affectionate, but with reservations (*caregiver exhibits few if any spontaneous expressions or gestures of affection, but will describe child positively if asked; rarely initiates physical contact, but will usually allow child (ren) to initiate contact, and will respond; places limits on type, time, or length of contact with child(ren); may sometimes prefer some children over others, but doesn't exclude any child*)

Not affectionate, but not openly rejecting or hostile (*caregiver tends to describe and speak to child(ren) in matter-of-fact or objective terms; doesn't appear to like physical contact with child(ren) - i.e., will allow contact, doesn't push away, but rarely responds warmly; tries to restrict contacts to functional ones - e.g., feeding, dressing; seems uncomfortable when child(ren) express affection; may complain that child(ren) demand too much - e.g., want to be kissed; may show persistent favoritism - e.g., affection - to certain children; seems confused about feelings toward children*)

Openly rejecting or hostile (*caregiver consistently speaks to and about child(ren) in depreciating, resentful, or angry way; doesn't allow child(ren) physical contact, and tries to minimize/avoid even functional contacts - e.g., feeding, dressing; may punish child(ren)'s requests for affection; declines to help and support child(ren) when they are in trouble; sometimes shows affection to one child for sole purpose of making another envious, or to enhance effects of subsequent rejection*)

Unknown-insufficient information

Not applicable

For the question below, please check the answer that best describes the degree to which the primary caregiver maintains a uniform and understandable pattern of discipline for all of the children currently living in the home.

71. What is the primary caregiver's consistency with discipline? (Check one.)

High consistency (*caregiver always follows through on promised rewards and punishments with children; rarely contradicts himself or herself; punishments fit behavior; children know what to expect*)

Marginal consistency, but open to improvement (*caregiver doesn't always follow through on sanctions; sometimes contradicts himself/herself; makes corrective efforts when inconsistencies are brought to attention; understands and values consistency, but sometimes forgets and acts impulsively*)

Marginal consistency, but not open to improvement (*Same as description for the answer above, except that child (ren) do not always know what to expect, and primary caregiver seems indifferent to this; does not seem to value consistency, or perhaps doesn't understand it*)

Low consistency (*caregiver often reacts indiscriminately or inconsistently to child(ren)'s behavior; often gives punishments that don't fit behavior; may be hostile when problems are brought to attention; may believe he/she is being consistent, according to own logic; may claim his/her behavior benefits children, e.g., helps them cope in the "real world"*)

Unknown-insufficient information

Not applicable

For the question below, please check the answer that best describes the extent to which the primary caregiver provides opportunities for learning, and encourages competence in task behaviors, for all of the children currently living in the home.

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

72. What is the primary caregiver's level of teaching/stimulating of child(ren)? (Check one.)

High activity (*caregiver promotes and maintains conversation or discussion; encourages children to relate stories, give opinions, or demonstrate skills; spends time most days with children engaged in a child-centered activity; routinely makes an effort to teach younger children such things as colors, words, and manners; asks often about progress in schoolwork, and helps with homework if requested*)

Moderate activity (*caregiver doesn't usually encourage children to perform skills or give opinions, but will be attentive when initiated by children; doesn't often initiate child-centered activities, but responds to children's requests to do so to extent possible; will try to include children in activities that may not be child-centered - e.g., visiting, shopping, cooking; provides place to do homework and asks about it, but discourages requests for help; seems open to guidance and advice on teaching and communicating with children*)

Passive approach, some deprivation (*caregiver tends to be inattentive or indifferent to child(ren)'s attempts at conversation, or at engaging caregiver in activities; usually prefers child(ren) to teach or entertain themselves with toys, games, TV; may offer participation in activities that fit caregiver's interests, rather than child(ren)'s interests; little interest in child(ren)'s homework, but allows them to do it without interruptions; gives older child(ren) minimal interaction or guidance, but allows them to participate in peer group activities; seems to be "putting up" with children, and shows little enthusiasm*)

Considerable deprivation (*caregiver tends to ignore or avoid child(ren); may react with hostility if child(ren) try to gain attention; provides child(ren) with few - if any - games, toys, or play materials; discourages older child(ren) from participation in peer group activities; provides child(ren) no set place to do homework; does nothing to prevent interruptions of homework; communicates in monosyllables - usually restricted to ordering children to quiet down; is corrective and points out errors, rather than being constructive and showing the right way; sees child(ren) as bothersome, or purposely trying to "get on my nerves"*)

Unknown-insufficient information

Not applicable

For this question, please check the answer that best describes the manner in which the primary caregiver expresses approval and disapproval for all of the children currently living in the home. (Caregiver "approval" is a function of (1) the manner in which the primary caregiver responds to the children's behavior, i.e., rewarding appropriate behaviors vs. punishing inappropriate ones, and (2) the appropriateness of the primary caregiver's response, i.e., is it consistent and proportional to level of misdeed?)

