An analysis of the safety outcome of children in the in-home supervision and out-of-home care

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ABSTRACT
SOCIAL WORK

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AN ANALYSIS OF THE SAFETY OUTCOME OF CHILDREN IN IN-HOME SUPERVISION AND OUT-OF-HOME CARE

Advisor: Professor Naomi T. Ward
Thesis dated July, 1997

The purpose of this study was to compare the safety outcome for children who remained at home under the supervision of the State and children who were placed in foster care. There were two variables: (1) services as the independent variable, and (2) placement outcomes as the dependent variable.

A correlational research design was used to analyze the data. An on-site review instrument was used to collect data from three county Departments of Social Services in South Carolina. Additionally, a case record analysis and a face-to-face interview approach were utilized.

The conclusion drawn from this study is that families are confronted with many stressors and a lack of resources that affect their behavior. The researcher found that in cases where services were provided, maltreated children could remain safely in their homes. For future child maltreatment interventions, this could provide a comprehensive approach to services that might avoid unnecessary out-of-home placements.
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CHAPTER ONE
INTRODUCTION

Today, children are faced with many challenges. There is poverty, violence, drug abuse and a general breakdown of the family unit. Because of these problems in society as well as in the home, many children are suffering and being abused and neglected. Children encounter various types of maltreatment that oftentimes require the oversight of their care by the public child welfare agency to ensure their safety and well-being. In some cases, the children and families may be provided services in their homes but in other instances the children may be removed from their homes and placed in foster care.

Child maltreatment in the United States is pervasive with complex causes. There were more than one million American children who suffered some form of abuse or neglect in 1993.¹ Of the one million children, one in six of these children were removed from their home for safety and

protection and temporarily placed in foster care.² It is estimated that of the one million children abused yearly, between 2,500 and 5,000 die.³ However, both the children remaining at home and those placed in foster care were eligible for services to help them deal with their family situation, obtain medical treatment or meet other critical needs.⁴

According to a report by Gustafson and Allen, "the overwhelming demands for child welfare services strain the service-giving capacity of the system."⁵ Demands for child welfare services grew because of the increase in abuse and neglect reports which also increased the number of children placed in foster care. More services were required because these children and their families had more complex needs than in the past. Meanwhile, resources for child welfare services failed to keep pace with the needs of troubled children and families.

National reports show that state child protective service workers responded timely to reports of abuse and neglect to ensure the safety of the child but little was

²Ibid.


⁴Ibid.

done to provide services to keep the families together. Once a child is removed from the home and is in state custody, little or no services are provided to ameliorate the harm, prevent the long term effects of maltreatment or mitigate the harm associated with the removal. In addition, little priority is given to provide services to the parents to help them gain control over their lives, feel empowered, or alleviate abusive behavior, hostility or other problems. The most serious shortcoming of the nation’s child welfare system is that it is reactive and investigatory in nature instead of proactive and preventive. State and county child welfare programs are not designed to provide immediate help to families who need or request assistance but to investigate reports of maltreatment. According to a General Accounting Office report, it was estimated that by the end of 1993 more than 450,000 children were in foster care.


"Ibid., xii.

"Ibid., ix.

Foster care is an integral part of the child welfare system designed to ensure the safety and well-being of children whose families are not providing adequate care for them. When problems such as abuse or neglect are identified, the child welfare system may intervene with services designed to improve the situation and avoid removing children from their homes. If such services cannot ensure children’s safety and well-being in their own homes, the child welfare system petitions the court to place children in foster care.

Because of limited resources, states and local governments are finding it increasingly difficult to meet the demands for foster care and child welfare services. In 1995, the federal share of the expenditures for foster care and child welfare services was $4.1 billion.\(^{10}\) Although foster care funding has increased dramatically at all levels of government, federal funding for child welfare services has lagged and federal foster care funds generally cannot be redirected for services.\(^{11}\) Faced with increasing demands and limited resources, states have adopted various measures to meet the needs of troubled children and their families while maintaining the child’s safety.

The issue regarding funding and limited resources is prevalent throughout the nation. The concerns are reflected

\(^{10}\)Ibid.

\(^{11}\)Ibid., 2-3.
in the child welfare system in the state of South Carolina which is the focus of this study.

The South Carolina Department of Social Services' county child welfare departments respond to reports of child abuse and neglect. The South Carolina Self Assessment reports that there were about 23,813 reports of suspected child abuse and neglect in South Carolina, of these reports, 7,104 were confirmed. The Self Assessment reveals that the reports are usually responded to within the required 24 hour time limit, however the child protective system has a strong focus on "investigation" and less focus on prevention and responding to the need of children and their families. Based on the investigation of the home situation, the child protective worker and/or foster care worker decide what kinds of mental health and social services a family needs.

Many of these services that county child welfare workers offer, such as financial assistance, day care, respite care, crisis nurseries, and homemaker services are concrete efforts to relieve the pressures and frustrations of parenthood. The report further revealed other services, such as parenting classes are designed to give parents specific guidance, role models and support in child rearing.

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13Ibid., 45, 47.
In addition, individual, group, and family counseling and mental health services are used to ease the tensions of personal problems and coping skills.

The researcher has observed that in the field of child welfare that the parents voluntarily accept services to keep their children from being placed in foster care or to be reunited with their children after the crisis has been alleviated. Further, the researcher has observed that in the child welfare field a common problem in child welfare service delivery is that services provided do not always match the individual needs of the person receiving the services. This leads to situations in which parenting classes are offered to parents whose real need might be to control substance abuse, or residential care is offered to children whose needs are to be protected and maintained in their homes.

It is the researcher’s observation that in most cases services referred to as categorical services (defined as parenting classes or foster care) are offered in the same form to all families, regardless of an individual’s unique circumstances and needs. Therefore, it appears that traditional services that are available locally are offered to children and their families based on what is available and not what is needed.
Statement of the Problem

The need for child welfare research has never been greater with the increased incidents and reports of child abuse and neglect. With this increased demand on the child welfare system, questions are raised regarding the effectiveness of the current intervention strategies and services. Most of the research on child welfare has focused on the program or agency and the nature of the intervention, in essence the process, rather than the outcomes or consequences for children and families. In addition, research on the effectiveness of child welfare services usually focuses on the child’s safety as the primary outcome, with less emphasis on outcomes related to child and family functioning as well as family preservation and continuity.

There is a lack of data to determine if services are provided in relation to the safety of children in in-home supervision and children in out-of-home care. Services are usually provided to children and their families that remain in the home. However, children who are placed outside of their homes are usually forgotten and services are either not provided or delayed. The general position of child

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15Ibid.
welfare agencies is that once the child is removed from the crisis situation and is in a safe environment, services can be taken into consideration later. There is a question as to whether this is the general position of child welfare agencies in South Carolina.

