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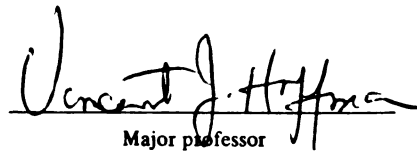
THE EFFECTS OF THE CHILDRENS SERVICES WORKER'S  
ATTITUDE ON THE DECISION TO REUNIFY PARENTS  
AND THEIR CHILDREN

presented by

Sheila Wilson

has been accepted towards fulfillment  
of the requirements for

Master degree in Criminal Justice

  
Major professor

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THE EFFECTS OF CHILDRENS SERVICES WORKER'S ATTITUDE ON THE  
DECISION TO REUNIFY PARENTS AND THEIR CHILDREN

By

Sheila Wilson

A THESIS

Submitted to  
Michigan State University  
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## ABSTRACT

### THE EFFECTS OF CHILDRENS SERVICES WORKER'S ATTITUDE ON THE DECISION TO REUNIFY PARENTS AND THEIR CHILDREN

By

Sheila Wilson

The focus of this study was to gather and investigate information regarding the attitudes of childrens services worker's toward services, policy and casework practice and what impact it has on the caseworker's decision to reunify the child with the parents.

## DEDICATION

To my parents, Metterz & LeFloyd Wilson,  
no form of thanks could ever suffice for the life long dedication  
and support you have given to me.

## ACKNOWLEDGMENTS

Thanks to my committee, Dr. Sheila Royo-Maxwell, Dr. Cyrus Stewart and the ultimate Chairperson, Dr. Vincent Hoffman.

In memoriam of my oldest brother James, who is still looking out for me, and my fourth brother Gregory, who helped with my education. Thank you both for believing in me . . . you left this world much too soon.

Thanks to my staunchest supporter, my mom, Metterz Wilson and to my dad, LeFloyd Wilson. Thanks to my brothers Jesse, Lester, John and Michael.

My sincere appreciation for those who helped, guided, cajoled, threatened, taught and befriended me through this project: Saginaw Valley State University Professors, Dr. Judith Hill, Dr. Steven Sherlock and my mentor, Dr. Donald J. Bachand. To my physician, Dr. Tommy L. Jones, who realizes that sometimes something other than medicine is needed. To my friend, Karen Ranshaw, who always helps and to Renae Banks-Rowser who goaded and coaxed but then cleared a path. To Audrey Z. Martini, who helped me out of my comfort zone of being coordinated and allowed me to become the Project Coordinator.

Thanks to my children services co-workers who participated in this study.

## TABLE OF CONTENTS

LIST OF TABLES .....	vii
CHAPTER 1	
INTRODUCTION .....	1
Review of Federal Laws .....	4
Adoption Assistance and Child Welfare Act	
Adoption and Safe Families Act	
Review of State of Michigan Laws .....	7
Child Protection Law	
Social Welfare Act	
Juvenile Code	
Michigan Children's Institute Act	
Review of State of Michigan Policies .....	8
CHAPTER 2	
LITERATURE REVIEW .....	11
Kinship Placement .....	12
Visitation .....	14
Relationship Between Biological Parents and Foster	
Parents .....	15
Treatment Services and Programs .....	15
Reunification Programs and Preservation Services .....	16
Recidivism .....	17
Caseworker Performance .....	19
CHAPTER 3	
METHODOLOGY .....	24
Significance of the Study .....	24
The Research Focus .....	24
The Research Questions .....	24
Procedure .....	25
Sample .....	26
Data Collection .....	27
CHAPTER 4	
RESULTS .....	29
Kinship Placement .....	29
Recommendations .....	32
Visitation .....	32
Recommendations .....	34



Relationship Between Biological Parents and Foster	
Parents .....	34
Recommendations .....	36
Treatment Services and Programs .....	36
Recommendations .....	38
Reunification Programs and Preservation Services .....	38
Recommendations .....	41
Recidivism .....	41
Caseworker Performance .....	42
 CHAPTER 5	
DISCUSSION .....	46
 Chapter 6	
SUMMARY .....	52
 APPENDICES .....	54
Appendix A - State of Michigan Family Independence Agency Policies	
and Procedures .....	55
Appendix B - Questionnaire .....	59
 BIBLIOGRAPHY .....	61

## LIST OF TABLES

TABLE 1 - Caseload Size .....	20
TABLE 2 - Kinship Placements per caseloads .....	29
TABLE 3 - Attitudes Toward Visitation .....	33
TABLE 4 - Caseworker Attitudes Toward the Relationship between Foster Parent and Biological Parent .....	35
TABLE 5 - Permanency Planning Goals .....	39
TABLE 6 - Reunification Programs and Preservation Services use caseloads .....	40
TABLE 7 - Recidivism rates as it relates to caseworker caseload .....	42

## **Chapter 1**

### **INTRODUCTION**

Children services workers are charged with the protection for maltreated children while working toward long-term family reunification. The specific goals of children services worker's agency is to identify families and children who are at-risk, protect children from harm using the least disruptive family intervention, and achieve rapid reunification of the family when an out-of-home placement does occur. These goals are generally met through intensive, short term in-home family services.

When an out-of-home placement becomes necessary, the children are usually placed in a relative or "kinship" placement, a foster home or a residential foster care setting. Foster care is defined as an out-of-home substitute care service for children who need to be separated from their parents due to the parents negative behavior or the child's negative behavior. Some of these children are placed due to abuse, neglect, parental condition (mental or physical illness) or parental absence. Other children are placed due to incorrigibility related to status offenses, parent-child conflicts, or because of the child's disability. Ideally, these placements are temporary and only used as a last resort and reunification is swift.

Reunification is often mandated as part of state law, and even when no one has legally required reunification, it is the implicit goal of children services workers, their Agency and the court. Family reunification has traditionally been defined as the physical reunion of children, who are placed in family foster care or group care settings, with their

biological families. The normal practice has been based on the premise that children should either be returned to their families or, if they cannot be safely returned home, they would be placed permanently elsewhere. This premise reflects the emphasis in the permanency planning movement on the importance of a family in a child's development (Maluccio, Fein & Olmstead, 1986). More recently the definition of family reunification has been expanded. Maluccio, Warsh & Pine (1993) has redefined reunification as the planned process of reconnecting children in out-of-home care with their biological families to help them achieve and maintain their optimal level of reconnecting. For the purposes of this study, family reunification or reunification, is the process, including all services or actions, leading to reuniting children with the family from where they were removed.

Children services are provided to families who have come under the provisions of family court systems, who have had their child removed from their care and custody. Services are provided in an effort to reunite the parent with their child. Initially, the children services worker develops a contract between the parent and the child welfare agency, called a Parent/Agency Agreement. The Parent/Agency Agreement sets forth the conditions that must be met in order for the children to be returned home (Adoption Assistance and Child Welfare Act, 1980). This agreement stipulates that the parent will become involved in programs and services that address the behaviors and circumstances precipitating the removal. In all children services cases the case management responsibilities are undertaken by children services workers in both public and private agencies. It is from these individuals that significant and pertinent information can be

obtained. Children services worker's document the services actually being utilized, the impact of these services on the parents and the children, and ultimately reunification. In the final analysis, it is the children service worker who makes the assessment about whether reunification is recommended, based on compliance with the Parent/Agency Agreement and the progress made through the family's participation in services. In the final analysis, it is the caseworker who makes the assessment whether reunification is recommended, based on compliance with the Parent/Agency Agreement and, unofficially, the caseworker's attitude toward services, policies and casework practice. These factors can serve as a possible predictor of recommendations by caseworkers for reunification.

Recent studies have shown a dramatic increase in the rise of child abuse and neglect cases, adding pressure to state child protective systems. The Third National Incidence Study (NIS) of Child Abuse and Neglect estimates that child abuse and neglect nearly doubled in the United States between 1986 and 1993. The report estimates that the number of abused and neglected children grew from 1.4 million in 1986, when the last NIS report was conducted, to more than 2.8 million in 1993. During the same period, the number of children who were seriously injured quadrupled from about 143,000 to nearly 570,000 (Sedlak and Broadhurst, 1996). At the same time, across the country, states have experienced a tremendous growth in the number of children in foster care. The national foster care caseloads grew from 340,000 cases in 1988 to 460,000 cases in 1996, an increase of 40 percent (Sedlak and Broadhurst, 1996). The cost of the foster care program, both in maintenance payments and administrative costs, has grown from \$800 million in 1988 to \$3.7 billion in 1996, an increase of 462 percent in federal expenditures

(Sedlak and Broadhurst, 1996). The median average time for children in foster care in 1994 was 40 months. (U.S. Department of Health & Human Services, 1997). The increase of children in protective care has been attributed to family breakdown and drug use, among other factors (U.S. Department of Health & Human Services, 1997).