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

73. What is the primary caregiver's level of approval of child(ren)? (Check one.)

Approval is primary way of guiding children (*caregiver guides child(ren) by rewarding behavior rather than by punishing misbehavior; sometimes gives praise spontaneously; criticizes little, and constructively; doesn't seek retribution*)

Approval and disapproval both used conditionally (*caregiver uses punishment and disapproval as readily as rewards and praise, depending on children's behavior; gives approval for specific acts, but not as general encouragement, and not spontaneously; values "an eye for an eye" or "giving just dues"*)

Disapproval is primary way of guiding children (*caregiver rarely praises or rewards child(ren) for appropriate behavior; often punishes or criticizes misconduct; tends to be "fair," in that punishment and disapproval are linked to behavior in consistent way; is very retributive; may believe "goodness is its own reward," or that rewards are actually "bribes"*)

Excessive and severe disapproval used (*caregiver clearly overemphasizes child(ren)'s faults and shortcomings; gives criticism/disapproval out of proportion to child(ren)'s actual behavior; calls child(ren) "stupid", "worthless", and other disrespectful things; uses criticism/disapproval in an unfair and inconsistent way; gives rewards only to compensate, or "atone," for his/her unfairness or overreaction*)

Unknown-insufficient information

Not applicable

27. Q72-Q78

For the question below, please check the answer that best describes (1) the extent to which the primary caregiver uses physical force when disciplining child(ren) and (2) the degree to which the force used is excessive. (The risk of injury, when no injury has actually occurred, should not be considered when answering this question, as this will be addressed in a separate question.)

Definitions and examples of excessive or inappropriate force:

Definition A: Primary caregiver (or other) uses culturally acceptable mode(s) of physical punishment, but overdoes it, prolongs it unduly, or uses excessive force

Definition B: Culturally unacceptable or inappropriate mode(s) of physical punishment used

Examples: Continual or lengthy beating, slapping, or whipping; hitting with fist; kicking, biting, twisting, shaking, dropping, bludgeoning, burning, scalding, poisoning, suffocating, using weapon

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

74. What is the primary caregiver's level of abusive physical discipline?
(Check one.)

No physical discipline used with child(ren) (*caregiver never physically punishes child(ren); uses only non-physical, non-assaultive methods of discipline - e.g., revoking privileges, verbal disapproval; does not allow others to physically punish child*)

Physical discipline used, but not excessive, inappropriate, or abusive (*caregiver uses only culturally acceptable mode(s) of physical punishment - typically, spanking on rear; doesn't punish excessively and doesn't ordinarily leave physical marks or cause great pain; uses punishment mainly to symbolize disapproval, rather than to hurt child(ren)*)

Excessive or inappropriate discipline used, but no resulting injury (*caregiver's discipline has caused child(ren) to experience considerable temporary pain, but there was no physical injury, although potential for some injury existed. If actual injury resulted, choose from remaining answers*)

Excessive or inappropriate physical force used, resulting in superficial injury (*caregiver's discipline has caused bruises, welts, cuts, abrasions, or first-degree/mild burns; localized in one or two areas; involving no more than broken skin; easily treated with proper home remedies; not requiring medical treatment, although medical treatment may have been received*)

Excessive or inappropriate physical force used, resulting in moderately serious injury (*caregiver's discipline has caused sprains, mild concussions, broken teeth, bruises all over body, cuts needing suture, second-degree/moderately severe burns, or minor/small-bone fractures; likely involved medical attention to reduce risk of complications, speed healing, or reduce pain; not life-threatening; not likely to cause crippling; didn't require hospitalization, although child(ren) may have been hospitalized for protection against repeat harm*)

Excessive or inappropriate physical force used, resulting in severe injury (*caregiver's discipline has caused long-bone fractures, internal injuries, third-degree/severe burns, brain injury, spinal cord injury, eye injury, or deep wounds/punctures; required prompt medical attention; likely required hospitalization; may have been life-threatening; may have resulted in physical or mental crippling, serious disfigurement, or deep/chronic pain*)

Unknown-insufficient information

Not applicable

For the question below, please check the answer that best describes the extent to which the primary caregiver threatens the child(ren) with physical harm and/or places him/her in situations that increase his/her risk of physical injury.