**Purpose and Significance of the Study**

The purpose of the study was to compare the safety outcome for children who remained at home under the supervision of the State and the children that were placed in foster care. The central focus of this study was to examine if services were provided to children and families during an investigation to ameliorate or alleviate the problem would unnecessary out-of-home placements be avoided.

The study is important because of the increased demand on child welfare services. The escalating rates of child poverty, growing numbers of births to unmarried teens, skyrocketing numbers of homeless families, growing substance abuse, dramatic rise in reports of abuse and neglect, and the deadly threat of Acquired Immune Deficiency Syndrome (AIDS) with its interrelated problems have contributed to the stresses of families and cause new demands on the child welfare system. The system's ability to appropriately
serve children in need is jeopardized by these new demands.¹⁶

In some instances, these families have been failed by other systems such as failure of the public health system to follow-up with mothers on how to care for their medically fragile infants; the mental health system’s drug treatment programs that do not include child care.¹⁷ There is a lack of the consistent interrelatedness between these systems and other social agencies in providing a continuum of care. Therefore, this study is significant to further the understanding of services that are provided to promote child safety and stability in the home without unnecessary out-of-home placements.

The information gained from this study may assist caseworkers, supervisors, social workers and parents in developing a better understanding as to whether services may offer an alternative to out of home placement. Understanding and acknowledging the impact of services on families might eliminate unnecessary out-of-home placements.

The study is important to the field of social work because it may add to the existing body of knowledge that suggests that assessment of families extend beyond the immediate boundaries of families. This extension entails


¹⁷Ibid., 614-615.
looking at stresses that may be caused by other systems. Findings may encourage social workers in looking at other systems than just the child and family.

The study could be of value to social work education because it could increase the student's awareness of the complexity associated with assessing families and their needs and the various systems that are involved. Social Work students may have a better understanding of child welfare services and the child welfare service delivery system.

The study is significant to the researcher because the researcher is employed in the child welfare arena. Through observation and as part of a study in another state, the researcher believes that oftentimes children and families are either not offered services or the services provided do not meet their needs. The researcher believes that if services are provided to families to meet their needs, more children who experience maltreatment may be able to remain in their homes and not experience further abuse.
CHAPTER TWO
REVIEW OF THE LITERATURE

This chapter focuses on the historical overview of child maltreatment and child protection. Attention is given to timeliness of initiating child maltreatment investigations, repeat maltreatment, services and related research, current risk of harm, and risk assessment.

Child abuse and neglect is considered to be one of the most serious social problems in America at this time. Incidences of child abuse have grown steadily since 1976, which was the first time a nationwide survey of child maltreatment was initiated.¹ There were 669,000 reports of abuse in 1976 and by 1986 this figure had risen to 1,918,000 nationally.² Although reports of abuse and neglect have continued to increase, less than 20 percent of substantiated cases results in the child's placement in foster care.³ In the majority of the cases the family is placed under "home


²Ibid.

supervision" so that the caseworker can make periodic visits to monitor the child’s care and safety and the effectiveness of the treatment services to the parents.  

The review of the history of child maltreatment and child protection is significant in understanding the issues of services.

**Historical Overview**

Child abuse and neglect is not a new problem. Children have been maltreated since the beginning of time. In 1983, Douglas J. Besharov, in his study of the history and future direction of child protection, wrote the following:

Infanticide, ritual sacrifice, exposure, mutilation, abandonment, brutal discipline and the near slavery of child labour have existed in all cultures at different periods and have been justified by disparate beliefs—that they were necessary to placate a god, to expel spirits, to maintain the stability of a race or simply to inculcate learnings. Practices viewed today as victimizing children were accepted for long periods in civilized communities as "in the best interest" of society.

Besharov continues that over the centuries new attitudes began developing about the needs of children, and their right to be protected from abuse and neglect. The public responsibility for the care of children who had been abused, neglected or destitute has been a social issue in

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America since the early settlers. Even some of the original thirteen colonies had laws against certain forms of child maltreatment. Until the nineteenth century orphaned, poor, abused or neglected children were placed in out-of-home care with substitute families or in institutions.

In 1875, the New York Society for the Prevention of Cruelty to children was founded as the first specialized "child protective agency." The early twentieth century brought a change in the care of poor children from out-of-home care to care in their own homes. Samantrai states that several states passed laws that would provide pensions to widowed or deserted mothers called Mothers' Aid laws so that children could remain at home rather than being placed in substitute care. This principle was extended to all states in 1935 under Title IV-A of the Social Security Act, which required that government funds be provided to all states for the Aid to Dependent Children (ADC) program. Title V, of the Social Security Act established Child Welfare Services which were designed to help state and local

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Ibid.


Ibid.
agencies provide preventive and protective services for children. It also included foster care.11

Creation of the Children's Bureau - 1912

In January 1909, The Conference on the Care of Dependent Children was held at the White House to address the plight of children in the United States. One of the recommendations from this conference to Congress was the enactment of a bill that was pending to establish a federal Children's Bureau to collect and disseminate information affecting the welfare of children.12 The Children's Bureau was established in 1912 to investigate and report on the welfare of children.13 The Children's Bureau is now a part of the Department of Health and Human Services and oversees the administration of federally funded foster care, adoption and other preventive programs.14

Public Law 87-31 and Public Law 93-247

In 1961, the AFDC-Foster Care Act, Public Law 87-31, expanded the AFDC program to include federal funds for


14Ibid.
foster care on a temporary basis for children being removed from their home as a result of a judicial determination.\(^{15}\)

In 1962, C. Henry Kempe, in an article entitled "The Battered Child Syndrome," brought the acknowledgment of child abuse in the United States to a higher level in modern day society.\(^{16}\) This was one of the impetus among others that led to mandatory reporting laws which brought about mandatory reporting requirements for certain professionals. With increased public awareness and mandatory reporting laws, the number of abuse reports vastly increased. These laws resulted from the Child Abuse Prevention and Treatment Act.

The Child Abuse Prevention and Treatment Act of 1974, Public Law 93-247, was passed by Congress to address the plight of maltreated children. This Act stipulated that for states to qualify for federal funding they were required to enact a state child abuse and neglect law that would provide for reporting known and suspected instances of maltreatment, immunity for those reporting, a mechanism for prompt investigation, and assurance of a state wide service


The Act also provided the official federal definition of child abuse which states:

The physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of eighteen by a person who is responsible for the child’s welfare under circumstances which would indicate that the child’s health or welfare is harmed or threatened thereby.

However, for children who were abused and neglected the practice of removing these children from their home and placing them in foster care continued. Studies conducted between 1950 and 1980 confirmed that children were being placed in foster care unnecessarily because there were no alternative services for even the most simple difficulties confronting the family.