### **Review of Federal Laws**

The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) encouraged less reliance on foster care placement and greater use of services aimed at preventing placement and encouraging family rehabilitation. The legislation specified several protections to help prevent inappropriate placements or long-term stays in foster care, and a number of programs were established to provide services to specialized foster care populations. This Act also provided a list of services that the states could offer outlining that offering these services were tantamount to reasonable efforts. Shotton (1990) reported that most judges have found that social service departments have made reasonable efforts. When Shotton reported the results of his survey of judges, he found that out of 1,200 respondents only 44 (or .037%) stated that they found cases where they ruled that there was a failure to achieve reasonable efforts. The failures to attain reasonable efforts were due to a lack of parenting classes, caseworker contacts, substance abuse treatment, counseling and home preservation services (Shotton, 1990).

On November 19, 1997, President Clinton signed into law (P.L. 105-89) the Adoption and Safe Families Act of 1997, to improve the safety of children, to promote adoption and other permanent homes for children who need them, and to support families. This new law makes changes and clarifications in a wide range of policies

established under the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272). This major federal law was enacted in 1980 to assist the states in protecting and caring for abused and neglected children. The new law continues and expands the Family Preservation and Support Services Program. State plans are now also required to contain assurances that in administering and conducting service programs, the safety of the children to be served will be of paramount concern. Also there must be funds available to prevent child abuse and neglect and to assist families in crisis. The program's funds specifically include time-limited reunification services such as counseling, substance abuse treatment services, mental health services, assistance for domestic violence, temporary child care and crisis nurseries, and transportation to and from these services. States are required to make reasonable efforts and document specific efforts to place a child for adoption, with a relative or guardian, or in another planned permanent living arrangement when it is determined that the child cannot be returned home safely. The law also clarifies that reasonable efforts to place a child for adoption or with a legal guardian may be made concurrently with reasonable efforts to reunify a child with his or her family. Under the new law, states must file a petition to terminate parental rights and concurrently, identify, recruit, process and approve a qualified adoptive family on behalf of any child, regardless of age, that has been in foster care for 15 out of the most recent 22 months. A child would be considered as having entered foster care on the earlier of either the date of the first judicial finding of abuse or neglect, or 60 days after the child is removed from the home. Former federal law required a dispositional hearing within 18 months of a child's placement into out-of-home care. The new law establishes a

permanency planning hearing for children in care that occurs within 12 months of a child's entry into care. At the hearing, there must be a determination of whether and when a child will be returned home, placed for adoption and a termination of parental rights petition will be filed, referred for legal guardianship, or another planned permanent living arrangement if the other options are not appropriate. The new law changes Reasonable Efforts Provision in P.L. 96-272. States continue to be required to make reasonable efforts to preserve and reunify families but in making decisions about the removal of a child from, and the child's return to, his or her home, the child's health and safety shall be the paramount concern. The new law provides that reasonable efforts requirement does not apply in cases in which a court has found that the parent has subjected the child to "aggravated circumstances" as defined in state law. This includes abandonment, torture, chronic abuse, and sexual abuse. If the parent has committed murder or voluntary manslaughter or aided or abetted, attempted, conspired or solicited to commit such a murder or manslaughter of another child, then the reasonable efforts rule does not apply. If the parent has committed a felony assault that results in serious bodily injury to the child or another one of their children, or the parental rights of the parent to a sibling have been involuntarily terminated, then the reasonable efforts rule does not apply. In these cases, states would not be required to make reasonable efforts to preserve or reunify the family but are required to hold a permanency hearing within 30 days and to make reasonable efforts to place the child for adoption, with a legal guardian, or in another permanent placement. The new law directs States to Establish Standards to Ensure Quality Services by January 1, 1999. States will be required, by that date, to



develop and implement standards to ensure that children in foster care placements in public and private agencies are provided quality services that protects the safety and health of the children and require an assessment of State performance in protecting children. Health and Human Services will be required to provide a report that will include the outcome measures including length of stay in foster care and number of foster placement adoptions. This should be developed from data available from the Adoption and Foster Care Analysis and Reporting System (Adoption and Safe Families Act, 1997; Child Welfare League of America, 1997).

Not only is this new federal legislation intensifying the pressure for reunification. there are various other forces that are moving states to restructure their service delivery. Class action law suits have been filed over the condition of the child welfare system and there is widespread concern over the efficacy of current services and agency policy.

### **Review of State of Michigan Laws**

The state of Michigan has several child related laws that, together with the Federal laws, help to shape the policies of the Michigan Family Independence Agency.

The Child Protection Law of 1975, provided for the protection of children who are abused or neglected. It also mandated the reporting of child abuse and neglect by specific professionals and permitted the reporting of child abuse and neglect by all people. The Social Welfare Act of 1939 prescribes that the Agency comply with court requested investigations pertaining to dependent, neglected and delinquent children. Also it stated that the Agency must provide placement and supervision of these children. The Juvenile Code of 1939 dictates that each child, under the jurisdiction of the court, will receive

care, guidance, and control, preferably in their own home. If the child is removed from their parents, then the child will be placed in a home similar to their parent's home. This act was amended in 1988 to allow jurisdiction over neglected or abused children under 18 years of age. The Michigan Children's Institute Act of 1935 instructs the Agency to accept children (up to age 17), and exercise responsibility for them up to age 19. It also demands that the Agency assume responsibility for children whose parental rights have been terminated.

### **Review of State of Michigan Policies**

On 12-11-89, the Michigan Family Independence Agency (FIA) adopted a policy to address children services and the process of reunification.

Michigan Family Independence Agency policy, in accordance with state and federal laws, mandates that reasonable efforts be made to reunify the child with their family. Reasonable efforts are the caseworker's documentation and use of services and programs to prevent the removal of a child from their home. If the child has been removed, reasonable efforts are the documentation and utilization of all of the services and activities that the caseworker engages to help the parents reunite with their child. All court orders must contain a statement that indicates that reasonable efforts were achieved. The presence of this statement in the court order denotes that the reasonable efforts made were presented to the court and the court made the determination that FIA made "reasonable efforts" to replace the child home or prevent the need for removal of the child.

The caseworker must develop an action plan and treatment plan known as the

Parent/Agency Agreement. The plan must outline what the parent must do to accomplish reunification with their child. The plan should be renegotiated at least tri-monthly or more often, if needed. Other service professionals involved with the treatment of the family members should be contacted. They should aid in the decision to reunify. Should it be determined that the child cannot safely be returned to their parents home, FIA must pursue an alternate permanent placement as soon as possible.

To facilitate reunification, the policies allow for financial assistance to individuals for day care, housing, food and medical care. Funds are also set aside to help families connect with specific services through contract agencies. There are also monies for services such as family preservation, reunification, counseling, drug testing, and medical care.

Prior to reunification visitations between parent and child must occur no less than every seven days unless it is documented that visits are harmful to the child. Caseworkers must facilitate these visits. When the reunification process begins, visits will be gradually increased to overnight. Eventually these visits will last over several days.

During the reunification process, the caseworker should be sensitive to the relationship that develops between the child and the foster parent. Policy dictates that the caseworker should develop some type of gradual disunion of the foster parent and the child. Policy encourages, if beneficial for the child, the caseworker should develop a "means" for continuing the relationship between the foster parent and the child after the child returns to their family. Services to the family are expected to continue until the

problems that caused removal are resolved and the worker is sure that there will be no further disruption in the family (See Appendix A for Family Independence Agency's Policy).

## **Chapter 2**

### **LITERATURE REVIEW**

It is widely believed that the preferred courses of action for children who have been placed in foster care is for them to be reunited with their children as soon as possible. This reunification should take place after a relatively short stay in foster care because Littell and Schuerman (1995) have found that (1) a continuous care taking relationship is important for the child's well-being, (2) it is possible that the separation and lack of stability inherent in a temporary placement may psychologically harm the child, and (3) an incentive may exist to reunify the child because foster care is expensive and adoptive placements can be difficult to find.

Many early studies suggested that children remained in foster care for extended periods of time. There was a relationship found between the length of time a child remained in care and reunification. Authors suggested that the longer a child remained in care, the less likely discharge could be effected (Maas and Engler, 1959; Magura 1979; Fanshel and Shinn 1978).

In the current literature on foster care services and reunification there are seven areas of interest that significantly impact on the worker's decision to reunify children with their parents. The seven areas are kinship placements, relationships between biological parents and foster parents, visitation, treatment services and treatment programs, intensive family reunification/preservation services, recidivism and caseworker performance. However, Fanshel and Shinn (1978) found that each of these factors, when

measured over a longer period, these factors accounted collectively for only 31% of the variance in explaining children's discharges from foster care.

### **Kinship Placement**

Kinship care occurs when a child is cared for at a relative's home. Kinship placement can be done as a prior arrangement between the parents and the relative because the parents have temporarily or permanently abandoned a child or, for the purposes of this study, when a relative assumes the care of children at the request of the State's child protection authorities in an effort to prevent the need for placing a child in foster care (Kusserow, 1991).

Some early analysts argued that placement with relatives would increase the likelihood of reunification with parents by maintaining close family contacts (Hill, 1977). Potential problems attributed to kinship foster care are that it involves more protective risk by encouraging parental access, which places children in care situations with undertrained, overburdened and often unsupervised custodians (Fein & Maluccio, 1992), that providing foster care payment to extended family members may deter reunification or adoption (Meyer & Link, 1990), and that it might represent an excessive governmental incursion into the role of the family (Testa, 1994).