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

75. What is the primary caregiver's level of threatening to abuse?

No verbal or physical threat of abuse (*caregiver uses no verbal or physical threats of abuse or harm against child(ren)- threat of culturally acceptable corporal punishment should not be considered a threat of abuse or harm*)

Indirect or implied verbal threat only (*caregiver makes no direct and specific threats of abuse or harm; says such things as, "I feel overwhelmed by the child(ren)," "I might hurt child(ren)," "I fear child(ren) might have an accident," or "I get so mad at child(ren) I don't know what might happen."*)

Direct verbal threat (*caregiver makes direct, specific, verbal threats of abuse or harm to child(ren); may also include indirect threats; may threaten physical abuse, sexual abuse, or deprivation of food or water; makes threats are that are such that, if carried out, physical or emotional harm to child(ren) could result; makes no attempt to carry out verbal threats*)

Direct physical threat, but no actual harm (*caregiver places child(ren) in a dangerous situation - e.g., held out of window, held over scalding water, or deliberately allowed to wander where potential for injury is high; no actual injury or harm occurs, though child(ren) may have been frightened*)

Unknown-insufficient information

Not applicable

The question below applies only if a "third party" - someone other than the primary or secondary caregiver - had previously abused or threatened to abuse any of the children. If there was no third party abuse or threat, check "Not applicable."

76. What is the caregivers' level of protection from abuse?

Adequate (*third party who previously abused, or threatened to abuse, child(ren) no longer resides in the household; relationship between caregiver(s) and abuser is severed, or perfunctory; potential for further abuse seems virtually eliminated*)

Somewhat inadequate (*third party who previously abused, or threatened to abuse, child(ren) is still in the household; relationship between caregiver(s) and abuser has not been severed; third party's access to child(ren) is now restricted/limited by caregiver(s); caregiver(s) aware of potential danger to child(ren); potential for further abuse is reduced but not eliminated*)

Seriously inadequate (*third party who previously abused, or threatened to abuse, child(ren) is still in household; relationship between caregiver(s) and abuser has not been severed; third party still has unlimited or unrestricted access to child(ren); caregiver(s) worried, but has taken no action to reduce danger of repeated abuse; caregiver(s) sees no cause for worry; caregiver(s) shows little or no ability or inclination to stand up to third party and prevent repeated abuse*)

Unknown-insufficient information

Not applicable

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

77. How available/accessible are the services that this family needs?

Adequate (all essential services that the family needs are available in the quantity and quality desired; the services are convenient and accessible; the family is able to meet out-of-pocket expenses, if any, needed to take advantage of or gain access to the services, or the family will receive grant for such out-of-pocket costs; services may be considered available and accessible, despite being rejected by the family)

Marginal (all essential services that the family needs are available at least in part, although they may be shorter in duration or less intensive than desired; some services are not easily accessible because of overutilization leading to long waiting times, or poor location; the family manages to obtain services, although there are times when appointments are missed due to access problems; sometimes the most appropriate service may not be available, but a similar substitute can be found - e.g., group counseling instead of individual counseling)

Moderately inadequate (one essential service that the family needs isn't available in the community or isn't accessible, although other essential services are; as a result, part of the case plan can't be carried out, or the most desirable case plan can't be written; the family is receiving other needed services)

Seriously inadequate (several essential services that the family needs aren't available in the community, or aren't accessible; the case plan originally developed for the family can't be carried out; work with the family is restricted to social worker counseling or monitoring)

Severely inadequate (none of the essential services the family needs are available in the community, or accessible; the agency involved doesn't have the resources to provide even minimum service, such as social worker counseling; as a result, the case will be closed)

Unknown-insufficient information

Not applicable

For the question below, please check the answer that best describes the depth and breadth of the child(ren)'s primary caregiver's informal support system. Think of "depth and breadth" as the number of supportive relationships, and the closeness of those relationships (i.e., immediate family vs. other relatives or friends.)

