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Perceptions of Social Workers on Factors Associated with Foster Care Outcomes

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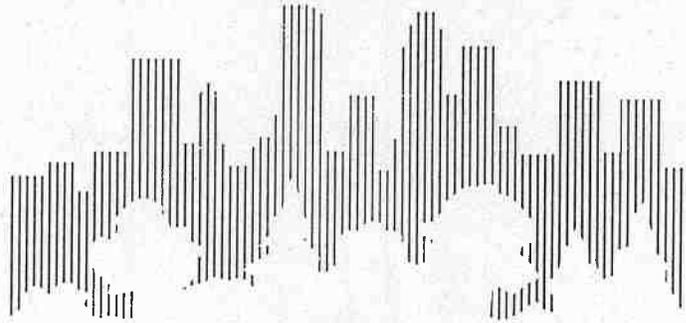
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MASTERS IN SOCIAL WORK
THESIS

Larry L. Kollman

Perceptions of Social Workers
on Factors Associated with
Foster Care Outcomes

1998

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Thesis

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Kollma

Perceptions of Social Workers on Factors Associated With
Foster Care Outcomes

Larry L. Kollman

Submitted in partial fulfillment of
the requirement for the degree of
Master of Social Work

AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

1998

MASTER OF SOCIAL WORK
AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

CERTIFICATE OF APPROVAL

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ABSTRACT

Perceptions of Social Workers on Factors Associated With

Foster Care Outcomes

An Exploratory Quantitative Study

Larry L. Kollman

August 16, 1998

The purpose of this exploratory study is to elicit the perceptions of social workers on factors which may be associated with a stable reunification following discharge from foster family care. Twenty-four social workers from the Waterloo Region of The Iowa Department of Human Services completed a survey in which they identified their perception of reunification factors pertaining to the birth parents, foster parents, child, social worker, and agency. The findings suggest that the maintenance of the connection between the child and birth family, the child's development of healthy attachment experiences, an ecologically-based assessment, and the social worker's rapport with and attitudes about the birth family are positively associated with a stable reunification.

TABLE OF CONTENTS

	PAGE
ACKNOWLEDGMENTS	
ABSTRACT	
CHAPTER I: INTRODUCTION	1
Overview	1
Problem Statement	1
Goal and Objectives of the Study	2
Significance of the Study	3
CHAPTER II: LITERATURE REVIEW	4
Overview	4
Conceptual Framework for the Study	4
Historical Perspective of Foster Care	6
Case Permanency Planning	7
Birth Parents	10
Foster Child	12
Foster Parents	15
Social Worker	18
Agency	22
CHAPTER III: RESEARCH DESIGN AND METHODS	24
Overview	24
Research Design	24
Units of Analysis and Sampling Criteria	25
Data Collection	26
Instrument Development	26

Data Collection Procedures	27
Data Analysis	28
Measurement Issues	28
Limitations of the Study	29
CHAPTER IV: FINDINGS	32
Overview	32
Characteristics of the Sample	32
Identification of the Variables Affecting Reunification	33
Participants in Case Permanency Planning	36
Foster Child	36
Birth Parents	42
Foster Parents	45
Caseworker and Agency	46
CHAPTER V: DISCUSSION OF FINDINGS AND IMPLICATIONS	48
Overview	48
Birth Parents and the Foster Child	48
Foster Parents	53
Social Worker and Agency	55
Implications for Policy, Practice and Research	57
Policy Implications	57
Practice Implications	57
Research Implications	59
REFERENCES	62

APPENDICES

Appendix A: Cover Letter	70
Appendix B: Permanency Planning Survey	71
Appendix C: Letter of Approval from Service Administrator	81
Appendix D: Letter of Approval from IRB	82

LIST OF TABLES

1	Age Range of Social Workers	34
2	Number of Years Employed	35
3	Age of Child at the Time of Placement	38
4	Length of the Most Recent Foster Care Placement	39

LIST OF FIGURES

1 Frequency of Parental Visitation

44

CHAPTER I: INTRODUCTION

Overview

The first chapter has 3 sections. The chapter begins with a statement of the problem which is addressed in the study. Next, the goal and objectives of the study are identified. Finally, the significance of the research is stated.

Problem Statement

The mid-1980s through the mid-1990s witnessed dramatic increases in the number of children placed in foster care to protect them from abuse and neglect at home. From 1984 to 1995, the foster care population rose from an estimated 276,000 children to 494,000 (United States General Accounting Office, Health, Education and Human Services Division, May 1997). Throughout the history of foster care children have been discharged to their families, and throughout that history, some have returned to care. In the 1970s and 1980s, a number of studies reported reentry rates that ranged from 3 percent to 33 percent (Fanshel & Shinn, 1978; Block & Libowitz, 1983; Tobis, 1988; CYIMIS, 1990; Festinger, 1994). The variations in reported reentry rates were, at least in part, a function of the sample characteristics, the amount of time elapsed following the

discharge from foster care, and the definition of reentry used.

The continued growth of foster care and the rate of recidivism, as well as the adverse effects of the disruption and instability on children, all highlight the need for children to experience a stable placement in foster care and a stable reunification following discharge from care. Because children thrive best when they maintain stable relationships with their caregivers, repeated movements between a parent's home and the foster care system are detrimental to the healthy emotional growth and development of children (Bowlby, 1969; Maluccio & Fein, 1983).

Goal and Objectives of the Study

The goal of this research is to identify the perceptions of practitioners which positively impact upon the outcomes of case permanency planning for children who have been placed in foster family care. The objectives of the study are twofold: (1) To identify the perceptions of social workers engaged in child public welfare practice which relate to the maintenance of the family unit during a foster care placement and following reunification so that the Case Permanency Plan can be structured to provide families optimal opportunity to experience stability and continuity; and (2) To assist child welfare agencies to plan

programs and services which help families to achieve their goals.

Significance of the Study

This study's significance lies in the ability to identify the perceptions of social workers which they believe enhance the opportunity for children to experience a stable foster care placement and subsequent family reunification. By identifying these factors beforehand and incorporating them into the Case Permanency Plan, the child public welfare system serves consumers in ways which enhance the opportunity for families to achieve and maintain their goal of reunification. Also, this study informs social work practice as it provides information pertaining to how social workers perceive outcomes for children discharged from foster family care.

CHAPTER II: LITERATURE REVIEW

Overview

The second chapter has three sections. The first section identifies and discusses the theoretical framework of the study. The second section includes a discussion on the historical perspective of foster care and the evolution of the permanency planning movement in the United States. The final section consists of the literature review, summarizing the research related to this study.

Conceptual Framework for the Study

Two conceptual frameworks guide this study - social attachment theory and social support systems theory. Bowlby (1969) identifies stages through which children progress in their development of social relationships. This progression influences the development of the child's personality characteristics from birth and beyond. As early as three months, children observe to what extent they are able to engage their environment (Bowlby 1969). This naturally occurs through their primary attachment figure(s) - their caretaker(s). Children develop an inner confidence as to whether or not their primary caretaker(s) will respond to their needs. At the core of social attachment theory is the

need for consistency and continuity (Maluccio & Fein, 1983). Social attachment theory applied to foster care practice entails placing children, who cannot safely remain with their birth families, in a substitute home that provides the children with continuity, consistency and stability in order to maximize their development of social relationships. The permanency planning process is intended to provide children with continuity and consistency whether they remain with their birth family with preventative services, or if they are temporarily placed in foster care and even if the goal is for adoption or long-term foster care.

Social support systems theory states that individuals are interconnected in various ways, and the way they live, act and feel is affected by those various systems (Maguire, 1991). Social systems are special orders of systems "composed of persons or groups of persons who interact and influence the behavior of each other" (Anderson & Carter, 1978, p. 8). From a systems or ecological perspective, children who are placed in foster care are viewed within a system in which foster parents, birth parents, caseworkers, child welfare agencies, school, and community are all providing a network of services which impact on the outcome of a foster care placement. The permanency planning process involves all of these individuals working in a partnership toward reunifying children with their birth families.

United States and Western World Historical Perspective of Foster Care

Kadushin and Martin (1988) identified that in the Judeo-Christian tradition of social welfare, "foster care" essentially began in ancient Jewish laws and customs when children without parental care became members of the household of other relatives. The early Church boarded destitute children with "worthy widows." Indentureship was an early form of foster family care that was extensively used in the United States until the early 1900s. In England in 1601, the Elizabethan Poor Laws provided for the apprenticing of dependent children (Trattner, 1994).