Public Law 87-31 which made federal funds for foster care available combined with the child abuse reporting laws both contributed to the vast increase in the number of maltreated children being placed in foster care. Once

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19Ibid.

20Ibid., 4-5.

children entered the foster care system they tended to stay in the system and moved from foster home to foster home until adulthood.\textsuperscript{22}

\textbf{Public Law 96-272}

In response to the problem of the "foster care drift," the Adoption Assistance and Child Welfare Act was enacted in 1980 to address these issues.\textsuperscript{23} The fundamental principle behind this law was to provide permanent homes for abused or neglected children. But in addition to this principle, the law provided that steps would be taken to avoid the unnecessary removal of children from the home by providing services to the family.

In Section 425 of Public Law 96-272, child welfare services are defined as:

Public social services directed toward the accomplishment of the following purposes: (A) Protecting and promoting the welfare of all children, including handicapped, homeless, dependent or neglected children; (B) preventing or remedying, or assisting in the solution of problems which may result in, the neglect, abuse, exploitation or delinquency of children; (C) preventing the unnecessary separation of children from their families by identifying family problems, and preventing breakup of the family where the prevention of child removal is desirable and possible; (D) restoring to their families children who have been removed, by the provision of services to the child and the families; (E) placing children in suitable adoptive homes, in cases where restoration to the biological family is

\textsuperscript{22}Ibid.

\textsuperscript{23}Ibid.
not possible or appropriate; (F) assuring adequate care of children away from their homes, in cases where the child cannot be returned home or cannot be placed for adoption.24

This policy clearly establishes the scope of public responsibility to children. However, this was a shift in thinking and practice from the traditional practice of indefinite out-of-home placements to assisting families in maintaining biological families and preventing out-of-home placements.

Because of the complexity and lack of understanding of P.L. 96-272 by the States, the full implementation of the Act has not occurred in many parts of the United States.25 In many of the densely populated, high poverty urban areas, the child welfare system continues to operate virtually in the same manner as it did prior to the passage of P.L. 96-272.26 States are frustrated by limited resources which include insufficient numbers of social workers.27 This results in cases not being investigated properly, lack of thorough assessments for services and inadequate services


26Ibid.

27Ibid.
being provided to prevent removal of children from the home.28

However, recent federal legislation offers state social service agencies the opportunity to improve implementation of the Act. This opportunity was provided with the passage of Family Preservation and Support Services as part of the Omnibus Reconciliation Act of 1993. The Act provides states with funds to "promote family stability, enhance parental functioning and protect children."29 One of the goals of the legislation is to enable states to make changes in state and local social service delivery to create home and community-based prevention, intervention and treatment.

Child maltreatment is a complex family problem that is influenced by many factors such as the environment, economics, interpersonal problems, substance abuse and stress. According to Howard Dubowitz, interventions need to address as many of these issues as possible.30 Research conducted by Daro and Cohn on child maltreatment treatment effectiveness suggested that successful intervention with maltreating families requires a comprehensive package that

28Ibid.


addresses both interpersonal and concrete needs of all family members.\textsuperscript{31} Additionally, the findings suggest that agencies should make an intensive effort to engage the family at the point of initial referral in order to begin altering behavior.\textsuperscript{32}

**Timeliness of Initiating Investigations and Repeat Maltreatment**

Most child protective service agencies provide guidelines for response time to initiating assessment investigations. In the majority of the states, when it is determined a child is in a high risk situation of continued or future maltreatment, the caseworker must respond immediately or at least within 24 hours.\textsuperscript{33}

The decision making process of child protective services is driven by one objective which is the protection and safety of children from further maltreatment.\textsuperscript{34} One option that has been used extensively is placement in foster care.


\textsuperscript{32}Ibid.


care. However, other options are available in the form of services in the home.

**Services and Related Research**

Families affected by child abuse and neglect may need general and targeted services. General services include adequate housing, financial support, available and affordable quality child care, drug counseling, family planning services, early intervention programs for children with disabilities, and family resource centers that can help parents provide better care to their children.\(^3^5\)

Targeted services are those types of services that are designed to prevent abuse and neglect. One example of targeted services is the home visiting programs that provide regular home visiting services during pregnancy and the first few years of life.\(^3^6\) Another targeted service model is the intensive family preservation model. One such model is known as the HOMEBUILDERS model.\(^3^7\) This model of service is designed to prevent the unnecessary out-of-home placement of children while at the same time ensuring their


\(^{36}\)Ibid.

safety. This is achieved through the provision of a mix of intensive therapeutic and support services tailored to the needs of the families in crisis and includes intensive home-based services which are limited to 4-8 weeks.

Howard I. Bath and David A. Haapala conducted a study of the HOMEBUILDERS program at the Behavioral Sciences Institute in Washington State. This study examined the characteristics and outcomes of client groups receiving Intensive Family Preservation Services. The sample population consisted of 530 families who had been referred by the Child Protective Services during the period September 1985 to May 1988. The findings were that the placement rate at 12 months after intervention was 13.9%, meaning 86.1% of all the children avoided placement.

Another approach to prevention of out-of-home placement is through family preservation services. The main goal of family preservation services is to prevent unnecessary placement of children in out-of-home care. Studies show that there is a clear advantage to preservation services. A comparison study of placement rates was conducted by Kenneth Visser conducted in Michigan of counties that had implemented family preservation services. His findings suggest that where the counties had established

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38 Ibid.
39 Ibid.
40 Ibid., 214-220.
the services, out-of-home placement rates grew more slowly than the nonserved counties. It is cautioned that these services are in no way a panacea. However, they do have an important place in the service spectrum and they do offer hope for many families and children who are at imminent risk of being separated. "In sum there is strong evidence that family preservation services are able to significantly reduce the placement rates of served, at-risk children."43

Drug and alcohol abuse is a widespread problem affecting children and their families. However, studies have been conducted to evaluate the effectiveness of family preservation services for families of drug exposed infants. One such study by Miriam Potocky and Thomas P. McDonald was conducted in a low-income, inner city neighborhood in a Midwestern metropolitan area. This study was to examine the effectiveness of a program designed to enable drug-exposed infants to remain in their home. The program services consisted of home visits, nursing, childhood education, group and transportation services. The study consisted of 27 families. The participants were part of a 22 month program


that ended in June 1993. The findings of the study were that 19 of the 27 children remained with their parents, six were placed in foster care, one child was living with other relatives and one infant died."