78. What is the depth/breadth of the primary caretaker's support system?

Supported (one or more members of the immediate family - caregiver's partner, parent, brother, sister, or adult child - and two or more friends or other relatives can be called on to help when needed)

Family and friend related (one or more members of the immediate family and one friend or other relative can be called on to help when needed)

Family bound (two or more members of the immediate family can be called on to help when needed; there are no friends or other relatives who can be called on)

Friend dependent (only one person can be called on to help when needed; that person is a friend or relative outside the immediate family; there are no members of the immediate family who can be counted on)

Family dyad (only one person can be called on to help when needed; that person is a member of the immediate family; there are no friends or other relatives who can be called on)

Completely isolated (no one can be called or counted on to help when needed, or caretaker states that the only person who can be counted on is a social worker or other professional helper)

Unknown-insufficient information

Not applicable

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

79. Please indicate the degree to which you agree or disagree with the following statements about the family.

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
a. Focusing on family strengths is essential to helping this family resolve problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. This family has many more problems than strengths.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Emphasizing this family's strengths draws attention away from efforts to protect their children.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The primary caregiver in this family has strengths and resources he/she can use to solve problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The primary caregiver in this family sometimes does a good job parenting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Building on the primary caregiver's successful parenting strategies is the beginning step to helping him/her succeed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. There are exceptions to the primary caregiver's pattern of problem behavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Building trusting relationships with the primary caregiver is an essential part of helping this family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. The primary caregiver in this family plays a central role in identifying service needs and goals in case plans.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Including the relatives and friends of the caregiver(s) in case planning is not particularly helpful for this family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. The primary caregiver in this family has relatives or friends who are supportive and helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

80. How involved was the primary caretaker in creating the service plan?

- Very involved
- Somewhat involved
- Slightly involved
- Not involved at all

28. Services for Caregiver

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

81. SERVICES FOR **PRIMARY CAREGIVERS**. Different services are listed at the top of each column below.

Work one column at a time, starting with: a. Basic Parenting Assistance.

First, Under each service, check whether you and/or the primary care giver (s) *believe the service is needed*.

Next, *IF you checked either of the top two boxes indicating need*, continue down the column and check the box that best describes if the needed service was provided or why it was not provided.

	a. Basic Parenting Assistance	b. Basic Home Management (e.g. budgeting, housekeeping)	c. Social/Emotional Support	d. Substance Abuse Services	e. Family Counseling
<u>WAS SERVICE NEEDED?</u>					
Worker: I believe this service is needed	€	€	€	€	€
Primary caregiver believes this service is needed	€	€	€	€	€
<u>IF NEEDED, WAS SERVICE PROVIDED?</u>					
YES: This service was provided	€	€	€	€	€
NOT YET: Service deferred & "higher priority" services provided first	€	€	€	€	€
NOT YET: Still a CPS case	€	€	€	€	€
NO: Service was not available	€	€	€	€	€
NO: Family refused or failed to participate	€	€	€	€	€
NO: Transportation problem or problem finding child care	€	€	€	€	€
NO: Cultural or language barriers	€	€	€	€	€
NO: Service not provided - Other reason	€	€	€	€	€
DON'T KNOW: Don't know if this service was provided	€	€	€	€	€

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

82. SERVICES FOR **PRIMARY CAREGIVERS**. Different services are listed at the top of each column below.

First, Under each service, check whether you and/or the primary care giver (s) *believe the service is needed*.

Next, *IF you checked either of the top two boxes indicating need*, continue down the column and check the box that best describes if the needed service was provided or why it was not provided.

	f. Mental Health Services	g. Medical services	h. Developmental disabilities support services and/or case management	i. Domestic violence services	j. Family conflict reduction
<u>WAS SERVICE NEEDED?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker: I believe this service is needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary caregiver believes this service is needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>IF NEEDED, WAS SERVICE PROVIDED?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES: This service was provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOT YET: Service deferred & "higher priority" services provided first	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOT YET: Still a CPS case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NO: Service was not available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NO: Family refused or failed to participate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NO: Transportation problem or problem finding child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NO: Cultural or language barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NO: Service not provided - Other reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DON'T KNOW: Don't know if this service was provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

83. SERVICES FOR **PRIMARY CAREGIVERS**. Different services are listed at the top of each column below.

First, Under each service, check whether you and/or the primary care giver (s) *believe the service is needed*.