The origin of modern foster family care lies with Charles Loring Brace and The Placing Out System of the New York Children's Aid Society (Kadushin & Martin, 1988). In the middle of the nineteenth century, New York City faced a problem of dealing with a large number of vagrant children, who existed with minimal adult care, protection, and support. Brace developed a new and distinctive method of dealing with the problem presented by these children. The children were removed from the urban areas and placed with families in rural areas where the environment was regarded as morally sounder and where there was meaningful work.

The White House Conference on Dependent Children in 1909 represented a major turning point in child welfare

services. According to Bremmer (1971), recommendations were adopted at the Conference which mandated that children not be deprived of residing with their birth family due to poverty; that aid be given to maintain children in homes; and that the care of dependent children be monitored by the state governments. The Conference recommended that children not be separated from their birth parents; however, if separation was necessary in order to protect the children, they should be placed with a family as opposed to institutional care. As a result, increasing numbers of children were placed in "temporary" foster care and remained there for long periods of time (Trattner 1994). From this historical perspective, the permanency planning movement evolved.

Case permanency planning

According to Kadushin and Martin (1988), during the 1940s there were large numbers of children in foster care who had already been placed for several years and who were without a definite plan for the future. As this situation persisted, studies undertaken in the 1970s by Fanshel (1971), Fanshel and Shinn (1978), Gruber (1978), and Wiltse and Gambrill (1974) identified the need for an overhaul of the child welfare system to include family preservation and reunification services, as well as adoption. As a result,

the 1970s saw the passage of several laws intended to redirect the focus of child welfare services.

In 1980, Congress passed The Adoption Assistance and Child Welfare Act, Public Law 96-272. PL 96-272 significantly changed the way in which child public welfare was conceptualized and the way in which services were delivered to children and their families (Katz, Spoonemore & Robinson, 1994). According to Katz et al. (1994), PL 96-272 redirected the focus of child welfare services toward the preservation of families. Foster care was viewed as temporary care, occurring only after reasonable efforts failed to preserve the family. Following placement, reasonable efforts were required to reunite the family as soon as possible, or barring reunification, to place the child in a permanent home (such as adoption or placement with a relative or suitable other).

PL 96-272 continues to embody child welfare practice today with emphasis on case permanency planning. Permanency planning embraces the belief that children are entitled to live in a family setting, preferably their own, in order to maximize healthy growth and development (Maluccio & Whittaker, 1988). Influenced by social attachment theory, when placement out of the birth family is necessary in order to safeguard the well-being of the child, the child must be placed with a family that provides continuity in a

relationship with a nurturing caretaker(s). Katz et al. (1994) identify that permanency planning is the systematic effort to provide continuity and consistency to families in the child public welfare system.

Literature Review

The literature review identifies specific variables which through previous studies are documented to correlate with a stable placement in foster care and with a child's ability to achieve and maintain family reunification. (Maintenance of family reunification is defined as the child remaining at home following his or her reunification). Recognizing the premise of the social support systems theory (Anderson & Carter, 1978) that children in foster care are part of a system in which foster parents, birth parents, caseworkers, and agencies are networked together in a partnership toward reunifying children with their birth families, this literature review is organized by delineating those variables according to the participants of the permanency planning process. School and community resources are also important participants in the permanency planning process. However, this literature review does not include a summary of the literature as it pertains to their role. The discussion begins with the birth parents.

Birth Parents

In their research, Fanshel (1975), Milner (1987) and Simms and Bolden (1991) reported a high degree of correlation between frequent, positively-oriented visiting and short-term placement and stable reunification. In regard to continuity in the relationship between birth parents and the child, Fanshel and Shinn (1978) indicated that if the child is able to maintain a relationship with the birth parents during the foster placement, the impact of the actual separation is lessened. Milner (1975) observed that beyond simply visiting the child in foster care, families who experienced a stable reunification maintained a quality parent-child relationship which included visits that were mutually enjoyable for the birth parents and the child. These studies indicate that if there is a strong relationship between the birth parents and the child which is maintained throughout the foster placement, then the family has a greater potential for achieving and maintaining reunification.

Studies completed by Milner (1987) and Turner (1984) reveal that the more problems birth parents have at the time the children are placed, the greater likelihood that the children would not be successfully reunited with their families. According to Fein and Staff (1993) and Hess, Folaron and Jefferson (1992), non-resolution of multiple

problems places the reunification at greater risk of being disrupted. Turner (1984) found that children who entered foster care because of parental mental illness and children whose parents requested the placement initially, had a greater propensity toward experiencing a disrupted reunification.

Fein, Maluccio, Hamilton, and Ward (1983) provided one explanation as to why children experience a disrupted reunification: families become vulnerable under stress and do not have adequate support systems or services to help them through critical times. Other factors related to disrupted reunification which were identified by Fein et al. (1983) include a negative attitude and ambivalence by the birth parents toward reunification and the birth parents' inability to adapt to the child's return to the parental home.

In summary, the continuity of the relationship between the birth family and the child is a key determinant in the outcome of the reunification. From an ecological perspective, these studies underscore the importance of identifying all the stressors in the birth family which contributed to placement necessity so that appropriate services could be offered to alleviate them. Fein, Maluccio, Hamilton, and Ward (1983) found that parents of children placed in foster care expressed the need for a

variety of services, including services to help them provide for the family's basic needs (employment, housing and income) and less tangible services (counseling, support and special education services).

Lahti, Green, Emlen, Zendry, Clarkson, Kuehnel, and Casciato (1978) conducted a study to examine the stability of permanent placements following discharge from foster care. Their sample was randomly selected from within and outside of the Oregon Project. The Oregon Project was a demonstration project conducted in the mid-1970s with a goal of moving children out of foster care into permanent homes. Data were collected from in-depth interviews and from reviewing agency records. Interviewers rated the likelihood of the placements remaining stable. These researchers found that higher family incomes were associated with better outcomes. This study underscores the importance of the parents being able to meet the basic needs of the family, such as for housing, food and clothing; thus, making the child's reunification more stable.

Foster Child

The child's early experiences with his/her primary caretaker(s) and other significant individuals, contributes to the outcome of a foster care placement. Studies completed by Fein, Maluccio, Hamilton, and Ward (1983), Rzepnicki (1987), and Stone and Stone (1983) reveal that the

behavioral characteristics of the child contribute to the stability of the reunification. The study by Rzepnicki (1987) is especially valuable as it contains an integrative literature review which addresses the impact of the child's behavior on reunification.

The study completed by Fein, Maluccio, Hamilton, and Ward (1983) was aimed to describe the children who exit foster care and the stability of their permanent placements. The sample consisted of 187 children who had been either discharged to the home of their birth parents or who were placed in adoptive or relatives' homes. Data were obtained from case records and interviews with caseworkers.

In all of these studies it was revealed that a high percentage of the recidivists exhibited serious behavior problems which the birth parents or primary caretakers were unable to effectively manage. These studies, also, indicate that the better socialized child who demonstrated positive attachment toward birth parents, caseworkers, and teachers had the greatest likelihood of experiencing a stable reunification.

Stone and Stone (1983) reported a correlation between the rapport of the child and the social worker and a stable reunification. The rapport discussed in this study related to self-disclosure and emotional and verbal spontaneity. Normal attachment behavior would allow the child to develop

an inner security which would permit an interaction of this nature.

Studies by Fein, Maluccio, Hamilton, and Ward (1983) and Courtney (1995) reveal that children with multiple placements experienced more problems following reunification. The study by Courtney examined the foster care reentry rate for 6,831 children who were discharged from a first placement in foster care in California between January 1 and June 30, 1988. The data were obtained from an administrative data base. Courtney reported that the validity of the data was limited as it did not identify specific variables which resulted in reentry into foster care. However, Courtney's study was consistent with the results of the study completed by Fein, Maluccio, Hamilton, and Ward (1983). These studies found that multiple placements are generally correlated with time in care, as children who have been in care longer tend to have multiple placements. Obviously, children who experienced multiple placements could not maintain continuity, consistency and stability while in care and subsequently would have more problems following reunification.

Finally, the age of the child was associated with outcomes of permanency planning. Cautley (1980) found that a successful placement and subsequent stable reunification

occurred when the foster child was the youngest child in the home.

In summary, children with healthy attachment experiences enhanced their opportunity to have positive relationships with significant people which resulted in successful foster care placements and stable outcomes following reunification. In addition, children with fewer placements and children who were the youngest child in the foster home, had a greater chance of being successfully reunited with their birth families. In the next section, the responsibilities of the foster parents in the permanency planning process are discussed.