In assessing a family's need it is important to understand social networks and other larger systems that affect families. A study of the Social Networks Project at Boysville of Michigan was conducted. Boysville provides therapeutic foster care, intensive family preservation services, reunification services, and other community based programs for children and families from inner city Detroit to rural counties of Michigan and Ohio. The Boysville study was designed to examine the clinical utility of social network mapping in the practice setting at Boysville. The sample included 40 families in which data was collected during the first two weeks of intensive family preservation services. The findings of the study show that the 40 caregivers reported a total of 502 social network members. Respondents named 12.5 people on an average as part of their social network. Most of the network members, 51.7%, were extended family members or household members. Friends constituted the next largest group with 21%. Neighbors and associates from work or school each represented 6.6% of the

total. However, clubs, organizations and religious groups only each represented 4.4%. According to Elizabeth M. Tracy, Whittaker, Pugh, Kapp and Overstreet, these findings suggest areas of isolation or uninvolvement. The qualitative data from this study demonstrates the challenges facing families and the manner in which social network involvement and intervention can relate to overall goals and service provision.45

Child maltreatment has both a financial cost as well as a human cost in treating and preventing child abuse and neglect. Howard Dubowitz conducted a study to examine the cost effectiveness of interventions in child maltreatment. Seven program evaluations were selected for review through computer searches for articles on evaluations and final reports on major studies funded by the National Center on Child Abuse and Neglect over a ten year period. The evaluation programs reviewed were: (1) Evaluation of the National Demonstration in Child Abuse and Neglect 1974-1977, (2) The Exploration of Client Characteristics, Services and Outcome; Evaluation of the Clinical Demonstration of Child Abuse and Neglect, (3) Shortcomings of Multiprogram Evaluations, (4) The Family Support Center, Yeadon, PA., (5)

Lay Therapy, (6) Medical foster family care, and (7) Nurse home visitations.

The findings were that several of these programs appeared to be effective. The home health visitor for high-risk families was clearly the most effective in preventing child maltreatment and the cost of this program was generally considered the most cost effective according to the author. Lay group counseling appeared to be more readily accepted by clients than professional counseling. Family and group therapy seemed to be more effective than individual therapy and was less costly. Medical foster care was more cost effective and preferred to long hospital stays. The author concluded that the question of cost-effectiveness cannot be answered but there is a continued need for evaluation of programs for cost and effectiveness.46

**Current Risk of Harm and Risk Assessment**

Once a report of potential child abuse and neglect is received, the child protective services worker must first make a decision as to whether the evidence is sufficient to warrant the agency’s involvement.47 The worker must


determine whether there is current risk of harm and predict future harm."48

Risk assessment reflects the legislative views that Child Protective Service intervention is justified "only when a child has suffered (or is likely to suffer) specific types of maltreatment."49 Wald and Woolverton described three procedures involved in assessing risk:

1. Categorization of cases by severity of risk
2. Needs assessment of the family
3. Process for assessing the likelihood that a given person (usually the parent) will harm a child in the future.50

After the risk assessment is completed treatment strategies can be identified.51

Theoretical Orientation

Multiple systems are involved in the delivery of child welfare services. There is an interrelatedness of the federal system, state system, county system and family system in the delivery of these services. The federal system, the U.S. Department of Health and Human Services,

48Ibid.


50Ibid.

through the Administration for Children and Families (ACF), is responsible for developing federal policy and providing federal funds for the state child and family services programs. The state system is responsible for administering the program at the county level to the children and families that reside in the state.

The theoretical framework used for this study is the general systems theory and the ecological theory. These theories encompass the policy, organizational, family and service delivery systems in the broad context. It also acknowledges that there are other causal factors such as environmental, cultural, community and personal factors that contribute to problematic human behavior.

For the purpose of this study, the general systems theory and ecological framework are used to explain how the federal system, state system, county system and family system are related. In addition, the social worker using this theory may be able to assess the family as a social system and provide the necessary services to alleviate the problem. The services are provided through the county department which is an organizational system and operates under the auspices of the state child welfare system.

The Administration for Children and Families (ACF), a subsystem in the federal government, is responsible for developing federal policy and providing Federal funds for state child and family welfare services programs. On a
periodic basis, ACF must assess the level of performance of child welfare programs in the state systems by conducting on-site reviews. The reviews are designed to analyze federally funded child and family service programs, some of which include child protective services and foster care. The reviews also examine the outcomes experienced by children and families served by these programs operated by state and county systems.

The literature suggests that in reported cases of child abuse and neglect, services play a major role in the placement outcomes of children. These services include parenting skills, mental health counseling, job counseling, substance abuse counseling and other interventions that address problematic family behavior. Theorists such as Carel Germain and Carol Meyer developed ecological frameworks that acknowledged that environmental, policy, delivery system, cultural, community, familial, and personal factors shape human behavior.\(^52\) This placed problematic behavior in a broad context that included societal, organizational, cultural, and familial factors.\(^53\)

The general systems theory suggests that a change in one part of a system will bring about changes in all of the


\(^{53}\)Ibid.
other parts and in the system as a whole.\textsuperscript{54} The systems theory presents a challenge to the worker and the family to identify the factor that appears the most salient.\textsuperscript{55} For example, if a worker goes to investigate a report of abuse and neglect and finds that the father, a family subsystem, in the home recently became unemployed, the family system may experience difficulties in housing, transportation, health, nutrition, and also in their interpersonal and social relationships. In this situation, a job or job training for the father may be the first priority. This theory involves positive change directed at the point of greatest stress which will reverberate throughout the system, relieving related stressful connections.\textsuperscript{56}

Instead of looking at the parts in isolation, this theory stresses looking at the relationship between the parts and taking a holistic approach to assessing the family situation.\textsuperscript{57}


\textsuperscript{55}Ibid.

\textsuperscript{56}Ibid., 168.

The Ecological Systems Theory by Homans suggests that groups have an external system and an internal system. The external system represents a group's way of handling the adaptive problems that result from its relationship with its social and physical environment. This theory leads to a focus on transactions, social interactions, and person-environment exchanges and adaptations. Since Systems Theory views the family holistically, the social worker applying this theory when investigating a child abuse and neglect case could assess the family situation in terms of the family as a system as well as the external environment to determine the services needed to alleviate the salient problems.

**Operational Definitions**

For the purpose of this study, the following definitions are used.

**Child abuse and neglect** is the maltreatment of a child that may be physical, emotional, sexual or mental.

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59Ibid.


Child Protective Services (CPS) is the designated social service agency to receive, investigate, and provide rehabilitation service to children and families with problems of child maltreatment. Frequently, this agency is located within larger public social services agencies, such as the Department of Social Services or Human Services.62

Children are individuals under the age of 18 as specified by the protection law of the state.63

Current risk of harm is the likelihood that a child will be maltreated in the future.64

Family preservation services are crisis intervention services for children and families in which a child is in imminent risk of being placed outside of the home. These services are characterized by in-home services which are intense, time limited and focus on the provision of intensive counseling, education, and supportive services.65


63Ibid.