Recent trend data in three major states, Illinois, California and New York, show that all foster care provided in the homes of relatives has continued to increase. Between 1988 and 1993, kinship services as a percentage of all foster care rose from 32% to 54% in Illinois, from 22% to 45% in California, and from 23% to 36% in New York (Goerge, Wulczyn & Harden, 1995).

Kusserow (1991) reports that recently, relative foster care has come under increasing scrutiny for several reasons: (1) lawsuits in several States with large foster-care populations have drawn attention to financial support and classification of relative foster parents; (2) a rapid rise in State foster-care caseloads, a decrease in the number of traditional foster homes available, and the increasing severity of the problems causing the need for substitute care has resulted in reconsidering many resources for placement of children; and, (3) the trend toward recruiting and supporting foster parents as trained, paraprofessional members of child and family treatment teams highlights the differences between relative care givers and individuals with no previous relationship to foster children. (Kusserow, 1991).

Kinship placements last longer than other placements, with lower rates of reunification and lower rates of all other discharges (Wulczyn & Goerge, 1992; Barth, Courtney, Berrick & Albert, 1994). Kusserow (1991) concurred with this finding stating that there is evidence that children placed with a relative remains the legal responsibility of the State for longer than children in other alternative care arrangements. In a study of five years worth of case histories, Goerge, Wulczyn & Harden (1994) found that the median kinship placement term lasted 30% longer than other placement terms regardless of the year of entry, metro/non-metro residence, age, ethnicity, at entry to foster care, and state. As there is some evidence that African Americans spend longer in care and children in relative placement spend longer in care, the gross impact of increased kinship care on duration and caseload size can be very large.

Scannapieco and Hegar (1994) findings were more positive when it came to

relative care. Scannapieco and Hegar (1994) examined the benefits of this type of placement and reported that the chief benefit of kinship placement is the continuity of the family relationship and the bond between parent and child. The study listed additional benefits as reduced isolation, keeping the family together and allowing for more frequent visitations between parents and children.

Stein and Rzepnicki (1983) observed that despite the value placed on family sanctity and on the rights of parents to raise their children free of outside interference, federal funds for programs to prevent placement of children or for services to reunify families after children enter care have historically been low (Stein & Rzepnicki, 1983). On the other hand, federal funds for foster placements have historically been high. By the end of the 1970's, nearly three quarters of all child welfare dollars were being spent on foster care supervision and payments (Pelton, 1989).

### **Visitation**

Visits are the face-to-face contact between the parents and the child that occurs outside of the services and therapy sessions. In terms of services to the families visitation is an aspect of foster care that is managed by the caseworker.

Visits between parents and children who are in foster care can serve the purpose of continuing the parent-child bond, cause the parent feelings of remorse, make the parent accountable directly to the child and remind the parent of the goal of getting the child returned home. Visits also provide reassurance for the child that the parent has not abandoned them, the parent is okay and they will be seeing each other regularly. The parent is reassured that the child is safe. Visits also provide an opportunity for the



caseworker to do an assessment and an intervention if necessary.

Hess and Proch (1993) suggest that visitation is at the heart of reunification as it maintains relationships when families are separated by placement, enhances the child's well-being, helps that family whether they are willing and able to live together safely and provides families with the opportunity to learn, practice and demonstrate new behaviors and patterns of interaction.

Oyerman and Benbenishty (1992) looked at the impact of the frequency of visitation and its impact on maintaining the parent-child bond, and reported a positive impact on the parent-child bond. However Fanshel (1982) found that visits are a source of stress for all parties involved, children, parents, foster parent and caseworkers. Fanshel (1982) and reported that parents often engaged in inappropriate behavior during visits.

### **Relationship Between Biological Parents and Foster Parents**

A high degree of tension and competitiveness often exists between the foster parents and the biological parents. Lacking an appreciation of the importance of the biological parents in the child's life, foster parents may frustrate and discourage visiting by the biological parents (Cautley, 1980).

In their study of the relationship between biological parents and foster parents and its impact on the length of stay in foster care, the researchers found that when these relationships were positive, the length of stay for the child in care was of a shorter duration (Oyerman & Benbenishty, 1992).

### **Treatment Services and Programs**

Treatment services and programs for parents and children is another significant

part of the children services caseworker's responsibilities. In looking at the most significant impact of these services and programs on families it is reported that comprehensive and integrated services and programs are necessary. Researchers found that the most effective intervention strategies were gender specific, and the coordination of services with mental health professionals increased the chances of success (Gustavsson & Rycraft, 1993).

In a study done by Benedict and White (1991) it was found that in cases where the parents were found to be agreeable and cooperative with the case services plan reunification occurred sooner. Also, if the caseworker had regular scheduled contact with the family, reunification happened sooner on the average. However, if the caseworker suggested that there was a need for more regular parental visitation and education, the reunification process was significantly delayed.

### **Reunification Programs and Preservation Services**

Reunification programs and preservation services are home-based service programs designed for families who have children that are in out-of-home placements. These programs are also used to prevent the need for removal of the child. These are intensive programs that are devoted to providing instruction, counseling and referrals to assist a family in reunifying and remaining together. These programs are meant to be long-term remaining involved with the family for six to eighteen months. State agencies make referrals to these programs when it is identified that the family needs intensive continued treatment and it is obvious that if the family is not given long-term intensive treatment the children will have to be removed from the home. Intensive preservation

services aimed at placement prevention have reported success rates as high as 90%, while reunification programs indicate a much lower success rate. (Kinney, Haapala, and Booth 1991). Gillespie, Byrne, and Workman (1995) looked at the success rates of families receiving these services and found that a high rate of success was achieved when the cases were low risk (predominantly neglect cases) but not so effective when the cases were high-risk (severe physical abuse and injury).

### **Recidivism**

Successful reunification of children with their families is only accomplished when they do not re-enter the system. The re-entry into the system is known as recidivism. Studies indicate that there was a relationship between recidivism and lack of services by the state agency. This finding suggests that services should be initiated when a child is referred for placement and should be terminated, not when a permanent placement has been achieved, but when that placement has been sufficiently monitored and supported to assure that the psycho-social needs of the child have been met (Turner, 1984). Studies have shown a recidivism rate of 35% among children who were returned home and only given services for 1.5 years (Fein et al. 1983; Block 1983; Fansel and Shinn 1978).

Other studies have reported that recidivism rates have been estimated at 30% (Block, 1983; Wulczyn, 1991) In 1973, Sherman, Newman and Shyne found that 25% of the children recidivated after being reunited with their parents. They cited circumstances external to the family as the cause of this recidivism. Housing, financial factors and employment were listed as the primary reasons. They also indicated that another causal factor was the lack of follow-up services provided to the family.

In a longitudinal study by Fanshel and Shinn (1978) 10% of their sample of 61 children recidivated at least once. The study did provide data as to the reason for the recidivism. The study found that the majority, 29% recidivated because the parents were unwilling to continue to care for the child. Twenty-one percent (21%) of the children went back into care because of their own behavior. There was further neglect to approximately 14%, 12% returned to care because of the parents mental illness and hospitalization. Twelve percent (12%) cited other family problems, 10% had parents who suffered from physical illness and hospitalization while 2% had a family dysfunction.

Goerge (1990) reports recidivism rates of about 22% for children discharged from their first placement and noted that if a child were in foster care for a year or less there was a much higher recidivism rate, with the highest recidivism among children whose placement lasted less than ninety days.

Courtney (1994) conducted research on the rates of re-entries by looking at the variables of race, type of placement, age and length of placement. An estimated 275,756 children were in care in the United States, 32% of these children were African American, 53% was White and the remaining 15% were Hispanic, Native American or other. He found that African Americans were disproportionately represented and averaged longer stays in foster care than the other groups combined. When focusing on length of placement he reports that children who remain in foster care for extended periods of time have the highest rate of recidivism (Courtney, 1995).

Festinger (1996) conducted a study where there was a sample of children that were tracked for approximately one year and then an additional year after the children

returned home to their parents. Festinger found in this study that when children were in care for a brief time and received few services they were most likely to re-enter care. Festinger's 1996 study sought to identify those factors which would serve as predictors for the re-entry into foster care. While the results were inconclusive, six variables relating to the decision were identified: parenting skills, social support, unmet service needs, care giver problems, organizational participation, and caseworker experience. The results showed the two factors which were the strongest predictors of re-entry were "limited parenting skills, such as assessed problems in communicating with their children, understanding child development, and handling discipline" and "a limited level of support from family, friends and neighbors."

### **Caseworker Performance**

Caseworker performance is directly affected by large caseload sizes, excessive amounts of paperwork, numerous hours spent on court hearings, insufficient training of staff, lack of support from immediate supervisors, and the devalued status of child welfare workers as it negatively impacts the delivery of services to families by children services caseworkers (O'Donnell, 1993). Workers are often assigned more than 40 cases even though the Child Welfare League of America recommends a maximum caseload of 12 while the National Association of Social Workers recommends no more than 25 cases per caseworker (See Table 1).