Foster Parents

Foster parents play a key role in maintaining the continuity and stability of the foster child's attachment experience. In fulfilling this role the foster parents enhance the child's potential to achieve a stable reunification. This role entails that foster parents assist the child to maintain a connection and relationship with the child's birth parents and enhance the child's attachment experience by providing a stable and nurturing environment in the foster home (Kadushin & Martin, 1988; Simms & Bolden, 1991). Fanshel and Shinn (1978) identify some specific ways in which foster parents can safeguard the child's attachment to the birth parents including: (1) recognize that the

child comes from a past; (2) promote a realistic view of the birth parents' capacities; (3) resource the family's level of commitment; and (4) access information about the child's routines and past experiences.

Studies completed by Gean, Gillmore, and Dowler (1985) and Simms and Bolden (1991) address the various roles of the foster parents. The sample of Gean et al. consisted of 23 children in foster care who were referred for evaluation and consultation. Data were obtained from the children's records specifically related to demographic characteristics, placement history, visitation history, symptoms, recommendations regarding visits, attachment behavior during evaluation, and diagnostic information. The findings were organized in three major areas: visitation arrangements, number of placements, and caregiver attitudes toward visitation.

The study by Simms and Bolden (1991) looked at the effectiveness of a pilot visitation program, called the Family Reunification Project in Waterbury, Connecticut. A goal of the project was to assist foster parents in understanding their roles within the foster care system. The project consisted of a foster parent support group which provided an opportunity for foster parents to receive training in carrying out their responsibilities and also provided a forum for foster parents to raise concerns.

The results of these studies demonstrate that the foster parents' attitudes and behaviors toward the permanency planning process impact on the child achieving a stable reunification. Foster parents who display a positive attitude toward parental visitation and support the visiting process, enhance the reunification outcome.

Stone and Stone (1983) found that the foster parents' rapport with the agency was closely associated with positive outcomes of permanency planning. Active participation by foster fathers, in particular, is correlated with a stable reunification (Kadushin & Martin, 1988; Cautley, 1980). Specifically, the sensitivity of the foster father and his extent of child-centeredness are predictive factors of successful outcomes. Cautley (1980), also, found that the motivation of foster mothers and their competency in managing the child's behavior, contributed to positive outcomes of permanency planning.

Foster parents who have a stable and healthy emotional state (e.g., positive self-esteem, healthy and growth-promoting relationships) are better able to help the child resolve his/her own issues related to the trauma associated with placement and to cope with the temporary absence from the birth family (Kadushin & Martin, 1988; Stone & Stone, 1983; Walker, 1971). Walsh and Walsh (1990) found that the foster mother's ability to possess strong emotional

coherence was a contributing factor in desired outcomes of permanency planning.

The ability of the foster parents to effectively parent children is another predictive factor in determining foster care outcomes. Walsh and Walsh (1990) and Fine (1993) reported on the significance of the foster parents' ability to assimilate children with difficult and complex problems into the family.

In summary, foster parents have an active role in determining the outcome of a foster placement. Through their attitudes and behaviors foster parents make a tremendous impact on whether or not the child achieves a stable reunification with the birth family. In the next section, the role of the social worker in the permanency planning process is explored.

Social Worker

The social support systems theory presumes that social workers and families work together to assess the needs of the child and birth family from an ecological perspective. This broad-based assessment takes into account the many systems which impact upon the functioning of a family. Hess, Folaron and Jefferson (1992), Fanshel (1975), and Maluccio, Warsh and Pine (1993) identified that incomplete or inadequate assessment of the needs of the family contributed to the instability of the reunification. These

researchers emphasize that an ecological-based assessment includes observations of the child's behavior, the parent-child relationship and interaction, history of current and past problems, an examination of the family structure (roles, decision-making, communication patterns, stage in the family life cycle), the conditions and impact of the social environment, an exploration of the family culture/ethnicity (customs, ceremonies, rituals), and identification of family strengths and resources (personal, interpersonal, environmental). These are all areas which could potentially impact on the need for placement and which could either support or undermine the reunification.

The opportunity for the family to achieve a stable reunification is enhanced, if under the guidance of the social worker, all participants in the case permanency planning process compile a case plan which reflects the needs of the family as identified in the ecological-based assessment.

Block and Libowitz (1983) completed a study aimed to describe the nature, extent, and causes of recidivism for children discharged from foster care. The study was conducted at the Jewish Child Care Association of New York. The sample consisted of 335 children who were discharged from foster care during 1978-79 to their parents, relatives, friends, or adoptive parents. They found that a substantial

percentage of children and their families experienced severe difficulties in remaining together. They also found that family participation in the development of the case plan is likely to result in increased motivation for the family to undertake the goals identified in the case plan.

Fein and Staff (1993), Turner (1984) and Walton, Fraser, Lewis, Pecora, and Walton (1993) identified components of the case plan which correlate with positive foster care outcomes. The study by Walton et al. (1993) focuses specifically on the effectiveness of employing family preservation services to reunify families. These studies identified that the following components of a case plan were associated with better outcomes: acquiring new skills for parenting, improved household management skills, improved communication among family members, and learning how to interact effectively with the various systems with which the family comes in contact. Also, the case plan needs to be oriented toward the provision of concrete services (resources, transportation, cash grants, clothing, food), as well as referral of family members to community resources for individual and family counseling.

The role of the social worker in the permanency planning process is critical in terms of helping families achieve and maintain a stable reunification following the child's discharge from foster care. Fanshel (1975) and

Stone and Stone (1983) identified that active rapport building facilitated by the social worker among the birth parents, the child, and the foster parents may be the single most critical variable in determining the outcome of the foster placement. Maluccio, Warsh and Pine (1993) observed that the social workers' attitudes and beliefs toward the birth family directly correlated to a stable reunification. Specifically, the social worker's recognition of the importance of the relationship between the child and birth family and the belief that all families can be growth-promoting units were strong predictors of a positive outcome of permanency planning.

The social worker has an active role in helping the birth parents and the child maintain a parent/child relationship while the child is in foster care. Fanshel (1975) and Stone and Stone (1983) observed a direct correlation between the social workers' contact with the birth parents and the child and the frequency of parental visitation. Frequent contact by the social worker correlated with frequent contact by the birth parents with the child.

In conclusion, the role and attitude of social workers in the permanency planning process as it relates to foster care outcomes are critical as practitioners carry out their own unique tasks and as they encourage and facilitate the

involvement and participation of others. Since social workers are agents of social service and child welfare organizations, the role of the agency is discussed in the final section.

Agency

In order for social workers to perform those functions mentioned in the preceding section, the agency for whom the social worker is employed must support effective practice skills through its policies and practice guidelines. Hess, Folaron and Jefferson (1992) found that high caseloads and high staff turnover prohibited effective social work practice. High caseloads resulted in social workers not having adequate time to spend with birth families, the children, foster parents, and service providers. Consequently, social workers were unable to complete a thorough assessment of the needs of families, unable to prepare families to cope with the problems and stressors following reunification, and unable to conduct timely case reviews to assess progress and change prior to reunification. Further, these researchers found that high staff turnover resulted in a lack of continuity as social workers were making decisions to reunite families with limited experience in working with the families. High staff turnover and high caseloads contribute to an unstable reunification as children are at risk of returning home from

foster care without resolution of the problems that precipitated the placement.

The agency enhances the opportunity for a stable reunification by providing relevant training to the foster parents and to caseworkers. Kadushin and Martin (1988) and Walsh and Walsh (1990) found that foster care outcomes were influenced by the type of training provided to the foster parents. The training of foster parents in handling specific behavioral incidents and parenting skill in responding to a "difficult" child, enhance the continuity of the child's placement, which subsequently impacts positively on the reunification.

To conclude, the agency must support the efforts of all participants in the case permanency planning process so that effective social work practice can help families to achieve positive outcomes of a foster care placement.

CHAPTER III: RESEARCH DESIGN AND METHODS

Overview

This chapter presents a discussion on the design and methods of the research. The chapter begins with an explanation of the research design. The following section defines the rationale for the sampling criteria. Next, I provide an explanation of how the survey was developed and the procedures used in data collection. The section on data analysis identifies the type of statistical analysis used in presenting and discussing the findings. Finally, the study's reliability and validity, as well as limitations are discussed.

Research Design

The design of my research was a cross-sectional quantitative survey. The expected outcome of the research was that it would compare the results of similar studies with the perceptions of social workers and would yield additional information which would have relevance for permanency planning for children placed away from their birth families in foster family care. The purpose of the research was exploratory as the perceptions of social workers were obtained regarding factors that may be associated with positive outcomes of foster care.