Foster care is temporary residential care provided to a minor which may include care in foster family homes, child care institutions, group homes or residential care.  

In-home supervision refers to services provided by the state and county child welfare system to and in the interest of child(ren) who remain in the home of their parents or guardians. The services consist of the child welfare caseworker making periodic visits to the home to monitor the care of the child(ren) is receiving while the parents receive treatment and/or services.

Interventions are the development and implementation of strategies that help people solve or ameliorate problems.

Out-of-home care is child care, foster care or residential care provided by persons, organizations, or institutions to children who are placed outside their families, usually under the jurisdiction of the juvenile and family court.

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Safety is the protection of children from risk of harm in the home or in out-of-home care.

Services are specific interventions designed to address a particular need.\textsuperscript{70}

\textbf{Statement of Hypotheses}

1. There will be a significant relationship between higher rates of service utilization and the prevention of foster care placement.

2. There will be a significant difference between placement outcomes when services are provided and when they are not provided.

CHAPTER THREE

METHODOLOGY

Research Design

A correlational research design was utilized in this explanatory study to determine the extent to which services were provided in the home to prevent out-of-home placement. Specifically, this design was used to determine whether there was a difference in the rate at which children were placed in foster care if services are not provided in the home.

Sampling

The Administration for Children and Families (ACF) announced that it was soliciting state child welfare agencies to volunteer to participate in a pilot review to test a new review instrument for state child and family services program reviews. South Carolina responded to this opportunity. Upon acceptance of this opportunity, the National ACF Office in Washington, D.C. identified the sample from the foster care caseload. South Carolina identified three counties (Anderson, Bamberg and Charleston) in which the on-site review took place.
The sample consisted of thirty foster care cases from the South Carolina Department of Social Services in three local county sites, Anderson, Bamberg and Charleston. The cases consisted of 15 in in-home supervision and 15 in out-of-home care.

The sample cases selected for the on-site review had been opened for services for at least a portion of the year under review, although they may have been closed at the time of the review.

In this study, purposive or judgmental sampling was used to select the small subset that is typical of the larger population. The subset of 30 foster care cases selected by the Administration for Children and Families were representative of foster care cases in the three county sites in South Carolina.

The researcher obtained permission from the Department of Health and Human Services, Administration for Children and Families, Region IV to use data collected from the South Carolina Department of Social Services as part of the completion for a Master's thesis (see Appendix A).

Site and Setting

The site for this study was the state of South Carolina. South Carolina, known as the Palmetto State, is

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the smallest state in the southeast and stretches from the Atlantic Ocean to the Blue Ridge Mountains. There are approximately 940,800 children under the age of eighteen. It ranks fortieth in geographic area among the fifty states and twenty-fifth in population. The state is an important textile manufacturing and tobacco farming state.

The on-site reviews were conducted in the office settings of three locations, Anderson, Bamberg and Charleston counties of the Department of Social Services. These sites represented mid-size, rural and urban areas, respectively. Ten cases per site were selected from each county for review. The number of cases selected was predetermined by the Administration for Children and Families, Department of Health and Human Services, Washington, D.C.

**Instrumentation**

Two instruments were utilized for this study: the "On-Site Review Instrument Revised 2-96 for CPS/In-Home Services" (Appendix B) and the "On-Site Review Instrument Revised 2-96 for Foster Care/Adoption" (Appendix C). The

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2 South Carolina Department of Social Services, *Title IV-B State Plan for Child Welfare Services Fiscal Year 1996* (South Carolina: Department of Social Services, 1996), 1.

3 Sox, "A Brief History of South Carolina."

4 Ibid.
instruments were developed by and have been utilized for similar studies in Illinois, Mississippi, Nevada, Ohio, Washington, and West Virginia. Both instruments consist of a Face Sheet and Section I: Safety.

The Face Sheet for the "On-Site Review Instrument for CPS/In-Home Services" consists of demographic information: (1) state/county, (2) family name, (3) race/ethnicity, (4) date, and (5) reviewer's name. Case data consist of items: (1) date case opened, (2) date case closed, and (3) cause (type of maltreatment) for the agency's involvement with the family.

Section I: Safety of the "On-Site Review Instrument for CPS/In-Home Services" consists of four core items with specific questions and exploratory issues with a block space for reviewers to record the issues. The four items are:

1. Timeliness of initiating investigations of child maltreatment.
2. Repeat maltreatment.
3. Services to the family to protect child(ren) in home.

The "Foster Care/Adoption On-Site Review Instrument" consists of child specific information: (1) child's name, (2) child's date of birth, (3) state/county, (4) race/ethnicity.

ethnicity, (5) date, and (6) reviewer’s name. Case data consists of items: (1) date case opened, (2) date case closed, and (3) cause (type of maltreatment) for the agency’s involvement with the family.

Section I: Safety of the "On-Site Review Instrument for Foster Care/Adoption" consists of four core items with specific questions and exploratory issues with a block space for reviewers to record the issues. The four items are:

1. Timeliness of initiating investigations of child maltreatment.
2. Repeat maltreatment.
3. Services to the family to protect child(ren) in home.

Confidential data such as the child’s name, family’s name and reviewer’s names are not included in this study.

Data Collection Procedure

As a result of the sample selection by ACF and the State of South Carolina’s identification of three counties, the on-site review took place April 29 - May 3, 1996. The on-site review process began with a team of individuals representing ACF Central Office (Washington, D.C.), Atlanta ACF Regional Office and the South Carolina Department of Social Services (DSS). Additionally, the team was comprised of representatives outside of DSS who had a knowledge of foster care and child protective services in South Carolina. These consisted of Guardian Ad Litem, Foster Care Review
Board Members and faculty of the University of South Carolina. There were three teams of five to eight members that completed on-site reviews in Anderson, Bamberg and Charleston.

The team consisted of a federal team leader and a local team leader who coordinated the activities of the team and provided clarifications and technical advice. The local leader also arranged local interviews.

The researcher for this study was a part of the Charleston County team.

The period under review covered a one year period April 1995 - April 1996. The on-site review process began with the case review. Following the case record review, the reviewers interviewed those persons involved in the case with whom interviews had been arranged. These interviews were either conducted at the DSS office, in the home of the parent or foster parent or in the office of the service provider. Interviews that were conducted with these individuals began with an explanation of the purpose of the review, voluntary participation, confidentiality and expressed need for honest responses to help improve the delivery of child welfare services in the state of South Carolina. The researcher for this was one of the interviewers.

At the conclusion of the review, each review team compiled their findings on individual cases into a
comprehensive report of the outcomes that identified strengths and needs of the particular site.