"High staff turnover rates, low pay, inadequate training, inadequate supervision, etc., lead to poor casework practice in many cases, despite good intentions,"

**TABLE 1 - Caseload Size**

<u>Worker</u>	<u>Total Cases</u>	<u>Percentage over the NASW recommendation 25 cases per worker</u>	<u>Percentage over the CWLA recommendation 12 cases per worker</u>
Worker A	27	8.00%	125.00%
Worker B	35	40.00%	191.67%
Worker C	28	12.00%	133.33%
Worker D	38	52.00%	216.67%
Worker E	30	20.00%	150.00%
Worker F	22	-12.00%	83.33%
Worker T	22	-12.00%	83.33%
Worker V	18	-28.00%	50.00%
Worker W	22	-12.00%	83.33%
Worker X	21	-16.00%	75.00%
Worker Y	18	-28.00%	50.00%
Worker Z	20	-20.00%	66.67%

the Child Welfare League of America told a Senate committee (Child Welfare League of America, 1996).

Maluccio, Warsh & Pine (1993) asserts that an important element in reunification is the social worker's attitude toward the family. They maintain that social workers are most apt to be helpful if they fully believe that the family is motivated, caring, interested in caring for themselves and desiring to change in positive ways. Zamosky, Sparks, Hatt and Sharman (1993) contend that the worker must examine their own attitudes and beliefs. If the worker believes that the family should be together, that the family is fully utilizing services, that the family has strengths and will focus on them and will allow the family to take an active role in their problem-solving. However, if the supervisor, agency policy, practice or state laws do not support that attitude, then reunification remains a

difficult undertaking, at best. Then too, the family's feeling toward themselves as a family also affects the worker's attitude, thus caseworker performance. The family will commonly feel a sense of failure, a lack of confidence, anger and mistrust of the system. At that time it is the worker's responsibility to instill in the family a feeling of connectedness, perseverance, and hopefulness (Zamosky, Sparks, Hatt and Sharman, 1993).

In child welfare agencies accountability for compliance with legal mandates in regards to case management and service provisions falls to the caseworker. Non-compliance is often cited as a significant reason that reunification is not accomplished or is not accomplished within a reasonable length of time (O'Donnell, 1993). Exorbitant caseload sizes, excessive amounts of paperwork, insufficient training of staff lack of support from immediate supervision and the devalued status of child welfare workers are pointed out by the author as problems attributed to burnout and high turn-over rates of child welfare workers (O'Donnell, 1993).

However, the method for ensuring compliance has been to emphasize the monitoring mechanism, thereby increasing the frequency of reviews. O'Donnell concludes through research that increasing the frequency of reviews exacerbates the problem as it further limits the amount of time caseworkers have to spend on service delivery to the client. These factors directly influence the quantity and quality of service delivery to both children in care and their parents (O'Donnell, 1993).

Testimony was received regarding the hours of time which must be spent in order to comply with case services plans that are created by the caseworkers. In most states,

social workers have been granted the authority to construct these reunification plans at their sole discretion. There is precious little oversight from the courts in the construction of these plans (Court of Appeals State of Minnesota, 1996). Personal bias or prejudices often play a role in how these plans are constructed (Montana Supreme Court, 1996).

Defense attorneys have testified that they have told clients that it is impossible for them to work and comply with reunification. Judges and referees were observed, seemingly without thought, ordering parents into programs which require more than 40 hours per week. Frequently, these parents have only public transportation. Obviously, there is no time to earn a living or otherwise live a life. A parent often becomes a slave to the reunification plan (San Diego County Grand Jury, 1992). The San Diego Grand Jury confirmed that these plans are sometimes intentionally made impossible by the caseworker in an attempt to prevent reunification. Failure to comply with any element of a reunification plan is sufficient for termination of parental rights. Testimony has been taken from attorneys, court appointed therapists, and social workers, that some of these plans are intentionally made impossible, particularly when infants or toddlers are involved (Sheindlin, 1996).

Mack (1997) found that even for those parents who comply with the reunification terms, the state has another way of using these plans to terminate parental rights. The laws throughout the states are written in such a way that "failure to substantially comply with the terms of the performance agreement," or "failure to derive benefits from the services provided by the Department" are reason enough to have children permanently separated from their parents, once they have become dependents of the court (Mack,



1997).

Gorman (1992) also indicated that foster parents may try to thwart reunification efforts. "A desire to take care of the child on a permanent basis must not be permitted to work against the parent's goal" of reunification (Gorman, 1992).

Absent from the literature is the view point of children services caseworkers. Sufficient research has not been conducted on caseworker perceptions of the efficacy and adequacy of the resources, services and other factors and their impact on the decision to reunify. The caseworkers are the providers of services, the link between the courts, the agency, the biological and foster parents and the child. The caseworker's beliefs and opinions, based on their practical experience, contribute to the knowledge base. Without this information the data remains incomplete. The caseworker is the purveyor of case information to the court system. They are capable of slanting this information in favor of the resultant court order that they want whether it is for or against reunification.

## **Chapter 3**

### **METHODOLOGY**

#### **Significance of The Study**

Case management services are the responsibility of children services workers, and they are entrusted with making recommendations about whether a child will be returned to their parent(s), based on their assessment of whether the services and activities of the parents have been successful in reducing or eliminating the risk to the child. It is therefore a reasonable assumption that the children services worker would have sufficient experience with these services to assess their practical applicability. Children services worker attitudes regarding reunification will provide valuable information in conducting program evaluations and present an additional perspective on program outcomes.

#### **The Research Focus**

The purpose of this study was to gather and investigate information regarding foster care caseworker's perception of the competence and effectiveness of services to families with children in care. The goal was to study the attitudes and perceptions of children services workers toward services, social work practice and policy issues and how or if their attitude affects their decision to reunify child and parent.

#### **The Research Questions**

1. What effect does kinship placement have on the caseworker's decision to reunify parent and child?
2. What effect does visitation have on the caseworker's decision to reunify parent

and child?

3. What effect does the relationship between biological parents and foster parents have on the caseworker's decision to reunify parent and child?
4. What effect do treatment services and programs have on the caseworker's decision to reunify parent and child?
5. What effect do reunification programs and preservation services have on the caseworker's decision to reunify parent and child?
6. What effect does recidivism have on the caseworker's decision to reunify parent and child?
7. What influence does the caseworker's attitude toward policy have on the decision to reunify parent and child?

### **Procedure**

A program evaluation was conducted using a questionnaire to take a survey of caseworker attitudes. A group design was used for a qualitative study (Creswell, 1994). An exploratory research instrument, in the form of a questionnaire was used and data collection was accomplished through face to face interviews (Marlow, 1992). The research instrument was designed to obtain further information on the subject of children services caseworker's perceptions and attitudes regarding the efficacy and adequacy of services available to families currently and previously on their caseloads. The focus is the impact of these attitudes on their reunification decision.

Structured interviews were conducted using a survey instrument with forty-two open-ended questions designed to elicit the caseworker's attitudes, opinions and

perceptions. These interviews provided personal contact between the researcher and the subjects. This personal contact produced a better understanding of a respondent's attitude.

The questionnaire covered seven specific areas of interest including kinship placement, visitation, the relationship between the biological parents and the foster parents, treatment services and programs, reunification programs and preservation services, recidivism and caseworker performance.

### **Sample**

In choosing the population for the study several decisions were made. First, it was decided that the subjects would be from a local Agency to ensure that the researcher had ample access to the subjects. Secondly, it was decided that the subjects should be chosen from an Agency office that services a large population. This would ensure a diversity of subjects and work experiences. Lastly, the subjects should have more than three years of experience as a children services worker. This would ensure that the subjects would be able to adequately answer the interview questions.

Twelve children services caseworkers, employed by the Michigan Family Independence Agency (FIA), were selected as subjects for the research. The individual volunteer was selected based on interviewer and subject availability and their willingness to participate in this research project. The location and scheduled time of the interviews occurred at a consistent private setting and were conducted on the subject's personal time.

The Twelve volunteer subjects were all children services caseworkers from the Michigan Family Independence Agency. The subjects work in an area that serves a

county of 433,508 residents. The sample consists of ten females and two males. They average 37.4 years of age, with an aggregate of 23.6 years of experience as FIA children services caseworkers. In regards to educational background eight subjects possess Bachelors in Social Work degrees two have Bachelor of Arts degrees with majors in Psychology, two possesses a Bachelor of Arts degree in Criminal Justice. Previous employment experience consisted of four years experience in children services with private agencies, ten years experience in the mental health field and a total of twenty-four years in social service related employment within the Family Independence Agency.

### **Data Collection**

A two-page questionnaire with forty-two questions was the research instrument consisting of seven categories of interest (See Questionnaire Appendix B). Those categories are concerning policy (kinship placements and visitation) casework practice (the relationship between biological parents and foster parents, recidivism and caseworker performance) and services (treatment services and programs and reunification programs and preservation services). Data collection took place through face to face interviews that were audio taped and hand written notes were taken.