Units of Analysis and Sampling Criteria

The units of analysis for this research are social workers within the Waterloo Region of The Iowa Department of Human Services who have at least two years' experience providing child public welfare services for the agency. The minimum two year practice experience was selected as social workers with fewer years of experience lack the training and work experience in the area of foster care. Relevant training (e.g., permanency planning, reasonable efforts protocol, foster care policies and procedures) are provided to social workers over a period of several months after initial employment. The names of the social workers who met this criterion were obtained from the seniority list provided to me by the Service Administrator for the Waterloo Region. Fifty-nine social workers met this criterion and were mailed the survey. The social workers' responses on the survey reflect their experiences with a particular child who had been in foster family care and who had been reunified with his/her birth family for at least six consecutive months. Social workers have knowledge of the duration of the reunification as it is the practice of the agency to supervise the child for at least six months following the discharge from foster care.

Data Collection

Instrument Development

As mentioned above, the survey is quantitative. The survey is divided into five sections including a general section seeking demographic information pertaining to the child and a section on each of the participants in the permanency planning process - the birth parents, child, foster parents, caseworker, and agency. The survey is designed to identify the perceptions of social workers on what factors they may associate with a stable reunification. In most cases there was one response for each question. In a few questions, the respondents were asked to mark all of the responses which applied to their case. The survey begins with a question which asked the respondents to identify what, in their perception, were the three most important factors affecting the child's reunification.

The instrument was reviewed by the Service Administrator of the Waterloo Region and by the Human Services Area Administrator for the Mason City Area Office of The Iowa Department of Human Services. In addition, a focus group of randomly selected social workers was convened for the purpose of pretesting the survey. Following each of these reviews edits were made which improved the clarity of the survey. A letter of approval to conduct this research was obtained from the Service Administrator (see Appendix

C). This study was approved by the Institutional Review Board of Augsburg College, Minneapolis, Minnesota (see Appendix D).

The survey method was used in this study as it could be self-administered, the respondents could maintain their anonymity, and it could be completed in a short amount of time (estimated 20 minutes).

Data Collection Procedures

A cover letter (see Appendix A) was mailed with the survey (see Appendix B) informing the social workers that by completing and returning the survey they consented to participate in the research. The cover letter also informed the respondents that participation was voluntary and that there were no negative consequences for not participating in the study and that no rewards or inducements were offered to those who did participate. A self-addressed, stamped envelope was provided for return of the survey. For those respondents who did not return the survey within 10 days, a post card was mailed requesting that they do so.

The research was anonymous as the respondents were not asked to reveal their identity or the identity of those children and families for whom they provided data. The data are only reported in the aggregate.

Data Analysis

The data are analyzed with descriptive statistics. Descriptive statistics provide a way to summarize and describe the major characteristics of the collected data. According to Weinbach and Grinnell (1995) the main purpose of descriptive statistical analyses is to "reduce the whole collection of data to simple and more understandable terms without distorting or losing too much of the valuable information collected (p. 16)." In the findings chapter, the data are presented in either raw numbers, percentage marginals or in the mean, and in a few situations, the mode.

Measurement Issues

Reliability was safeguarded in the research as random errors were minimized because respondents were familiar with the concepts and processes described in the survey. Social workers on staff of The Iowa Department of Human Services, with at least two years' experience in child public welfare, have completed mandated training in permanency planning and reasonable efforts protocol. Work experience has provided the respondents with opportunities to develop their own practice around these service areas.

Validity was strengthened in the research as the researcher and the respondents have had the same training in child public welfare social work practice. My own

credibility in the area of case permanency planning enhances the validity of the research as I have worked in the child public welfare system for 10 years. However, there are many challenges to the study's validity as it is an exploratory study which addresses only the perceptions of social workers on factors which may be associated with a stable reunification. It is possible that systematic errors are contained in the research as respondents may have demonstrated a social desirability bias by responding to the survey in such a way as to make their social work practice appear more effective. For example, it is possible that a respondent could have provided misleading or exaggerated information, such as in regard to the amount of time spent on case-related activities.

Limitations of the Study

The research has five major limitations. First, the research only relates to children placed in non-kin foster family care. The Iowa Department of Human Services does not have a formal kin foster care program. However, when it is determined that out-of-home placement is necessary and prior to placing a child in foster care, the social worker must rule that there are no appropriate relatives with whom the child can live. Placement of a child with relatives involves different service protocol. The results of this

research can not be generalized to children placed with relatives.

Secondly, many of the foster care placements in the State of Iowa are supervised by a private provider rather than by a social worker employed by The Iowa Department of Human Services. In these cases, the social worker takes on the role of case manager, enters into a purchase of service contract with the provider(s) to provide the direct service, supervises the work of the private provider, and monitors the progress on the case plan. This research does not specifically address the role of the private provider in providing the direct foster care service.

This research involved children who had been reunited for only six months, a relatively short period of time. Even though the factors may be relevant for maintaining the child with his/her birth family for a much longer period of time, the results should not be generalized accordingly as other factors may be more relevant for long-term reunification.

Fourth, this research does not address whether foster care services were voluntary or ordered by Juvenile Court. The motivation of clients participating in services voluntarily may impact differently on the factors in this study.

Finally, the study cannot be generalized because the sample was not random or representative of the entire population of social workers in the State of Iowa. Also, generalizations cannot be made because of the threats to both the internal and external validity.

CHAPTER IV: FINDINGS

Overview

This chapter has seven sections. The chapter begins with a description of the sample characteristics. The next section summarizes the data received in response to the question on the survey in which the respondents were asked to identify the three most important factors affecting the child's family reunification, according to their perceptions. The following five sections report the findings from the survey related to the participants in the case permanency planning process: birth family, foster child, foster parents, social worker, and agency.

Characteristics of the Sample

The research had a 41% response rate. Of the 58 surveys mailed, 42 surveys were returned, 24 were completed which met the sampling criterion (reunification for at least six months). Of the remaining 18 surveys, 9 were not completed because the social worker did not have a case which met the sampling criterion, 5 social workers indicated that they did not have a foster care caseload, 2 social workers had not been employed by The Iowa Department of Human Services for the requisite two years, 1 social worker

was deceased, and 1 social worker was no longer employed by The Iowa Department of Human Services.

Of the 24 surveys returned and whose results are reported in this section, 22 of the surveys were completed by female social workers and two by male social workers. The highest college degree of 15 of the social workers is a Bachelor of Social Work degree, nine have four-year college degrees in areas other than social work. The age span of these social workers is represented in Table 1. The number of years in which these social workers have been employed in child public welfare is represented in Table 2. The mean number of years of child public welfare experience was 10 years. A statewide comparison to the 512 social workers providing child welfare treatment services in Iowa reveals an average length of experience beyond five years.

Identification of the Factors Affecting Reunification

This section highlights the most frequent responses to the question on the survey in which respondents were asked to identify what, in their perception, are the three most important factors affecting the child's reunification. An analysis of the responses found that they could be organized (1) as they pertain to the birth parents; (2) the relationship between the child and the birth family; and (3) to the service providers.

TABLE 1

Age Range of Social Workers

	N	%
25 - 29	5	21
30 - 34	5	21
35 - 39	4	16
40 - 44	6	25
45 - 49	3	13
50 - 54	1	4

Note: Age is represented in years

TABLE 2

Number of Years Employed

	N	%
2 - 4	5	21
5 - 7	5	21
8 - 10	6	25
11 - 13	0	0
14 - 16	3	13
17 - 19	2	8
20 - 22	1	4
23 - 25	1	4
26 - 28	1	4

In regard to the social workers' perception of the birth family, the most frequent response (N=17) was the birth parents active participation in rehabilitative services. Three respondents identified the birth parents' ability to manage crisis situations affected the reunification outcome. The following factors were specifically identified by two respondents: ability to remain substance-free; a stable mental health condition; improved relationship between partners; a safe home environment; and no contact allowed between the perpetrator and the child (in cases where child abuse had occurred).

In regard to the relationship between the child and the birth family, four respondents identified that a strong bond and attachment between the birth parents and the child positively impacted on the reunification outcome. Four respondents identified that the expertise of service providers in working with the birth family correlated to a stable reunification.

Participants in Case Permanency Planning Foster Child

This section on the foster child begins with some demographic information pertaining to the children for whom the respondents provided data. Of the 24 children represented in the data, 11 were male and 13 were female.

Twenty of the children were Caucasian, while 3 were black and 1 was Hispanic. Fifty-eight percent (N=14) of the children had not experienced any other placements in foster care, while 21% (N=5) of the children had one prior placement and 21% (N=5) had experienced 2-3 previous placements. The representation by age of the child at the time of the most recent foster care placement is depicted in Table 3. The mean age of the child at the time of the most recent placement was 8.5 years. Table 4 depicts the length of the most recent placement in foster care. The mean length of placement was 7.5 months.