Next, *IF you checked either of the top two boxes indicating need*, continue down the column and check the box that best describes if the needed service was provided or why it was not provided.

	k. Anger management services	l. Nurturing and socialization	m. Community activities / involvement	n. Behavior management of children	o. Education Plan for Children
<u>WAS SERVICE NEEDED?</u>					
Worker: I believe this service is needed	€	€	€	€	€
Primary caregiver believes this service is needed	€	€	€	€	€
<u>IF NEEDED, WAS SERVICE PROVIDED?</u>					
YES: This service was provided	€	€	€	€	€
NOT YET: Service deferred & "higher priority" services provided first	€	€	€	€	€
NOT YET: Still a CPS case	€	€	€	€	€
NO: Service was not available	€	€	€	€	€
NO: Family refused or failed to participate	€	€	€	€	€
NO: Transportation problem or problem finding child care	€	€	€	€	€
NO: Cultural or language barriers	€	€	€	€	€
NO: Service not provided - Other reason	€	€	€	€	€
DON'T KNOW: Don't know if this service was provided	€	€	€	€	€

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

84. SERVICES FOR **PRIMARY CAREGIVERS**. Different services are listed at the top of each column below.

First, Under each service, check whether you and/or the primary care giver (s) *believe the service is needed*.

Next, *IF you checked either of the top two boxes indicating need*, continue down the column and check the box that best describes if the needed service was provided or why it was not provided.

	p. School attendance and performance	q. Day care	r. Respite care	s. Help finding a place to live	t. Help with other housing services such as home repair or maintenance
<u>WAS SERVICE NEEDED?</u>	€	€	€	€	€
Worker: I believe this service is needed	€	€	€	€	€
Primary caregiver believes this service is needed	€	€	€	€	€
<u>IF NEEDED, WAS SERVICE PROVIDED?</u>	€	€	€	€	€
YES: This service was provided	€	€	€	€	€
NOT YET: Service deferred & "higher priority" services provided first	€	€	€	€	€
NOT YET: Still a CPS case	€	€	€	€	€
NO: Service was not available	€	€	€	€	€
NO: Family refused or failed to participate	€	€	€	€	€
NO: Transportation problem or problem finding child care	€	€	€	€	€
NO: Cultural or language barriers	€	€	€	€	€
NO: Service not provided - Other reason	€	€	€	€	€
DON'T KNOW: Don't know if this service was provided	€	€	€	€	€

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

85. SERVICES FOR **PRIMARY CAREGIVERS**. Different services are listed at the top of each column below.

First, Under each service, check whether you and/or the primary care giver (s) *believe the service is needed*.

Next, *IF you checked either of the top two boxes indicating need*, continue down the column and check the box that best describes if the needed service was provided or why it was not provided.

	u. Help with finding and/or maintaining employment	v. Help obtaining basic food / clothing	w. Help with transportation	x. Help applying for financial assistance or income support	y. Help obtaining education/GED
<u>WAS SERVICE NEEDED?</u>	€	€	€	€	€
Worker: I believe this service is needed	€	€	€	€	€
Primary caregiver believes this service is needed	€	€	€	€	€
<u>IF NEEDED, WAS SERVICE PROVIDED?</u>	€	€	€	€	€
YES: This service was provided	€	€	€	€	€
NOT YET: Service deferred & "higher priority" services provided first	€	€	€	€	€
NOT YET: Still a CPS case	€	€	€	€	€
NO: Service was not available	€	€	€	€	€
NO: Family refused or failed to participate	€	€	€	€	€
NO: Transportation problem or problem finding child care	€	€	€	€	€
NO: Cultural or language barriers	€	€	€	€	€
NO: Service not provided - Other reason	€	€	€	€	€
DON'T KNOW: Don't know if this service was provided	€	€	€	€	€

86. Did the primary caregiver need other services not listed above?

Yes

No

29. Additional caregiver services

87. What other services are/were needed by the primary caregiver?

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

88. Who believes that these services are needed? (Check all that apply.)

- The worker (me or one of my colleagues)
- The primary caregiver
- Other

Other (please specify)

89. Were these other services provided? Choose one:

- This service was provided
- NOT YET: Service deferred & "higher priority" services provided first
- NOT YET: Still a CPS case
- NO: Service was not available
- NO: Family refused or failed to participate
- NO: Transportation problem or problem finding child care
- NO: Cultural or language barriers
- NO: Service not provided - Other reason
- DON'T KNOW: Don't know if this service was provided
- OTHER

Other (please specify)

30. Services for Children

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

90. SERVICES FOR CHILDREN. Different services are listed at the top of each column below.

First, Under each service, check whether you and/or any family member(s) believe the child or children need this service.