Consent forms were used and signatures were obtained before the date of the interviews. Confidentiality will be maintained by not associating children services worker names with their interviews. The questionnaire responses, in the form of hand written notes and cassette recordings, will not identify the children services worker by name. The contents of the interviews will not be shared with any other individual and will be reviewed only by the researcher. Once the tape recordings were transcribed, they were

destroyed, and after the analysis of the data and completion of the research report, the original hand written notes were destroyed.



## Chapter 4

### RESULTS

#### Kinship Placement

Kinship placements made up 24.58% of the caseworkers total caseload placements (See Table 2). Of the subjects, 83.33% asserted that they strongly disliked kinship placements but were forced into these placements due to policy and court mandates. These subjects admitted that when given the opportunity, through investigation of the

**TABLE 2 - Kinship Placements per caseloads**

<u>Worker</u>	<u>Total Number of Cases</u>	<u>Total Number of current cases that are placed with Relatives</u>	<u>Percentage</u>
Worker D	38	20	52.63%
Worker B	35	14	40.00%
Worker V	18	5	27.78%
Worker E	30	7	23.33%
Worker T	22	5	22.73%
Worker Y	18	4	22.22%
Worker C	28	6	21.43%
Worker A	27	5	18.52%
Worker Z	20	3	15.00%
Worker F	22	3	13.64%
Worker X	21	2	09.52%
Worker W	22	0	00.00%
Overall Kinship Placement Rate : 24.58%			

relative or documenting non-cooperation by the relative, the subjects move children from relative placements and into foster care placements.



The benefit of kinship placements most often identified by the subjects was continuity of family relationships and family bonds. Kinship placements keep the family together, allowing for more contact between the child and their parents, and permitting contact for the child with other family members. Without exception, the subjects felt the ethnic and cultural needs of the child were addressed in kinship placements and described this as an additional benefit of this type of placement. Also, it was beneficial to the subjects in the performance of their casework responsibilities because the family arranged and managed visitations.

However, the majority of the caseworkers vehemently disliked kinship placements using language such as “hate,” “despise” and “dread” when talking about kinship placements. The most frequent problem expressed with kinship placements was identified as the disharmony between and among family members. All caseworkers felt that kinship placements were much more difficult and time consuming than foster care placements because of the often tremendous disharmony in families. They explained that they spend an enormous amount of time in the role of intermediary between the parents who are not in agreement with where their child is placed. The parent is dissatisfied with the care the custodial relative is providing for the child. These disputes mostly stemmed from disputes that occurred for years within the family prior to protective services involvement. The second most often reported problem with kinship placements was that frequently family members have similar negative lifestyles and life circumstances as the parents. Caseworkers cited similar family environment and behavior as a problem with kinship placements. They stated that in some cases children placed with relatives who

themselves have substance abuse histories, live in poverty, do not have sufficient housing for the additions to their family, and lack transportation.

Additionally, some relatives are deficient in their ability to comprehend the complex emotional and psychological needs of the child placed in their care. They see their responsibility in terms of family commitment and not in terms of the structured care responsibilities required of care givers by bureaucratic agencies such as the Family Independence Agency. Thus, family members often conspire with the parent against the caseworker, being dishonest about the parents visits with the child, allowing the parent extended unsupervised visits with the children and in some cases unofficially returning the child to the parent's care.

Another consistently recognized problem was identified as diminished parental effort. Subjects felt that in some cases kinship placements discouraged biological parents in putting forth their best efforts to restore their custody rights because of the frequent access they had to the child. The placement with relatives, in the parents view, did not appear to have a negative impact on the children.

Also problematic in kinship placements are the custodial kin who may be punitive in their treatment of the biological parents. Custodial kin has denied the parents access to the child, discouraged parental involvement with the child, caused the child to experience dissonant feelings about their loyalty, love and affection for their biological parents. The child experiences feelings of gratitude and appreciation toward the custodial relative upon whom they are currently dependent. The child is essentially caught in the middle of these family battles causing further psychological damage to the child.

## **Recommendations**

Three concrete suggestions were made regarding kinship placements that would enhance the reunification process. The subjects felt that kinship placements were being utilized by the Agency to the fullest extent possible. However, to expedite the reunification process it was felt that parenting classes should be offered to relatives to ensure consistency of parental instruction during and after the out-of-home placement. Instruction should be given to relative, first on their role as temporary guardians and secondly regarding the goal of both the court and the Agency to reunite the parents with their child. This should be put in writing and explained to the relatives at the beginning of the placement. Financial supports to relatives should be equal or similar to that of foster care placements thereby reducing a portion of the financial burden taken on by relatives.

## **Visitation**

In contradiction of the literature, 75% of the respondents did not feel that visitation has any impact on the child's length of stay in foster care, while 66.67% of the subjects felt visits do have an impact in motivating the parents to change their negative behaviors to end the suffering and isolation that foster care placement imposes on their children (See Table 3). One worker stated that, "...visitation confronts the parent and serves as a reminder to the parent that this is not a vacation, that your children are being hurt by your absence, and they are counting on you." The majority of the subjects (66.67%) responded that the chief benefit from visitations is the preservation of the bond between parents and child. They felt it is a benefit to the child in that they know they

have not been abandoned by their parents. There is also benefit to the caseworker in that the number of attended visits provides a measurement of the parent's level of commitment to reuniting themselves with their child. It also allows the worker to observe the interaction between the parents and the child and serves as demonstration of the parents level of parenting skills.

**TABLE 3 - Attitudes Toward Visitation**

<u>The Benefits of Parent/Child Visitation</u>	<u>Out of 12 subjects</u>	<u>Percentage</u>
Visitation causes reunification to occur sooner	3	25.00%
Visitation preserves the bond between parent and child	8	66.67%
Visitation motivates parents to cooperate with services	8	66.67%
Visitation serves as an opportunity for separated siblings to visit each other	7	58.33%
<u>The Problems of Parent/Child Visitation</u>	<u>Out of 12 subjects</u>	<u>Percentage</u>
Transportation	12	100%
Scheduling	12	100%
Missed visits by parents	10	83.33%

In terms of the difficult aspects of providing visitation numerous issues were raised. All agreed that scheduling and transportation posed the greatest problems. Trying to coordinate the visits around the children's school hours, the parent's work schedule, the parent's treatment schedule, the caseworker's schedule, transporter availability and bus schedules, on a weekly basis, presented workers with some very difficult logistical problems. Another difficulty reported was that the children are negatively impacted

when their parents do not show up for scheduled visits. While the weekly visit instills hope in the child that they will be returned to their parents, the reverse occurs when the parent fails to attend all of the visits. Missed visits are psychologically damaging to the child. The child's security is shaken and they may feel let down, abandoned, betrayed and confused as to their parents feelings for them. The foster parent or the relative is the individual who deals with the aftermath of this psychological damage as the children often respond to their unstable emotional state through acting out behaviors.

### **Recommendations**

Recommendations for changes in visitation that would assist in reunification are: increased hours for parents of infants to ensure the bonding process is complete, evening and weekend hours for working parents, transporters for parents who do not live on bus routes, visits at other locations away from the Family Independence Agency office that present a more neutral setting, and increase visitation opportunities.

### **Relationship Between Biological Parents and Foster Parents**

When asked what importance the subjects place on the relationship between the biological parents and the foster parents the subjects stated they felt the level of importance was individualized and dependent on case circumstances. In the absence of physical or emotional harm to the children, it should be encouraged but the subjects shied away from being involved in fostering that relationship (See Table 4). For example, it was felt that in the case of a parent with severe mental illness, or where it might not be beneficial to the child, because the security of the child might be at risk, an ongoing relationship should not be encouraged.

**TABLE 4 - Caseworker Attitudes Toward the Relationship between Foster Parent and Biological Parent**

	<u>YES</u>	<u>NO</u>	<u>Didn't Know</u>
Foster Parent/Biological Parent relationship is important	58.33%	16.67%	25.00%
Foster Parent fosters good relationship with biological parent	25.00%	75.00%	--
Biological Parent fosters good relationship with foster parent	08.33%	91.67%	--
Caseworker fosters good relationship between biological parent and foster parent	--	100%	--
A Good relationship between foster parent and biological parent shortens the length of stay in foster care	--	100%	--

The subjects described significant benefits that can be derived for the child if a positive relationship is established between the biological parents and the foster parents. Cited as beneficial is the continuity of the bond between the child and biological parent. It allows the biological parents and foster parents to understand their individual roles in parenting the child. As a result, the biological parents are less threatened by the relationship that the child develops with the foster parents. Consequently, the parents are not as critical of the foster parents. The subjects also reported a residual benefit of this relationship between these parents for the caseworker. A positive relationship between the foster parent and the biological parent precludes the necessity for the caseworker to explain or defend the actions of the foster parents to the biological parents. Still, unanimously, the subjects felt that the relationship between biological parents and foster parents has no impact on the children's length of stay in foster care.