At the time of placement, 71% (N=17) of the children had parents who were working outside of the parental home. The mean annual income of these families was between \$15,001 and \$20,000. The data pertaining to the income at the time of placement were bimodal: \$10,001-\$15,000 and \$20,001-\$25,000. Each of these modes consisted of five responses. Following the children's discharge from foster care, the mean annual income remained consistent, between \$15,001 and \$20,000. The data pertaining to the income after discharge from foster care were trimodal: \$10,001-15,000, \$15,001-\$20,000, and \$20,001-\$25,000. Each of these modes consisted of five responses. At the time of placement, 37% (N=9) of the children came from a two-parent household and 50% (N=12) came from single-parent families. Two children had been

TABLE 3

Age of Child at the Time of Placement

	N	%
1 - 4*	8	33
5 - 8	4	17
9 - 12	4	17
13 - 16	8	33

*Age in years

TABLE 4

Length of the Most Recent Foster Care Placement

	N	%
1 - 3*	7	29
4 - 6	5	21
7 - 9	4	17
10 - 12	4	17
13 - 15	2	8
16 - 18	2	8

*Length of time in months

living with their mother and her paramour and 1 child had been living with extended family members due to the death of the birth parents. Following discharge from foster care, 63% (N=15) of the children returned to the home of a two-parent household. Eleven children returned to a home occupied by both parents; 4 children were discharged to a home consisting of one birth parent and his/her paramour. Thirty-three percent (N=8) of the children were discharged to single-parent households. One child was discharged to the home of a relative.

The leading problems related to the child which necessitated placement into foster care include difficult to manage behaviors (67%, N=16), emotional and/or mental health concerns (54%, N=13), lack of respect toward authority (50%, N=12), and aggressive behavior toward self or others (50%, N=12). Four children were placed in foster care due to the child's substance abuse.

Most of the children participated in either family-based family therapy or individual therapy during and following placement. The findings reveal that rehabilitative services were provided to the child in the following manner: Fifty-eight percent (N=14) of the children participated in individual therapy during the foster care placement and following discharge. Eighty-three percent (N=20) of the children participated with their

parents in family-based family therapy during the placement, as well as following discharge from foster care. Two children completed a substance abuse evaluation following the foster care placement. Eight children completed a psychological evaluation during placement in foster care.

The importance of healthy attachment behavior is recognized in the results of the survey, according to the perceptions of the social workers. Respondents reported that 46% (N=11) of the children shared a positive attachment and relationship with their parents. Fifty percent (N=12) of the children were identified as having ambivalent feelings toward their parents. (Ambivalent was defined in the survey as having mixed feelings). Only one respondent characterized the child's relationship with his/her parents as indifferent (defined as having no feelings). Fifty-four percent (N=13) of the children had a positive relationship with their caseworker; 33% (N=8) of the children were ambivalent; and 13% (N=3) were indifferent toward their case worker. Forty-two percent (N=10) of the children were reported to share a positive relationship with their teacher(s), while 21% (N=5) were perceived as ambivalent toward their teacher and 13% (N=3) were indifferent. The remaining (N=6) were either under school age or the respondents omitted the question. Seventy-five percent (N=18) of the children had a positive relationship with

their foster parent(s), while 25% (N=6) were perceived as being ambivalent.

Birth parents

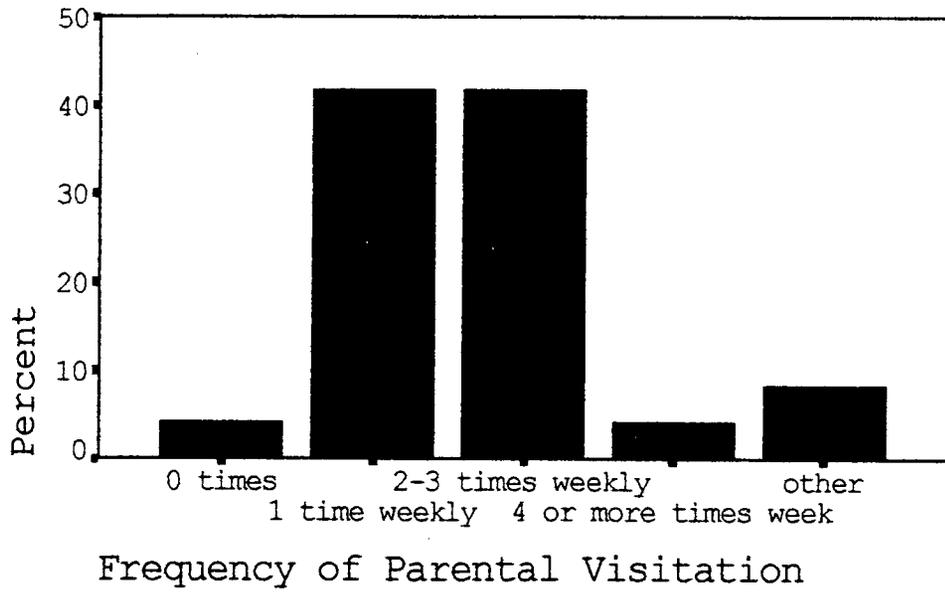
The most frequently identified problems related to the birth parents which contributed to the need for placement included the following: (1) parental inability to cope with or manage the child's behavior (63%; N=15); (2) lack of support systems (63%, N=15); (3) incidents of child abuse (42%, N=10); and (4) mental health concerns (39%, N=9). Services provided to alleviate these problems while the child was in foster care included family-based family therapy (88%, N=21), individual therapy (63%, N=15), and psychological evaluation and treatment (42%, N=10). Following the child's discharge from foster care, family-based family therapy (92%, N=22) and individual therapy (46%, N=11) continued to be provided to the birth parents. In each of these service areas, the respondents reported that the birth parents actively participated in services during and following the child's foster care placement. Eighty-three percent (N=20) of the birth parents at least participated frequently (defined as rarely missing appointments) while the child was in foster care. Seventy-nine percent (N=19) of the birth parents participated frequently following the child's discharge.

The respondents were asked to identify all available sources of support (social and economic) to the birth family following the child's discharge from foster care. All (100%, N=24) respondents believed that the agency and service providers offered support, while only half (50%, N=12) had the support of friends. In addition, respondents believed that in 46% (N=11) of the cases the immediate family was supportive and in another 46% (N=11) of the cases extended family members provided support.

Frequent parental visitation during the foster care placement was identified by the respondents as an important factor in determining foster care outcomes. Forty-two percent (N=10) of the respondents reported that the parents visited one time weekly; 42% (N=10) reported that visitation occurred 2-3 times weekly. Figure 1 depicts the frequency of parental visitation in percentages.

Parental participation in the case permanency planning process was defined as being involved in the development and ongoing monitoring of the Case Permanency Plan and participating in Juvenile Court hearings and agency administrative reviews. Respondents identified that 42% (N=10) of the birth parents always participated in the case permanency planning process; 30% (N=9) participated frequently (defined as 3 or more times while the case was active).

Figure 1: Frequency of Parental Visitation



Foster Parent(s)

As discussed in the literature review, the foster parents play a key role in maintaining the continuity and stability of the foster child's attachment experience. This was accomplished in two ways. One, the foster parents assisted the children in their care to maintain a connection and relationship with their birth families. The respondents to the survey validated this role when they reported that 71% (N=17) of the children were placed in a foster home where the foster parents were perceived as being actively involved in the case permanency planning process by supporting and facilitating parent-child visitations. Secondly, foster parents enhanced the child's attachment experience by providing the foster children with a stable and nurturing environment in the foster home. Among the things necessary to create such an environment was providing for the child's needs for safety and security, to effectively manage the child's behavior and to teach and model responsibility. The respondents reported that 75% (N=18) of the children came from homes where the foster parents were very capable of managing the children's behavior.

In order for the foster parents to provide a stable home environment, the relationships among the members of the foster family must be stable. Eighty-three percent (N=20)

of the foster parents were characterized as having a positive relationship with their own children. The relationship between the foster father and foster mother was characterized as being positive by 88% (N=21) of the respondents.

Caseworker and Agency

Case permanency planning begins with an assessment of service need which focuses of the child's interaction in his/her environment, including family, school and community. Ten of the respondents identified the following components which they included in their assessment of service need for the child and the child's birth family: needs of birth parents, problem resolution skills of birth parents, strengths of birth parents, ability of the birth parents to meet and adapt to the changing needs of the child, available support systems to help the birth family achieve their goals, influence of community (e.g., school, church), and risk factors to the child if he or she remained in the birth family's home. These results suggest that 42% of the respondents completed an assessment which was ecologically based as the social workers evaluated the various systems which were interconnected with the family.