Placement outcomes were operationalized in terms of the number of times that services were provided or offered to the families. Services were measured by the extent to which services were actually provided.

**Data Analysis**

The information on the race/ethnicity, services, types of abuse, repeat maltreatment and types of services were examined using descriptive statistics. The tables presented are based on the study variables. The chi-square test was used to assess the differences between higher rates of services utilization and the prevention of foster care placement. Frequency distributions were utilized to analyze the study variables. The independent variable and dependent variable were measured at the .05 alpha level.
CHAPTER FOUR

PRESENTATION OF RESULTS

In this research study, descriptive statistics were utilized to analyze the study variables and chi-square was used to analyze the hypotheses. The results of the findings of this study are presented as follows: (1) analysis of the hypotheses, (2) demographics which include age, gender, and race, (3) child maltreatment includes types, repeat maltreatment and number of reports, and (4) services include frequency and type.

Analysis of Hypotheses

The hypotheses for this study were:

1. There will be a significant relationship between higher rates of service utilization and the prevention of foster care placement.

2. There will be a significant difference between placement outcomes when services are provided and when they are not provided.

Table 1 reflects the findings of the chi-square analysis.
TABLE 1

CHI-SQUARE ANALYSIS OF PLACEMENT OUTCOMES BY TREATMENT GROUP
(N = 30)

<table>
<thead>
<tr>
<th>Type of Group</th>
<th>Yes</th>
<th></th>
<th>No</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>In-Home Supervision</td>
<td>11</td>
<td>73.33</td>
<td>4</td>
<td>26.67</td>
<td>15</td>
<td>100.0</td>
</tr>
<tr>
<td>Out-of-Home Care</td>
<td>0</td>
<td>0.0</td>
<td>15</td>
<td>100.0</td>
<td>15</td>
<td>100.0</td>
</tr>
<tr>
<td>Totals</td>
<td>11</td>
<td></td>
<td>19</td>
<td></td>
<td>30</td>
<td></td>
</tr>
</tbody>
</table>

*x² = 14.3541, df = 1, p < .05, significance 3.841.
The chi-square analysis shows the $x^2$ value of 14.3541. The analysis shows that there is a statistically significant difference in placement outcomes when services were not provided. Therefore, the null hypothesis is rejected.

**Demographics Data**

The following sections present demographic findings on age, gender, and race of the total sample population of children in in-home supervision and out-of-home care. The findings are presented in Tables 2, 3 and 4.

**TABLE 2**

FREQUENCY AND PERCENT DISTRIBUTION OF CHILDREN BY AGE  
(N = 30)

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 - 4</td>
<td>9</td>
<td>30.0</td>
</tr>
<tr>
<td>5 - 7</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>8 - 10</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>11 - 13</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>14 - 17</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Missing Data*</td>
<td>12</td>
<td>40.0</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*Data on age was not a required item for completion of the In-Home Services/CPS On-site Review Instrument.
Table 2 shows that nine (30.0%) of the children range in age from 2 to 4 years old. Three (10.0%) of the children range in age from 5 to 7. Three of the children range in age from 8 to 10. There were 2 (6.7%) of the children between the ages of 11 to 13. There was one child in the age range of 14 to 17 years old. Data were missing in twelve (40.0%) of the cases.

Table 3 is an analysis of the frequency distribution of the children by gender. Seven (23.3%) of the children were female. Eleven (36.7%) of the children were male. In twelve (40.0%) of the cases, the data were missing.

**TABLE 3**

**FREQUENCY AND PERCENT DISTRIBUTION BY GENDER**

(N = 30)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>7</td>
<td>23.3</td>
</tr>
<tr>
<td>Male</td>
<td>11</td>
<td>36.7</td>
</tr>
<tr>
<td>Missing Data*</td>
<td>12</td>
<td>40.0</td>
</tr>
</tbody>
</table>

Total 30 100.0

*Data on gender were not a required item for completion of the In-Home Services/CPS On-Site Review Instrument.
Table 4 shows that of the 30 cases reviewed fifteen (50%) of the children represented in the sample were Black, twelve (40%) were white, and two were biracial (6.7%). There was no race listed for one (3.3%) of the children.

**Child Maltreatment**

The following section will present study findings on child maltreatment by type of maltreatment, repeat maltreatment substantiated reports and number of abuse reports. The findings are presented in Tables 5, 6, and 7.
Table 5 shows that the primary reason listed for the maltreatment in the majority of the cases was neglect as shown in 12 (40%) of the cases. Physical abuse and Other which had to be specified were each listed as the primary reasons for maltreatment in four (13.3%) of the cases. Sexual abuse was listed as the primary reason for maltreatment in three (10.0%) of the cases. Substance abuse by the parents was present in two (6.8%) of the cases. Child behavior and abandonment were each listed as the primary reason for abuse in one (3.3%) of the cases. In the
remaining three (10.0%) cases, the primary reason for the maltreatment was not indicated.

The safety domain assessed safety and protection of all the children in the family and was not child specific. Therefore, maltreatment reports of multiple reports of abuse, repeat maltreatment and current risk of harm may have involved more than one child.

TABLE 6
REPEAT MALTREATMENT GROUP ANALYSIS
(MULTIPLE SUBSTANTIATED REPORTS)
(N = 30)

<table>
<thead>
<tr>
<th>Group</th>
<th>Yes</th>
<th>%</th>
<th>No</th>
<th>%</th>
<th>N/A</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Home Supervision</td>
<td>7</td>
<td>46.7</td>
<td>8</td>
<td>53.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out-of-Home Care</td>
<td>9</td>
<td>60.0</td>
<td>5</td>
<td>33.3</td>
<td>1*</td>
<td>6.7</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>13</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Voluntary relinquishment.

Table 6 shows that of the 15 cases receiving in-home supervision, 7 (46.7%) of the cases had substantiated reports of repeat maltreatment while 8 (53.5%) had no reports of repeat maltreatment. Of the children in out-of-home care, 9 (60.0%) had substantiated cases of repeat maltreatment, 5 (33.3%) had no reports of repeat
maltreatment, and one (6.7%) was non-applicable because the children were voluntarily relinquished.

**TABLE 7**

**FREQUENCY AND PERCENT DISTRIBUTION OF THE NUMBER OF REPORTS OF ABUSE**

*(N = 30)*

<table>
<thead>
<tr>
<th># of Abuse Reports</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>14</td>
<td>46.6</td>
</tr>
<tr>
<td>Two</td>
<td>6</td>
<td>20.0</td>
</tr>
<tr>
<td>Three</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>Four</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Table 7 shows that of the 30 cases reviewed, the majority of the cases only had one abuse report. The table shows fourteen (46.6%) of the cases listed one abuse report. Six (20%) of the cases showed that there had been two reports of abuse. Five (16.7%) cases reflect that there were three reports of abuse. The remaining five (16.7%) cases show that there had been four reports of abuse.
Services

The services findings of this study indicates the type of service and the rate of services that were offered or provided to families in in-home supervision and children and families in out-of-home care. These findings are presented in Tables 8, 9 and 10.