## **Recommendations**

In regards to recommendations for changes and the level of priority assigned that would promote the relationship, some workers believed that it should be much more strongly encouraged but not required. Still, others felt it should be left solely to the discretion of the foster parent regardless of the benefit to the child. Unanimously, however, the subjects assigned a very low priority to any task or policy implementation that could be made in the area of fostering a relationship between biological parents and foster parents. One concern of forcing a relationship between the biological parent and foster parent mandatory was that it might discourage the recruitment of foster parents out of fear for their personal safety, especially for those living in the same community as the biological parents.

## **Treatment Services and Programs**

All of the subjects unanimously felt that, for the most part, the treatment services for parenting, individual and family therapy, and sexual abuse treatment, adequately addresses the demographic characteristics of their clients with some recognized deficiencies. They suggested programs for teens should be lengthened for more effective internalization of the new parenting concepts, and the older adult parenting programs need to have an accompanying support group separating males and females. This would serve to foster gender specific peer support. Also needed is more intensive and lengthier teen parenting instruction since they are a quickly growing segment of the client base.

The substance abuse programs received high marks for efficiency but the subjects felt they were not completely meeting the clients needs. This anomaly was attributed to

lack of parental motivation. Also problematic is the drug counselor who often tends to "team up" with the parent against the caseworker. As one worker stated, "...most times the drug counselors are ex-drug abusers themselves and probably had a run-in with the department...so they tend to over-identify with the client, and lies to us and runs interference for the client." Also, problematic is the drug therapists' ability to communicate with the caseworker effectively. Because of strict confidentiality laws, the drug therapist cannot reveal information about the parent. When the parent has signed a release of information form allowing full disclosure to the caseworker, the drug therapist remains hesitant to reveal information. Then too, the parent has the right to rescind the release of information anytime. When a parent rescinds a release of information, the caseworker is forced to petition the court to order that the parent sign another release of information. Again, this "ties up" the caseworker in court and further delays the reunification process.

The subjects were also concerned about a substantial deficiency in available drug treatment services for their clients. They said that several in-patient programs will not accept parents with Medicaid or parents without insurance. They stated that this is a tremendous problem and a monumental hindrance to the parent's effort to comply with services. Subjects maintained that the in-patient programs that would accept Medicaid had an overly rigid program structure. While referring to drug treatment programs, a subject stated, "...it turns the client off and then turns them out before a legitimate effort has been made by the program to engage the client in treatment."

The subjects made the greatest collective negative response to the question



regarding mental health services. They related that the mental health services provided to clients by the county's community mental health programs were inadequate. The subjects felt that newly referred clients with mental health diagnoses were essentially left without assistance. The mental health clients who were already receiving services from the community mental health program, were not getting their needs met. The subjects found the program guidelines to be too inflexible for the client's unstable and inconsistent behaviors, which are manifestations of their mental illness.

### **Recommendations**

A unanimous recommendation was made that the Family Independence Agency and the county's community mental health program develops a cooperative relationship, and a coordination of services. For example, the mental health program accepts only self referrals, and the treatment and progress standards are not of equal status (parity) for both programs. Issues of confidentiality often interfere with the caseworker's access to progress and treatment. A cooperative agreement, and coordination of services, would benefit the client in the accessibility to mental health services and the efficient monitoring of progress.

### **Reunification Programs and Preservation Services**

All of the subjects, except one, have used Reunification Programs and Preservation Services and in only one instance was the outcome unsuccessful. The subject reasoned that the failure was due to the bad relationship between the Reunification Program Preservation Services caseworker and a particular family, not the effectiveness of the program. Still, those that have used the program and continued to use the program, like

these programs but admit reunifications are rare (See Table 5). Although the majority (68.77%) of cases have permanency plans that seek to return the child to the biological family this plan is reportedly due to policy and the law that mandates that reunification be the first goal unless termination is requested at the preliminary court hearing.

**TABLE 5 - Permanency Planning Goals**

<u>Worker</u>	<u>Total Cases</u>	<u>Return the child home to Biological Parent(s)</u>	<u>Terminate Parental Rights and Adoption</u>	<u>Establish guardianship with relative</u>
Worker A	27	15	2	10
Worker B	35	20	6	9
Worker C	28	16	3	9
Worker D	38	19	11	8
Worker E	30	24	3	3
Worker F	22	15	3	4
Worker T	22	17	2	3
Worker V	18	6	7	5
Worker W	22	22	0	0
Worker X	21	18	1	2
Worker Y	18	16	1	1
Worker Z	20	19	1	0
TOTALS	301	207	40	54
Percentages		68.77%	13.29%	17.94%

In reality though, most of the permanency plans change to an alternate permanency plan such as relative guardianship, termination, or placement of the child with a biological parent outside the offending parent's home (See Table 6).

However, the subjects commented that the public and administrative perceptions that Reunification Program and Preservation Services are responsible for reuniting families, is essentially a misconception. Reunification Programs and Preservation

Services only helps to solidify the reunification, they do not promote or expedite it.

Respondents felt Reunification Programs and Preservation Services provides an excellent service of monitoring the family during the transition period of the children leaving foster care and being reunited with their parents.

**TABLE 6 - Reunification Programs and Preservation Services use per caseloads**

<u>Worker</u>	<u>Total Number of Cases</u>	<u>Current cases that are utilizing Reunification Preservation Programs</u>	<u>Percentage</u>
Worker W	22	3	13.64%
Worker A	27	2	7.41%
Worker E	30	2	6.67%
Worker Y	18	1	5.56%
Worker X	21	1	4.76%
Worker T	22	0	0.00%
Worker V	18	0	0.00%
Worker B	35	0	0.00%
Worker C	28	0	0.00%
Worker D	38	0	0.00%
Worker F	22	0	0.00%
Worker Z	20	0	0.00%
Reunification Programs and Preservation Services Utilization Rate : 2.99%			

Workers felt Reunification Programs and Preservation Services were most helpful with neglect cases where substance abuse was a major contributing factor to a child being removed. They did not support the use of Reunification Programs and Preservation Services for sexual or physical abuse as they felt the safety of the child cannot not be insured through monitoring alone.

## **Recommendations**

Most of the subjects responded favorably to advocating for an expansion of Reunification Programs and Preservation Services, and it was suggested the programs be increased to facilitate more referrals. It was also suggested that there be an extension of the length of time the reunification service is available for each case. Caution was also expressed in regards to the expansion of the Reunification Programs and Preservation Services at the expense of treatment programs and other family services needed to bring about the reunification in the first place.

## **Recidivism**

Caseworkers reported a 28.24% recidivism rate overall. In regards to the impact of length of stay on the recidivism rate, they responded that it can have both a positive and negative impact. For example, if the length of time the children are in care is too brief, the parents may not have sufficient time to benefit from treatment and services. Invariably these children will return to care because they were sent home without the initial problems being adequately addressed. Also the caseworkers had several cases where the child is in foster care for the third or fourth time in their life (See Table 7).

On the other hand, the positive impact of a shorter length of stay in foster care is that the family bond is left intact. What the subjects perceived as having the greatest impact on whether cases re-enter the system was reported, not a treatment program or service, but the parent's motivation to change. The Reunification Program and Preservation Service was given credit for engaging parents and instilling motivation, and it was also felt the children services caseworkers significantly impacts the outcome of

recidivism as they identify themselves as "...often the sole source of support for parents."

Consequently, if the worker is successful in motivating the parents to comply with the

**TABLE 7 - Recidivism rates as it relates to caseworker caseload**

<u>Worker</u>	<u>Total Number of Cases</u>	<u>Total Number of current cases that are recidivist</u>	<u>Percentage</u>
Worker Z	20	8	40.00%
Worker Y	18	7	38.89%
Worker X	21	8	38.10%
Worker T	22	8	36.36%
Worker F	22	7	31.82%
Worker D	38	11	28.95%
Worker W	22	6	27.27%
Worker E	30	8	26.67%
Worker C	28	7	25.00%
Worker V	18	4	22.22%
Worker A	27	5	18.52%
Worker B	35	6	17.14%
Overall Recidivism Rate: 28.24%			

recidivism as they identify themselves as "...often the sole source of support for parents."

Consequently, if the worker is successful in motivating the parents to comply with the

Parent/Agency Agreement, it is the first step in working toward involvement in treatment

and services. It was believed that the worker's investment in the client resulted in the client's investment in themselves.

### **Caseworker Performance**

The subjects reported that caseload size directly affects the amount of paperwork and time in court. The Child Welfare League of America recommends that caseworkers

have a maximum of twelve cases while the National Association of Social Workers recommends that caseworkers have a caseload of twenty-five cases or less to adequately provide services to their clients. The subjects complained that quite often they have more than twenty-five cases and sometimes are so inundated with court dates, paperwork and crisis intervention that they are simply relegated to "...putting out the fires." Caseworkers estimated 45% of their time is spent on paperwork and approximately 15% is spent on court hearings. They reported that caseload size, the amount of time spent on paperwork and court hearings, significantly impacts their ability to provide services to families. Large caseloads, more paperwork and the frequency of court hearings decrease the amount of time remaining for direct contact with families and service providers. In turn, this also decreases the worker's knowledge of what is transpiring with each case. Many of the subjects expressed the opinion that the paperwork seems more important than the children. As an example, one worker stated, "I spend a lot of my time making sure people get paid for taking care of someone else's kids, instead of helping parents so they can take care of their own kids." Another subject expressed frustration over the workers ineffectiveness. They attributed it to the amount of work associated with the position. The subject stated "...you go out there thinking you are going to save children and help families and instead you are just throwing them ropes and hoping they catch them." Furthermore, a chief complaint made by workers was that the amount of time spent waiting for court hearings to commence is mostly wasted time. They described the time as non-productive because the waiting rooms are so crowded it makes it impossible to do paperwork or to have contact with clients, children, foster parents or other family

members, and still maintain confidentiality. Workers lamented that after the hours of waiting, they eventually spend less than fifteen minutes in the courtroom on the case.