Ongoing case work includes monitoring of the case plan to determine if the needs of the child and family are being addressed. The mean range of hours in which the case worker

engaged in social work related activities (e.g., writing and reviewing case plans, maintaining collateral contacts and case narrative) while the child was in foster care was 5-8 hours per month. (This amount remained constant following the child's discharge from foster care). Over 50% of the respondents indicated that they conducted formal case reviews (e.g., court, foster care review) and/or informal case reviews (e.g., reviewing the treatment plan, talking with providers) on a monthly basis. The mean number of times in which the social workers had contact with the foster children during the placement was 2.5 times per month.

CHAPTER V: DISCUSSION OF FINDINGS AND IMPLICATIONS

Overview

The discussion of the research findings is organized in a similar manner as the literature review and the findings. The chapter begins with a discussion pertaining to the perceptions of the respondents related to the birth family and the child who was placed in foster family care. Next, a discussion follows on their perceptions related to the foster parents. Finally, perceptions relevant to the social worker and the agency are discussed. This chapter ends with implications for practice, policy and further research.

Birth Parents and the Foster Child

An important theme which emerges from this study is the need for continuity, consistency and stability for the development of normal attachment behavior. This need is as important for children who remain in the home of their birth parents, as it is for children who are temporarily placed in foster care. In regard to the children for whom data are provided in this study, continuity, consistency and stability are critical needs. Prior to the most recent placement in foster care, 21% (N=5) of these children had experienced 2-3 previous placements; 21% (N=5) had one prior placement in foster care. Given the mean age of 8.5 years

at the time of the most recent placement, the need for these children to achieve stability is critical both in the temporary foster home placement and permanently. Fein, Maluccio, Hamilton, and Ward (1983) and Courtney (1995) discuss permanency planning as a continuum of services (in-home prevention, foster care, adoption) all of which must provide children with continuity for normal growth and development. These researchers, also, emphasize that for children with disrupted placements (birth home and foster home) the need for permanency rises to a critical level.

Children represented in this study were perceived by the respondents to demonstrate attachment behaviors toward their birth parents and significant others, as evidenced by these findings: (1) 75% (N=18) developed a positive attachment to their foster parents; (2) 54% (N=13) developed a positive attachment to their social worker; and (3) 50% (N=12) showed ambivalent feelings toward their birth parents; while 46% (N=11) showed evidence of a positive attachment toward their birth parents. These findings point out that significant people (e.g., foster parents, social worker) in the lives of children have an equally important influence as the birth parents in helping children acquire healthy attachment behaviors which provide them optimum opportunity to achieve permanency (Fein, Maluccio, Hamilton, & Ward, 1983; Rzepnicki, 1987; Stone & Stone, 1983).

Those children who demonstrated ambivalent feelings toward their birth parents likely are responding to a relationship marked with uncertainty as to whether or not their needs will be met by their birth parents. In the field, social workers often observe that children who are in the process of returning home act out and become anxious. These behaviors should be perceived as the way in which the children show their ambivalent feelings. Maluccio and Fein (1983) point out that a purpose of parent-child visitations is for the child to determine if their parents will respond to their needs. In situations where it is apparent that the child's needs will not be met in the birth parents' home, other options for permanency must be selected which ensure consistency and continuity for the child.

In order for families to achieve their goal for family reunification, it is paramount that the children and their birth families maintain a connection throughout the foster placement. This connection is considered by Fanshel and Shinn (1978) to be the single-most important factor in whether or not families will be reunited. For most of the children represented in the study, the birth parents maintained a connection with their child during the foster care placement. Eighty-three percent (N=20) of the parents visited their child at least one time per week; 42% visited 2-3 times per week.

According to the research by Fein, Maluccio, Hamilton, and Ward (1938), one reason why children experience a disrupted reunification is because families do not have adequate support systems to help them through critical times. For the children represented in this study, the need for support systems within and outside of the nuclear family is crucial because 50% (N=12) of the children came from single-parent households. Respondents, also, reported their perception that 63% (N=15) of the families had inadequate support systems to help maintain the family unit. It is noteworthy that the respondents identified that of the cases represented in the study, 100% of the families relied on the caseworker and service providers for needed support. The findings further indicate that 50% (N=12) of the families relied on friends for support; 46% (N=11) relied on immediate family members; and 46% (N=11) relied on extended family members. These findings suggest the need to view the families from an ecological perspective so that various systems are identified where families can go for needed support and encouragement (Anderson & Carter, 1978; Maguire, 1991). An Eco Map is a tool to use in the assessment process as a way to identify support systems and to engage family members in the assessment process.

Along with the need for expanded support systems, the perceptions of the respondents suggest that families have a

need for a variety of services. Fein and Staff (1993), Turner (1984), and Walton, Fraser, Lewis, Pecora, and Walton (1993) categorized the services according to concrete services and less-tangible services. Examples of each include transportation, cash grants, housing, clothing, food, and mentoring for concrete service needs; and therapy and skill development for less-tangible services. Concrete service needs are apparent given that the mean annual income of the families represented in the study, at the time of the child's discharge from foster care, was between \$15,001 and \$20,000. The need for concrete services is also obvious because of the lack support to the family. Social workers take on an advocacy and referral agent role as they help put families in touch with community resources.

Therapy and counseling were needed to address the rehabilitative needs of the children in this study. Sixty-seven percent (N=16) of the children were placed in foster care because of difficult behaviors, which 63% (N=15) of the parents were unable to effectively manage. Further, 54% (N=13) of the children reportedly had mental health and/or emotional problems, including 50% (N=12) displayed behaviors which were characterized as "dangerous." Services provided to address these issues during the foster placement include family-based family therapy (88%, N=21), individual therapy

for the child (58%, N=14), and individual therapy for the parents (63%, N=15).

Foster Parents

The findings of this study support the literature that foster parents have an active role in the development of a healthy attachment experience for children placed in their home (Fanshel & Shinn, 1988; Kadushin & Martin, 1988; Simms & Bolden, 1991). The findings suggest that this role is fulfilled in three ways.

First, by actively participating in the permanency planning process, including demonstrating a positive attitude toward the children's visitation of their birth parents and by facilitating visits as requested by the agency (Gean, Gillmore & Dowler, 1985; Simms & Bolden, 1991). The respondents reported that of the 24 children for whom data are provided, 71% (N=17) of the children were placed in foster homes where the foster parents were actively involved in carrying out their responsibilities identified in the Case Permanency Plan.

Secondly, by providing the child with a stable and nurturing home environment by effectively managing the child's behavior (Cautley, 1980). The findings indicate that 75% (N=18) of the foster parents were capable of meeting the challenges of daily management of the child's

behaviors. This includes helping the children to redirect their unacceptable behavior, teaching the child to self-monitor their behavior, teaching the child ways to engage in problem-solving, and teaching and modeling acceptable and appropriate alternative behaviors. The last point is especially valuable because prior to placement in foster care, children have witnessed parenting interventions which are abusive in nature.

Finally, the foster parents support the development of normal attachment behavior by maintaining a healthy and stable emotional state. Capuzzi and Gross (1991) refer to this as "psychological health." These authors compiled a list of criteria for psychological health which includes self-love, self-knowledge, self-confidence and self-control, a clear perception of reality, courage and resilience, balance and moderation, love of others, love of life and purpose in life. Even though this study did not address any one of these criterion specifically, respondents reported that 88% (N=21) of the foster parents shared a positive relationship with each other and 83% (N=20) had a positive relationship with their own children. Based on these findings, one can assume that these foster parents demonstrated at least some of the criteria for psychological health.

Social Worker and Agency

A significant issue which arises from this study is the need for a thorough assessment to be undertaken with the help of the family as to the needs of the child and his/her birth family. Following the assessment, the Case Permanency Plan is constructed which identifies the rehabilitative services necessary to help the family achieve its goals.

Hess, Folaron and Jefferson (1992), Fanshel (1975), and Maluccio, Warsh and Pine (1993) assert that the assessment must be undertaken from an ecological perspective. Such a framework takes into consideration the various systems which are interconnected to impact on the life of the child and family (Anderson & Carter, 1978; Maguire, 1991). Pine, Warsh and Maluccio (1993) point out that an ecological-oriented, competence-centered perspective emphasizes the following: (1) family empowerment; (2) advocacy and social action to achieve societal conditions that enhance family functioning; (3) strengths of the family; and (4) a view of the family as partners in the helping process.

It is disheartening that only 42% (N=10) of the respondents reported completing this type of assessment. Forty-two percent of the respondents identified that they, also, used a psychological evaluation of the child and birth parents as a tool to help them with their assessment.