### TABLE 8

**FREQUENCY AND PERCENT DISTRIBUTION OF SERVICES**  
(N = 30)

<table>
<thead>
<tr>
<th>Group</th>
<th>Yes</th>
<th>Percent</th>
<th>No</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Home Supervision</td>
<td>14</td>
<td>93.3</td>
<td>1</td>
<td>6.7</td>
</tr>
<tr>
<td>Out-of-Home Care</td>
<td>6</td>
<td>40.0</td>
<td>9</td>
<td>60.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20</td>
<td></td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

Table 8 reveals that of the 15 cases receiving in-home supervision, 14 were offered or were receiving services. In only one instance was the family not receiving services. Of the 15 children in out-of-home care, only six were offered or received services.
TABLE 9

TYPES OF SERVICES OFFERED OR PROVIDED:
IN-HOME SUPERVISION*

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Rate of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Cash Assistance</td>
<td>4</td>
</tr>
<tr>
<td>Parenting Skills</td>
<td>4</td>
</tr>
<tr>
<td>Family Preservation</td>
<td>3</td>
</tr>
<tr>
<td>Alcohol and Drug Treatment</td>
<td>5</td>
</tr>
<tr>
<td>Transportation</td>
<td>2</td>
</tr>
<tr>
<td>Mental Health Counseling</td>
<td>6</td>
</tr>
<tr>
<td>Homemaker</td>
<td>2</td>
</tr>
<tr>
<td>Monthly Monitoring Only</td>
<td>1</td>
</tr>
<tr>
<td>Inpatient Drug/Alcohol Treatment</td>
<td>1</td>
</tr>
<tr>
<td>Day Care</td>
<td>2</td>
</tr>
<tr>
<td>Family Counseling</td>
<td>2</td>
</tr>
<tr>
<td>Vocational Rehabilitation</td>
<td>1</td>
</tr>
<tr>
<td>No Services Provided</td>
<td>1</td>
</tr>
</tbody>
</table>

*Services may represent multiple services to one family.

In Table 9, it is noted that the most frequent type of services offered to families was mental health counseling at the rate of six, followed by alcohol and drug treatment with five. Emergency cash assistance and parenting skills were offered at the rate of four each. Day care, homemaker services and transportation were each provided at the rate of two each. Monthly monitoring only, inpatient drug/alcohol treatment, and vocational rehabilitation were
each provided at the rate of one per family. In one case, no services were provided.

**TABLE 10**

**TYPES OF SERVICES OFFERED OR PROVIDED:**
**OUT-OF-HOME CARE**

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Rate of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Counseling</td>
<td>2</td>
</tr>
<tr>
<td>Transportation</td>
<td>2</td>
</tr>
<tr>
<td>Parenting Skills</td>
<td>3</td>
</tr>
<tr>
<td>Day Care</td>
<td>2</td>
</tr>
<tr>
<td>Homemaker</td>
<td>1</td>
</tr>
<tr>
<td>Family Counseling/Therapy</td>
<td>3</td>
</tr>
<tr>
<td>Vocational Rehabilitation</td>
<td>1</td>
</tr>
<tr>
<td>Alcohol and Drug Treatment</td>
<td>4</td>
</tr>
<tr>
<td>Medical treatment, physical and occupational therapy for child</td>
<td>1</td>
</tr>
<tr>
<td>Residential Treatment</td>
<td>2</td>
</tr>
<tr>
<td>Housing</td>
<td>2</td>
</tr>
<tr>
<td>No Services Provided</td>
<td>9</td>
</tr>
</tbody>
</table>

*Services may represent multiple services to one family.

Table 10 shows that nine of the cases involving families with children in out-of-home care were not offered services. Alcohol and drug treatment was offered to four of the families. Parenting skills and family therapy were each offered to three families. Mental health counseling, transportation, day care, residential treatment, and housing were offered to two families each. Homemaker services,
vocational rehabilitation, and medical treatment/physical and occupational therapy for a child were offered to one family each.
CHAPTER FIVE
SUMMARY AND CONCLUSIONS

There were several major findings in this study. The first finding was that the majority of the children that were maltreated are in the age group two to four. This finding is comparable to national data published by the Department of Health and Human Services which shows more than half of all victims were seven years or younger and 26% were younger than four years old.¹ Younger children may be at greater risk of severe physical abuse as well as neglect because developmentally they are more dependent on the caretaker.² Frustrated caretakers of infants and toddlers who do not understand the early developmental stages of childhood may inflict bodily harm on colicky infants for unexplained crying or toddlers who refuse to eat or participate in toilet training.³


³Ibid.
The second finding revealed that 50% of the children in the sample were African American. This finding is comparable to findings that African American children comprise the majority of the children in the public child welfare system and are disproportionately represented in the system. According to Sedlak and Broadhurst in the Third National Incidence Study of Child Abuse and Neglect (NIS), there were no significant race differences in maltreatment incidence. However, they explain that these findings may be surprising to service providers because of the disproportionate representation of children of color in the child welfare population and other public agencies. They continue that the NIS methodology identifies a much broader range of children than those who come to the attention of the public child welfare agency.

This study revealed that neglect is the most common type of maltreatment; physical abuse and sexual abuse occurred in lesser numbers. The report on Child Maltreatment 1995 explained that twice as many children were victims of neglect (52%) as were victims of the next most

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'Ibid.
frequent type of maltreatment, physical abuse at 25 percent."  

Although substance abuse was a prominent issue in a significant number of the cases, it was only listed as the primary reason for maltreatment in two of the cases. At least four of the cases involved drug exposed infants. The substance abuser lives a life that is usually fragile and chaotic with emotional difficulties, domestic violence, housing instability, unemployment, and inadequate income.7 These factors may lead to maltreatment of children. Because of the widespread use of drugs and the problems associated with drug use, social workers are increasingly being called on to work with these families. Potocky and McDonald contend that with specific service intervention out-of-home placement can be avoided even in substance abusing families.8

There were only three families in the study who were involved in family preservation services. Although studies show that unnecessary out-of-home placements may be avoided with the use of family preservation services, the county child welfare agencies were not utilizing family

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7Potocky and McDonald, "Evaluating the Effectiveness of Family Preservation Services for Families of Drug Exposed Infants: A Pilot Study," 525.