In the areas of training, conflict resulting from culture issues, and cultural competency the respondents all had experienced conflicts over issues of culture, and expressed the need and desire for training that would improve their cultural competency, and additional training to enhance their overall ability to perform their children services casework responsibilities. Training specific to the ethnicity and culture of indigenous populations were requested, such as African-American, Native American, Hispanic, and Asians. Information on religions and religious groups within the community was also mentioned as being beneficial to workers.

The subjects provided a majority of positive responses regarding the level of support they receive from their supervisors. Some expressed the desire for more time for case conferences, as they felt their supervisors possess clinical knowledge and practical experience that can be of benefit to the worker. A more critical perception is that supervisors who lack clinical knowledge and practical experience and are not always competent at assessing the worker's case management decisions, as their focus is often administrative expedience or cost effectiveness, not the best interest of the child.

Respect for the children services caseworker position was perceived as moderate to low. In comparison to the treatment of attorneys and law enforcement by judges and court personnel workers felt they did not receive adequate respect for their position. It was also expressed that inadequate caseworkers reflect badly on those who are competent.

The impact of stress on the workers ability to perform their casework responsibilities was reported as significant. Because of the instability of many of the workers cases, they expressed frustration over their inability to stay organized. Six out of the twelve subjects (50%) stated that they have to become crisis managers and problem solvers, social work is not involved. Consequently, the chaos prevents them from staying on top of the workload and the farther behind they get the more stress they feel. The nature of the position requires that workers maintain a hyper-vigilance on their professionalism and the content of what workers are faced with is often carried over into their personal lives. As one worker stated, "...the sheer ugliness of what is happening to these children is difficult to deal with every day, and sometimes impossible to erase from your mind" at the end of the work day.



## **Chapter 5**

### **DISCUSSION**

The generality of the results is limited by the size of the sample and the non-random, convenience sample used in the research. Therefore, the interpretation of the results of the data should be used as a reference only, and as additional information on the subject of foster care services, and for the purpose of spawning additional research with a broader application.

While some of the responses support the current research, those that do not are not intended to represent a consensus of all children services caseworkers, or a statistical significance, only statistically significant in my test area. The goal of the project is to present caseworker perceptions based on practice experience, thereby, providing an empirical perspective.

The perception of kinship placements was that they have positive benefits for both parents and children, but because of the problems with kinship placements, the reunification is often delayed. Kinship placements are the most difficult for the caseworker to manage because of the disharmony between relatives. The worker is discouraged and frustrated about spending a great deal of their time trying to referee disputes that are reportedly about the child's care but are, in essence, because "...she broke my bike when I was 7." While workers did discuss the benefit of visits being handled between family members, most often the caseworker still has to get involved with these visits because relatives will sometimes take it upon themselves to castigate the

parent for whatever perceived infraction they deem punishable. This researcher, as a caseworker, has personally witnessed relatives who shortened visits, omitted visits and one who changed residences without telling the parent. What the relative fails to realize is that their interference aids the parents on-going desire to refocus attention away from their behavior and on to someone or something else. State of Michigan Policy mandates that every parent have a visit with their child every week and all missed visits must be replaced at a later date. This causes the caseworker, who has probably already had difficulty scheduling visits for this parent and child, to then schedule additional visits. The courts also takes issue with missed visits and will focus on the missed visits at a court hearing rather than the parent's compliance with the case services plan. This serves neither the child nor the parent and prolongs the child stay in care.

The relative's informal return of a child to a parent is problematic and dangerous for the child. The researcher has witnessed a situation where the relative unofficially returned a medically fragile child to the parent. The parent, under the influence of illegal drugs, abandoned the young child at a store with a stranger. It was three days before the police and social services could identify the child.

The relationship between the biological parents and foster parents was not viewed as a high priority, as the benefits were perceived as positive, but without any significant impact on the children's length of stay in care. They felt, however, that the relationship could be a source of support and encouragement for the parent. Most often the relationship between the foster parent and the parent is negative because of the feelings of jealousy. Often the child is placed with the foster parent and when the parent sees the

child, the child is suddenly clean, well-nourished, receiving medical and dental services, attending school, and quite excited about the changes in their life. The parent feels threatened and alienated and lashes out at the foster parent. The parents, to strike out at the foster parent, will make formal accusations or complaints against the foster parent about the care of their child. Still, the worker has to investigate every complaint.

The subjects could not agree on whether visitation has any impact on length of stay yet focused on the content of the visit, and the face to face contact with the child. They described this confrontation as a reminder of the children's attachment to the parent and as a motivating factor for the parents. Visitation, though, is not always a high priority with the parents. Visits usually occur in the caseworker's office building, in a very small visiting room with two-way mirrors for observation. To often visits became picnics where the parent brings food and the parent squanders the time eating with the child rather than talking, playing or interacting one-on-one with the child. Parents complain of being weary and bored with the visits.

Treatment services and programs, with the exception of the community mental health services, was perceived as being of high quality and adequately meeting the needs of the clients. However, the lack of success with the treatment programs was again described as resulting from the parents absence of motivation. Problematic is the drug counselor's over-identification with the parent and sometimes their enabling tactics. The researcher has personal knowledge of a drug therapist who falsified a parent's attendance records and drug screen results in court. The subjects reported that the increased success rate for the Reunification/Preservation program can be attributed to the increased length

of the program and the programs concerted efforts to connect with the client. This connection contributes to the parents investment in the program and desire for participation and achievement. Still this service is under utilized as there are few cases that come to the successful outcome of return home. Most cases begin with the mandated goal of return home, in actuality, the vast majority of the subjects cases result in limited guardianships, full guardianships, termination of parental rights and return to other biological parent.

In terms of the efficacy of foster care services it is the worker's perception that the needs of the motivated client are being met. Therefore, in utilizing the findings as a program evaluation tool and a source of recommendations for enhancement of caseworkers' ability to provide services to families, the most impressionable result emerged from the workers perception of what has the greatest impact on the reunification process. The response directly identified was client motivation as contributing most to reunifying families. It was expressed by all the subjects that if parents are willing to change and motivated to change the outcome of services and programs will enhance the parent's ability to parent their children when they are returned. However this does not directly impact reunification.

Parental motivation impacts services and treatment because parents who are motivated to change will pursue successful outcomes in the programs and services. They also demonstrate an investment in their child's future. If the parent is motivated, they will be available for all visits with their children, regardless of how the visits are structured, scheduled or the located. Also, parents who recognize the damage done by

their substance abuse involvement will be motivated to effectively complete drug treatment programs. Parents who are successfully reunited with their child, have internalized a need to change. The parent can see the positive benefits to themselves and their children. They will be motivated to provide the quality of care necessary to keep their family together and prevent their children from re-entering the system.

This view regarding parental motivation, which appears to place the burden of reunification on the parents, does not abdicate the agency or the caseworker of their responsibility or diminish their importance in the process. In fact, it brings a new focus to the approach to service delivery, based on the assumption that if those parents involved in the foster care system were motivated to change, their children would avoid being placed in foster care. With the focus now on motivating the parent, the question becomes, how does the caseworker motivate parents? It is recommended that the children services casework responsibilities be divided into three separate functions with different caseworkers performing one aspect of casework. One worker, a placement specialist, would be responsible for all work associated with placements, including monitoring the children's progress and needs, liaisons with the foster parents, and paperwork. This worker would do "real social work as it is meant to be done." A second worker would function as a services specialist, responsible for service delivery to the parent(s), to include conducting psycho-social assessments and monitoring participation and progress through outreach counseling, field contact with parent(s) and attend court hearings. A third worker would acquire the failed cases and handle terminations and adoptions. This separation of duties would address the worker's

inability to become involved with the parent(s) because of the overwhelming responsibilities of resolving case management conflicts, providing services for the child, attending court trials and completing paperwork. It places the responsibility for motivating the parent in the hands of the placement specialist and requires them to establish a therapeutic and mentoring relationship.

In light of the certainty that the need for foster care for abused and neglected children will continue to exist, further exploration of the system surrounding foster care services and their delivery should be undertaken. While the personal perceptions of the caseworker do not have broad statistical application, it provides an additional perspective that has been previously absent in the literature.

## **Chapter 6**

### **SUMMARY**

What effect does kinship placement have on the caseworker's decision to reunify parent and child? Kinship placements, which are often problematic, effects the caseworker's decision to reunify parent and child negatively. Most often kinship placements result in the child spending a longer period in care.