Pine, Warsh and Maluccio (1993), also, point out that case permanency planning for children in foster care is a dynamic process based on the changing needs of the child and family. This points out the need for an ongoing assessment and evaluation of the Case Permanency Plan. In an effort to monitor progress toward achieving the goals identified in the Case Permanency Plan, 50% (N=12) of the respondents reported that they reviewed the case plan on a monthly basis. The mean number of hours spent in case-related activities was between 5 and 8 hours per month, both during the foster care placement and following the family's reunification.

Another factor related to assessment and evaluation of the Case Permanency Plan is the contact by the social worker with the child and family. In addition to the need to assess and evaluate, Fanshel (1975) and Stone and Stone (1983) found that the frequency of contact by the social worker with the child and family directly correlated to the frequency of contact between the family and child. Understanding that the frequency of contact by the social worker is determined by a number of factors (e.g., case load, dictates of the agency), the mean number of contacts reported by the respondents was 2.5 contacts per month. It is important to point out that purchase of service providers

normally have at least weekly contact with the child and family.

Implications for Policy, Practice and Research

Policy Implications

The United States Congress has enacted two legislations which significantly influenced the way in which child public welfare services were conceptualized: The Adoption Assistance and Child Welfare Act of 1980 and The Adoption and Safe Families Act of 1997. These legislations were passed out of concern for the Nation's children who were without a sense of permanency. A major theme in this thesis has been about the importance of continuity, stability and consistency for children, especially those children placed in foster care.

At this time, it is unknown exactly how The Adoption and Safe Families Act of 1997 will be implemented. However, we do know that the ramifications of implementation will be to move children through the child welfare system more quickly and efficiently in order to provide them with psychological and legal permanency (Sandt, 1997).

Practice Implications

This study points out the importance of a birth family maintaining a connection while a child is placed temporarily in foster care. Social work practice needs to incorporate

into the Case Permanency Plan specific ways for this connection to be maintained. For example, by accessing information about the child's routines and past experiences and incorporating this information into the case plan, a recognition is given to the priority of the family unit. Another way to maintain a connection is to resource the family's level commitment by involving them in the permanency planning process.

The role of the foster parents is oftentimes underestimated. This study points out the importance of the foster parents being involved in a partnership with others in helping families to achieve their goal of reunification. Practice guidelines need to reflect the important role of the foster parents and encourage active participation from them in the permanency planning process. Training will be necessary to help foster parents learn to work cooperatively and effectively with birth families.

The influences on children and families are complex and many. This study points out that in order to help families achieve their goal for reunification, all the systems impacting on a family must be identified in order for appropriate services to be provided to alleviate the concerns leading up to placement necessity. This study identifies a tool to help social workers with this task - an ecological-based assessment. Social work practice needs to

incorporate this view of helping families not only for the initial assessment; but also, on an ongoing basis because families are dynamic and as their needs change, so must the services being provided.

This research revealed that social workers perceived a connection between the frequency of contact by the social worker with the child and birth family and the frequency of contact which the birth family maintained with the child while in foster care. Given that information, social work practice should encourage frequent case contact by the social worker to enhance the connection with the child and his/her birth family.

Finally, social work practice needs to help the birth family identify and create extensions to their support network for purposes of support and encouragement particularly in times of crisis. The goal of any social work intervention is for the family unit to be preserved even after services have terminated. With a broad-based support system the potential for this to happen is enhanced.

Implications for Research

Several areas of research are identified following this study.

(1) This research did not identify the source of the referral for foster care services. Normally, referrals to The Iowa Department of Human Services come from service

agencies, physicians, Juvenile Court, and the families directly. Children are placed in foster care either under the authorization of the parents signing a voluntary placement agreement or by order of Juvenile Court. Research needs to be undertaken to determine the outcome of foster care services if the services are voluntary versus ordered by the court.

(2) Research completed by Cautley (1980) found that children placed in foster care had improved outcomes if they were the youngest child placed in the home. Additional research could enhance this study by looking at the effect which the ages of children in the home had on the placement and on the outcome. Research could also address the impact on the placement and outcome if multiple foster children were placed in the home.

(3) Studies by Cautley (1980) and Kadushin and Martin (1988) found that the involvement of the foster father contributed positively to the outcomes of a foster home placement. Additional research needs to be undertaken to identify what specifically foster fathers contribute to the placement which results in enhanced outcomes.

(4) Studies need to be completed regarding the effectiveness of foster parent training programs. This research highlights the important role of the foster parents in the permanency planning process. How can foster parents

best be prepared for this important role? Issues for research include types of training programs which bring about the desired results for children.

(5) As discussed throughout the study, this research is limited to the perceptions of social workers. Further research should be done to elicit the perceptions of foster parents, birth parents, children, teachers, and community agencies. A comparison of each would be useful in determining a comprehensive picture of factors associated with positive outcomes of permanency planning.

(6) This research did not compare the perceptions of social workers in regard to cases where the child did not experience a stable reunification. Again, a comprehensive look at factors associated with positive outcomes of permanency planning would require a comparison of those cases where the child experienced a stable reunification with those children who did not.

(7) For purposes of this research, a stable reunification was defined as no recidivism for six months. Longitudinal studies are necessary in order to obtain a more accurate picture of the reunification factors.

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Appendix A
Cover Letter

Dear

I am an MSW Candidate at Augsburg College. I am conducting my thesis on outcomes of permanency planning. Specifically, my thesis will identify those variables which when included in the Case Permanency Plan, may result in family reunification following placement in foster family care.

I have selected your name from the seniority list of social workers for the Waterloo Region of the Iowa Department of Human Services. You are a social worker who has had at least two years' experience providing services to children and families. As such, I am enclosing a survey for you to complete. Instructions for completing the survey are included at the beginning of the survey. It will take approximately 20 minutes to complete this survey.

The results of the surveys will be included in my thesis. The raw data will be retained by myself until August 20, 2003, at which time it will be destroyed. The raw data will be retained in a locked file cabinet at my residence. No one other than myself and my thesis advisor will have access to the raw data. Data will only be reported in the aggregate, As such, participant's responses will be anonymous.

There are no direct benefits (money or other incentives) to participation in this research. An indirect benefit is that the completed research will be available to you, and the general public, in the form of my thesis on file at the office of the Waterloo Region, The Iowa Department of Human Services. There are no risks to you associated with your involvement in this study. Participation in this study is voluntary and refusal to participate will in no way affect your relationship with Augsburg College or The Iowa Department of Human Services. By returning the survey, you have consented to participate in this research.

If you have questions, you may contact me at 515-424-5180 or you may contact my thesis advisor, Dr. Laura Boisen, Augsburg College, 2211 Riverside Ave. South, Minneapolis, MN 55454, phone 612/330-1439.

Sincerely,
Larry L. Kollman, MSW Candidate

Appendix B
Permanency Planning Survey

Introduction: The purpose of this survey is to identify specific factors which have contributed to a foster child's reunification with his or her family. The survey is divided into sections which pertain to factors related to the biological parents, foster child, foster parent(s), caseworker, and agency.

Directions: Your responses in this survey should reflect your experiences with a particular child who was in foster care and now has been reunited with his or her family for at least the past six months. This child should have experienced no re-entry into foster care during the past six months. In the event you have no case which meets this criterion, please return the survey with a notation to this effect. For most of the questions, mark your responses with an X on the line which precedes your desired response. Completing this survey will take approximately 20 minutes. Return the survey in the enclosed, self-addressed, stamped envelope within 5 days.

Section I - General Information

1. Gender of child:

Male
 Female

2. Ethnicity of child:

Caucasian
 Black
 Hispanic
 Asian
 Other, please specify _____

3. Age of child when placed most recently in foster care.

4. How long was the child in the most recent foster care placement?

5. How many other foster children were in the foster home at the same time as your client? _____

6. What would you identify as the 3 most important variables affecting this child's family reunification?

- 1. _____
- 2. _____
- 3. _____

Section II - Biological Parent(s)

1. How often did the parent(s) visit the child while he or she was in foster care?

- 0 times
- 1 time weekly
- 2-3 times weekly
- 4 or more times weekly, please specify _____

Respond to the following questions and statements by placing an X to indicate your best response.

	Always	Frequently (3 or more times)	Sometimes (1 or 2 times)	Never
2. The visits were positive* for the child.	_____	_____	_____	_____
3. The visits were positive* for the parent(s).	_____	_____	_____	_____
4. The visits were mutually positive for both the parent(s) and the child.	_____	_____	_____	_____

*For purposes of this survey, positive implies that the visits were enjoyable, the individuals interacted appropriately during the visits, and the child experienced no adverse reactions to the visits.