Next, IF you checked either of the top two boxes indicating need, continue down the column and check the box that best describes if the needed service was provided or why it was not provided.

	a. Alcohol or drug abuse services	b. Mental health services	c. Medical services	d. Developmental disabilities support services and/or case management	e. School attendance and performance	f. Community activities / involvement
<u>WAS SERVICE NEEDED?</u>						
Worker: I believe this service is needed	€	€	€	€	€	€
Family member believes this service is needed	€	€	€	€	€	€
<u>IF NEEDED, WAS SERVICE PROVIDED TO CHILDREN?</u>						
YES: This service was provided						
NOT YET: Service deferred & "higher priority" services provided first	€	€	€	€	€	€
NOT YET: Still a CPS case	€	€	€	€	€	€
NO: Service was not available	€	€	€	€	€	€
NO: Family refused or failed to participate	€	€	€	€	€	€
NO: Transportation problem or problem finding child care	€	€	€	€	€	€
NO: Cultural or language barriers	€	€	€	€	€	€
NO: Service not provided - Other reason	€	€	€	€	€	€
DON'T KNOW: Don't know if this service was provided	€	€	€	€	€	€

31. Barriers and Frequency of Contact

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

91. Please indicate the extent to which you believe each item below has been a barrier to your ability to achieve your goals for this family.

	No Barrier At All	Slight Barrier	Moderate Barrier	Significant Barrier
a. Cooperation shown by the primary caregiver.	ja	ja	ja	ja
b. Language barriers between the family and service providers.	ja	ja	ja	ja
c. Cultural barriers between the family and service providers.	ja	ja	ja	ja
d. The lack of availability of services needed by the family.	ja	ja	ja	ja
e. The number of different problems facing the family.	ja	ja	ja	ja
f. The effectiveness of services available to the family.	ja	ja	ja	ja
g. Problems arising from the family's involvement with multiple service systems.	ja	ja	ja	ja
h. The lack of availability of culturally competent services.	ja	ja	ja	ja

92. How often during the last three months (one month if this is a CPS case) did you have...

	No Contact	Once	Twice	Three Times	Four or More Times
a. Face-to-face contact with the primary caregiver?	ja	ja	ja	ja	ja
b. Phone contact with the primary caregiver?	ja	ja	ja	ja	ja
c. Face-to-face contact with the child(ren) involved in the case?	ja	ja	ja	ja	ja
d. Face-to-face contact with the child(ren)'s substitute caregivers?	ja	ja	ja	ja	ja
e. Phone contact with the child(ren)'s substitute caregivers?	ja	ja	ja	ja	ja

32. comments box

93. You are almost done with the survey. If you have anything you especially want to share with the researchers who will be analyzing the survey, please do so here. THIS IS OPTIONAL. If you reported on a case which did not fit the survey questions well, this would be a good place to put that information.

Now, continue on to finish the survey!

33. lanyards?

SOLUTION-BASED CASEWORK PRACTICE MODEL EVALUATION -

94. Thank you for completing this survey. Your input will contribute to finding the best ways to assist Washington State families.

Even though taking the survey is part of your job, we'd like to thank you for ALL that you do to help the children of this State. As a token of our gratitude, we'd like to send you a "break-away" neck lanyard that serves a dual purpose: conveniently holds your ID card AND keeps you safe by separating if pulled too hard. Wear it proudly; knowing that by answering this survey you are contributing to knowledge that will improve services for troubled families.

Yes - Send me the lanyard!

No - I'd rather not receive a lanyard.

34. lanyards

95. What color lanyard would you like?

Green

Orange

96. Where should we send the lanyard? (Put your Mailstop. If your office does not have a Mailstop, put the office name.)

35. DONE

Once you click on the final DONE button below, you won't be able to go back and amend your answers. Be sure you're done before you click.

Don't worry if you see a message box asking if you want to close a window. Depending on your computer set-up, that is a normal part of closing your internet connection after completing the survey. Just select "Yes."