What effect does visitation have on the caseworker's decision to reunify parent and child? Visitation was found to have no effect on the reunification decision.

What effect does the relationship between biological parents and foster parents have on the caseworker's decision to reunify parent and child? The relationship between the biological parents and foster parents has no effect on the caseworker's decision to reunify parent and child.

What effect do treatment services and programs have on the caseworker's decision to reunify parent and child? Treatment services and programs have a great effect on the decision to reunify. If treatment programs and services were successfully completed by the parents, the caseworker is most likely to reunify parent and child. If the treatment were unsuccessful, the caseworker will not reunify parent and child.

What effect do reunification programs and preservation services have on the caseworker's decision to reunify parent and child? Reunification programs and preservation services have a positive effect on the caseworker's decision to reunify parent. When Reunification Programs and Preservation Services are available and the

parents are eligible and willing to participate, the caseworker will decide to reunify.

What effect does recidivism have on the caseworker's decision to reunify parent and child? Recidivism has a negative effect on the caseworker's decision to reunify parent and child. Because the child has been in care several times, the parent has a poor track record of success and the caseworker has little confidence in the parent's ability to maintain their family unit. The caseworker will most often avoid reunification, opting for an alternate permanency plan or at the very least, prolong the child's out-of-home placement, using the recidivism record as justification for the child's continued placement.

What influence does the caseworker's attitude toward policy have on the decision to reunify parent and child? The caseworker's attitude toward policy has a negative influence on the decision to reunify parent and child. The caseworker feels that the policies are outdated and do not apply to the current situation of the clients that they serve. The policies are often circumvented by the experienced caseworker.



## APPENDICES

## **APPENDIX A**

### **STATE OF MICHIGAN FAMILY INDEPENDENCE AGENCY POLICIES AND PROCEDURES**

The Michigan Family Independence Agency (FIA) formerly DSS, adopted a policy effective 12-11-89 that specifically states:

#### **Reasonable Efforts**

When removal is necessary, efforts must be directed at reunification of the child with his/her family. Agency service planning must include the parent, foster parent and child, and must identify what the agency and parent must do to enable the child to be returned and the services to be provided to facilitate return. This must be documented in both the initial and updated service plan. When return home is not possible, then other permanent arrangements must be pursued. All dispositional and review hearing court orders, including those to terminate parental rights, must include a finding by the court that there have been reasonable efforts" to prevent or eliminate the need for removal of the child from his/her home, or to make it possible for the child to return to his/her home. The services offered and/or provided may include but are not limited to: 24 hour emergency caretaker, home maker, day care, crisis or family counseling, emergency shelter, emergency financial assistance, respite care, home-based family services, self-help groups, services to unmarried parents, mental health services, drug and alcohol abuse counseling, and vocational training. Various funding sources are available to finance service provision. Individuals may be eligible for financial payments under day care, Medicaid or other assistance payment programs. In addition local offices have a variety of contracting dollars available to enter into contracts with agencies

to provide specific services. Finally there are three specialized funding (for reunification) sources available to all local offices to fund services.

### **Reunification**

Once it has been determined that the presenting problem has been alleviated so that return of the child to his or her parent would not cause a substantial risk of harm to the child's life, physical health or mental well-being, the foster care worker should begin a planned process to reunite the family. Staff are to be sensitive to the relationship that has developed between the child and foster parent(s). Whenever it is possible and constructive, means for continuing some relationship are to be developed. For children returning to their own family, parents shall receive help and support in making necessary readjustments in family living patterns. Service to the family shall continue until those problems that brought about placement have been resolved to the point of not threatening another disruption.

### **Worker Responsibility**

Prior to returning a child to the home from which removed or to the home of the other parent, the foster care worker is to: (1) Determine the motivation and capability of the parent(s) or legal guardian to have the parent(s) or legal guardian to have the child returned (2) Provide documentation that appropriate rehabilitative/remedial services have been consistently provided to the parent(s) (or other relevant adults in the home) and child to minimize the potential for further abuse or neglect and that the presenting problem(s) causing removal has been resolved.

Collateral resources are to be utilized in helping the worker arrive at a decision to return the child home. Documentation of collateral contact results is to be entered on the updated service plan.

Gradually increase the amount of visitation with parent(s), custodian(s), or guardian(s), including overnight and weekend visits. Increased visitation will help ease the transition from foster care to another living arrangement. Monitor and document the results of increased visitation to aid in determining the projected timing and success of the child returning home.

### **Service Planning**

Develop/renegotiate the Parent/Agency Treatment Plan and Service Agreement portion of the service plan. Outline in concrete, behaviorally specific terms what can reasonably be expected of the parent(s), custodian(s) or guardian(s), and of the child to maintain placement in the child's own home. Agreements are to be goal directed and time limited. Post placement services are to be negotiated in a Parent/Agency Treatment Plan and Service Agreement following the child's return home. It is to be renegotiated to reflect unmet goals, updated goals, how goal attainment will be accomplished, and the time frames needed to reach goal attainment and case closure. Post placement services are not to continue beyond ninety days without documented supervisory approval and/or through a juvenile court mandate.

Foster care workers are to provide intensive services to the family through weekly in-person contacts with the parents during the first month of post placement services. This period of weekly contact may be extended to ninety days, if necessary, but in no instance, subsequent to the first thirty days, can in-person visits be less than twice monthly.

### **Community Resources**

Develop/reinforce/reestablish a community support system. Prior to the return of the child, the foster care worker is to be involved in establishing community support systems

where none have previously existed and/or in reinforcing the systems that do exist. When the decision has been made to return the child, the worker shall also provide for support systems for the child, e.g., prevention services, educational services, day care, employment services, recreational services, etc (Family Independence Agency, Policy Manual).

## **APPENDIX B**

### **INTERVIEW QUESTIONNAIRE**

#### **KINSHIP**

1. How many cases do you currently have?
2. How many of your cases are kinship placements?
3. Do you believe there are benefits in kinship placements? What are they?
4. Do you believe there are problems with kinship placements? What are they?
5. Has it been your experience that kinship placements last longer than foster home placements?
6. What effect does the nature of the relationship between the relative placement and the biological parent's relationship have on the length of stay in foster care?
7. Do you feel that kinship placements or foster care placements are better for the family and the effort to reunify?

#### **VISITS**

8. Do you think the frequency of visitation between parent and child impacts on the reunification process? If yes, in what way?
9. What do you feel is the most significant benefit from visitation?
10. What do you feel is the most difficult aspect of providing visitation?
11. Do you feel that visitation should be increased, decreased, made more flexible, offered at other locations?
12. What type of changes in visitation do you believe would help in the reunification process?

#### **RELATIONSHIP BETWEEN BIOLOGICAL PARENTS AND FOSTER PARENTS**

13. What importance do you place on the relationship between the biological parents and the foster parents?
14. Do you feel that it is important for the foster parent and the biological parent to have a good relationship? Why?
15. Would you foster a relationship between the foster parent and the biological parents? How?
16. What effect does the nature of the relationship between the foster parent and the biological have on the length of stay in foster care?

#### **TREATMENT SERVICES AND PROGRAMS**

17. Do you feel that drug treatment programs being offered to parents are adequate for their specific needs?
18. How do you feel the substance abuse treatment programs being offered to parents help or hinder their recovery? How?

19. Do you feel that the mental health treatments and programs being offered to parents are adequate for their specific needs?
20. How does the drug treatment and mental health services impact reunification?
21. Do you think that these programs need changes? What?

#### REUNIFICATION PROGRAMS/PRESERVATION SERVICES

22. What is the permanency plan for each of your cases? Do you anticipate that the permanency plan will be achieved? Why?
23. Have you used Reunification Services to reunify families?
24. For what types of cases have you used reunification services?
25. Have your experiences been successful or unsuccessful with reunification?
26. Have you had any recidivism after using these programs? How many?
27. If successful, what factors contributed to the success?
28. If unsuccessful, what factors contributed to this failure?
29. Do you think reunification services should be useful? Should it be increased? Mandatory?

#### RECIDIVISM

30. How many cases do you have that are recidivists?
31. What is your perception on the impact of the length of stay in Foster Care on the recidivism rates?
32. What do you perceive as having the greatest impact on whether the children will recidivate?

#### CASEWORKER PERFORMANCE

33. Do you feel your caseload size influences your ability to provide services to families? How?
34. How many hours per week do you spend on paperwork?
35. How do you feel the time you spend on paperwork affects your ability to provide services to families?
36. How many hours per week do you spend at court hearings?
37. In what way do you feel the time spent in court hearings influences your ability to provide services to families?
38. Have issues of race, age, sex or culture ever caused conflicts in your caseworker duties and ability to provide services? How did you overcome this? What was the result?
39. What is your perception of the level of support you receive from supervision?
40. Do you feel you receive adequate respect for your position as a children's services worker?
41. In what way do you feel the stress associated with your position impacts your ability to perform your job responsibilities?
42. Does job stress affect your decision to recommend reunification?

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