8. What was the degree of parental participation in services while the child was in foster care?
- Always participated
 Frequently participated (rarely missed appointments)
 Sometimes participated (missed more appointments than attended)
 Never participated
9. Mark with an X all of the services in which the parent(s) was court-ordered or expected to participate in after the child was discharged from foster care.
- Psychiatric evaluation and/or treatment
 Psychological evaluation and/or treatment
 Substance abuse evaluation and/or treatment
 Individual therapy
 Family therapy
 Couple therapy
 Homemaker services
 Other, please specify _____
10. What was the degree of parental participation in services after the child was discharged from foster care?
- Always participated
 Frequently participated (rarely missed appointments)
 Sometimes participated (missed more appointments than attended)
 Never participated
11. What are all sources of support (social and economic) available to the parent(s) following the child's discharge from foster care. (Mark with an X all that apply).
- Immediate family
 Extended family
 Friends
 Community (church, school)
 DHS caseworker or purchased provider
 Other, please specify _____

12. What was the yearly earned family income at the time the child entered foster care?

- No earned income, the family received FIP benefits
- 0-\$5,000
- \$5,001-10,000
- \$10,001-15,000
- \$15,001-20,000
- \$20,001-25,000
- \$25,001-30,000
- \$30,001-35,000
- \$35,001-40,000
- Do not know
- The parent(s) was unemployed

13. What was the yearly earned family income following the child's discharge from foster care?

- No earned income, the family received FIP benefits
- 0-\$5,000
- \$5,001-10,000
- \$10,001-15,000
- \$15,001-20,000
- \$20,001-25,000
- \$25,001-30,000
- \$30,001-35,000
- \$35,001-40,000
- Do not know
- The parent(s) is unemployed

14. What was the family composition at the time the child entered foster care? (Mark with an X all that apply).

- Mother, father (including step)
- Mother only
- Father only
- Siblings (including step and half-siblings)
- Mother and paramour
- Father and paramour
- Extended family members including grandparents, aunts, uncles, etc.

15. What was the family composition at the time the child was discharged from foster care? (Mark with an X all that apply).

- Mother, father (including step)
 Mother only
 Father only
 Siblings (including step and half-siblings)
 Mother and paramour
 Father and paramour
 Extended family members including grandparents, aunts, uncles, etc.

Section III - Foster child

1. What problems did this child experience which contributed to the need for placement? (Mark with an X all that apply).

- Lack of respect toward authority
 Aggressive behavior toward self or others
 Emotional and/or mental health concerns
 Physical health concerns
 Difficult to manage behaviors
 The child experienced no problem(s) which led up to placement in foster care.
 Other, please specify _____

2. How many prior foster care placements did this child experience?

- 0 previous placements
 1 previous placement
 2-3 previous placements
 4 or more previous placements

3. How would you characterize the child's attachment and relationship toward each of these individuals while the child was in foster care? (Mark with an X one response for each individual).

	positive	ambivalent (mixed)	indifferent (no feelings)
parent(s)	_____	_____	_____
caseworker	_____	_____	_____
teacher	_____	_____	_____
foster parent(s)	_____	_____	_____

4. In what services did the child participate during the foster care placement and following family reunification? (Mark with an X all that apply).

	during	following
individual therapy	_____	_____
family therapy	_____	_____
substance abuse	_____	_____
evaluation/treatment	_____	_____
psychological evaluation	_____	_____

Section IV - Foster Parent(s)

- | | positive | ambivalent
(mixed) | indifferent
(no feelings) |
|--|----------|-----------------------|------------------------------|
| 1. How would you characterize the foster parents' attitudes and behaviors toward the permanency planning process (e.g., development of the case plan, court reviews, foster care reviews)? | _____ | _____ | _____ |
| 2. How would you characterize the foster parents' marital relationship? | _____ | _____ | _____ |
| 3. How would you characterize the foster parents' relationship with their own children? | _____ | _____ | _____ |
| 4. How would you characterize the foster parents' ability to manage the foster child's behavior while in their home? | | | |

___ Very capable of managing the behavior
 ___ Somewhat capable of managing the behavior
 ___ Not very capable of managing the behavior

Section V - Caseworker and Agency

1. What is your highest educational degree?

- Bachelor of Social Work
 - Bachelor's degree in another field
 - Master of Social Work
 - Master's degree in another field
 - Other, please specify (including multiple degrees)
-

2. Which of the following components were included in your assessment of service need for this child and his/her family? (Mark with an X all that apply).

- Needs of bio-parents
- Problem resolution skills of bio-parents
- Strengths of bio-parents
- Ability of bio-parents to meet and adapt to the changing needs of the child
- Support systems available to help bio-family achieve its goals
- Risk factors to child if he/she remained with the bio-family

3. How often did you have face-to-face contact with the child and his/her parent(s) while the child was in foster care?

- One time monthly
- Two times monthly
- Three times monthly
- Four or more times monthly
- Other, please specify _____

4. How often do you have face-to-face contact with the child and his/her parent(s) now that the child is no longer in foster care?

- One time monthly
- Two times monthly
- Three times monthly
- Four or more times monthly
- Other, please specify _____

5. What was your average foster care caseload at the time this child was in foster care?
- 0-5 foster care cases
 - 6-10 foster care cases
 - 11-15 foster care cases
 - 16-20 foster care cases
 - 21-25 foster care cases
 - Over 26 foster care cases
6. Approximately how many hours did you spend doing social work related activities (writing case plans, narrative, collateral contacts, etc.) on this particular case while the child was in foster care?
- 0-4 hours monthly
 - 5-8 hours monthly
 - 9-12 hours monthly
 - 13-16 hours monthly
 - Other, please specify _____
7. Approximately how many hours do you spend doing social work related activities on this particular case now that the child has returned home?
- 0-4 hours monthly
 - 5-8 hours monthly
 - 9-12 hours monthly
 - 13-16 hours monthly
 - Other, please specify _____
8. While this child was in foster care how frequently were formal (e.g., court, foster care review) or informal (e.g., reviewing the treatment plan, talking with providers) reviews completed in order to determine progress toward achieving the goals in the Case Permanency Plan?
- Monthly
 - Every two months
 - Every three months
 - Every six months
 - Other, please specify _____
9. Gender of social worker completing this survey?
- Male
 - Female

10. ___Age of social worker completing this survey?

11. ___Number of years employed in child welfare?

Thank you for completing this survey. Please return it in the envelope provided.

Appendix C
Letter of Approval from Service Administrator



DEPARTMENT OF HUMAN SERVICES
WATERLOO REGIONAL OFFICE
Administrator

TERRY E. BRANSTAD, GOVERNOR
CHARLES M. PALMER, DIRECTOR
Marlie Kasemeier, Regional

February 11, 1998

Larry L. Kollman
407 South Tennessee Ave., Apt. 4
Mason City, IA 50401

Dear Mr. Kollman:

This is to provide written confirmation that the Waterloo Region of the Iowa Department of Human Services is agreeing to the participation of social workers in the research you are conducting re: case permanency planning. You have been provided a seniority listing of the social work staff within the Waterloo Region from which to randomly select the research participants. In addition, upon notification from you that the survey instrument is being distributed, I will be requesting the cooperation of the regional managerial, supervisory, and social work staff re: the survey.

The identification of the factors which have predictability for a successful family reunification following a foster care placement is of interest to us as we strive to responsibly provide services to our clients. We are interested in the outcomes of your research and the insight that it may provide re: the role of the Case Permanency Plan.

Please contact me if you have any questions or if I can be of any further assistance. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Nadine Kono".

Nadine Kono
Service Administrator
Iowa Department of Human Services
Waterloo Region

NK/al

Appendix D
Letter of Approval from IRB

irb memo approved

AUGSBURG

C O L L E G E

DATE: March 16, 1998

TO: Larry Kollman
407 S. Tennessee, Apt 4
Mason City, IA 50401

FROM: Michael Schock, Ph.D.
Chair, Institutional Review Board
612-330-1725 or FAX 612-330-1493
E-mail: schock@augsborg.edu

RE: Your IRB Application

Your project, "Outcomes of case permanency planning" has been reviewed and approved as exempt with conditions. Your IRB approval number is 97-50-01.

Conditions:

- Your consent form should remind the reader that refusal to participate will in no way affect their relationship with Augsburg College or their agency of employment.
- The prospective participant should be told how long the survey will take.
- To ensure anonymity, data analysis of any demographic group less than 6 should not be presented in your thesis.
- A mail box will be provided for your data collection. This maintains a professional level relationship with prospective participants. If possible, provide only a work phone number for prospective participants to call with their questions.

Please verify these changes in writing as soon as possible.

If there are other substantial changes to your project which change your procedures regarding the use of human subjects, you should report them to me by phone (612-330-1725) or in writing so that they may be reviewed for possible increased risk.

mds

mds

DEPARTMENT OF SOCIAL WORK

1001 Franklin Avenue, Minneapolis, MN 55404