8Ibid.
preservation services. The South Carolina Self-Assessment reported that as of April 1996, there were only seven counties in which family preservation services were being offered. This may account for the low number of referrals to family preservation services. A comparison study that was conducted in Michigan shows that out-of-home placements rates grew more slowly in counties where family preservation services had been implemented than in those that did not have these services. Children and families may benefit from the use of family preservation services and unnecessary out-of-home placements may be avoided.

In terms of the relationship between services and placement outcomes, the results of the study indicated that unnecessary out-of-home placements may be avoided with service interventions. As cited by Potocky and McDonald, the most effective programs are those that furnish comprehensive, coordinated, home-based services in cases of child maltreatment."

**Limitations of the Study**

The major limitations of this study were the small sample size and the number of observers gathering the data. The study involved judgments by the observers, however, the observers were trained prior to beginning the review

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"Potocky and McDonald, "Evaluating the Effectiveness of Family Preservation Services for Families of Drug-Exposed Infants: A Pilot Study," 525."
process. In addition, retrospective data collection strategies involving case records may be characterized by problems that may bias study results. However, keeping these caveats in mind, the findings are generally consistent with those in earlier research efforts.

**Suggested Research Directions**

Continued future research should be conducted in the area of services and placement outcomes especially in light of the new welfare reform issues. Issues of poverty and the lack of income can be a stressor to caregivers. Researchers should conduct research on systems that affect families and how to effectively avert child abuse and neglect.

Secondly, research should be conducted on the use of social networks especially for mothers with children age 4 and under. Social networks can provide respite care and support. In addition, the role of the client with other community resources should be researched to determine the effectiveness of social networks in the community.

Another area for study that should be pursued is evaluations of the programs from the perspective of parent satisfaction and enhanced family functioning. This study should be based on baseline data from the parents at the time of initial contact to obtain baseline data on their needs and social functioning. Then a follow-up evaluation might be conducted to ascertain if needs have been met and social functioning improved.
Future research also needs to address home visiting programs in greater detail for abused and neglected children and their families. The programs should be evaluated based on their broad range of services as well as the intensity.
CHAPTER SIX

IMPLICATIONS FOR SOCIAL WORK

There are implications from findings in this study for social work practice and social work education. The impact of substance abuse and the number of children being neglected in their homes are placing unusual demands on the child welfare system. More and more young children, age four and younger are being placed in foster care. Some of these young children are drug-exposed infants. In social work practice, it is important to be aware of the various systems that interact and affect one's behavior.

The implication for social work practice in this problem area is to move beyond the individual and family level to the community level for intervention. The social worker then serves as an advocate so that the community can begin to intervene to make neighborhoods safe, nurturing environments for children and families. For example, if a parent lives in a neighborhood that is drug infested and all of her friends are on drugs, the chances for a successful treatment outcome in a drug treatment program is poor. Some of the needs of this parent may be, in addition to a drug treatment program, a supportive social network and community
advocacy. It is through advocacy that the social worker can
direct practice at the neighborhood and community levels.

Mental health counseling, alcohol and drug treatment,
and parenting skills were offered in the majority of the
cases in this study. Social work practice can be most
beneficial to families and children when services are
coordinated. Service coordination has policy implications
to develop guidelines for an exchange of information.
Social workers could advocate for changes of policy in
service delivery systems to advance needed coordination
among service systems. Service coordination with other
agencies allows the family to achieve the maximum benefit
from the services.

A resource center designed to co-locate the various
agencies such as mental health, substance abuse program,
Head Start program, parenting skills classes, GED program,
child welfare agency, and the public health department could
be very beneficial to the family. This center would ease
frustration and lower the stress level of parents having to
go various locations for services. The family’s record,
with a safeguard policy on confidentiality and client
rights, would be readily available for service coordination
among the different providers. Social work practice in
child welfare should involve all social service agencies.
This would avoid fragmented programs and services and offer
coordinated services that are seamless and not overlapping.
Findings in this study as well as other studies support the fact that children age four and younger constitute the larger numbers of children that are removed from their homes and placed in foster care. There is a need for an emphasis on early intervention as well as crisis intervention that is family-oriented and community-based. Parents of children who are four years and younger may need early intervention. One approach may be to use a multidisciplinary approach using the HOMEBUILDERS model to work with the family for four to six weeks and include the home health nurse in the treatment plan. In this way the families could learn in their own homes how to care for their children, understand the developmental stages of their children as well as benefit from the health component about the importance of immunizations, proper diet and common childhood illnesses.

African Americans are disproportionately represented in the public welfare system as was found in this study. There is a need for those in practice to become more culturally relevant to the issues involving people of color, especially African Americans. Because of problems of racism, oppression, low income, and unemployment, many African Americans are faced with numerous stressors. The implication for social work practice is that social workers should apply these principles to African American clients. This is supported by recent social work literature by Alma
J. Carten who described it as "prescriptive approaches."¹ She described this approach as an "aim to increase worker understanding about political, economic, and social structures that promote the development of dysfunctional behaviors in the individual. Prescriptive approaches can result in improved interpersonal competencies on the part of workers since they address attitudes, values, and beliefs, that promote judgmental and stereotypical thinking.²

In this study, it was determined that where services were provided, children could remain safely in their own homes. Social work practice could draw upon social work literature that reflect the ecological perspective and child welfare literature that has documented the importance of a systems approach. Integration of this perspective and theory in a model for assessment would impact social work practice with children and families. Social work practice could, therefore, include a risk assessment model that not only assess current and future risk of harm, but also identify the parameters of the problem. By identifying the problem at the time of a report of suspected child maltreatment, intervention strategies can be put into place.


²Ibid.
and the needs of the family and children addressed more holistically. This could avoid unnecessary out-of-home placements.

A holistic view suggests that assessment and risk should encompass all systems affecting the family. The systems to be assessed would be the individual, family, community and environment. These systems should be culturally relevant and all encompassing. As such, social work practice might also look at service integration and a continuum of care.

The implication for social work education is that persons currently practicing in the field of child welfare should be trained on the various systems and their affect on an individual’s behavior. This training should include the problems in society such as drug abuse, poverty, unemployment, and violence that impact children and families. Social work education might assist current child welfare workers in understanding the human developmental stages and the implications of these life transitions relative to the functions of parents and their children.

Professional education of students in schools of social work could expand upon these training needs so as to provide continuing education courses to professional social workers. This would equip them with a better understanding of and skills in intervention in substance abuse, child maltreatment, violence, poverty, and unemployment.
Implications for schools of social work educating students for advance practice are to involve the students in the analysis of child welfare policy and procedures. Focus on how to institute strategies to bring about change in the child welfare delivery system would be beneficial to the students.

In essence, social work education could benefit families and children who interface the child welfare system by providing a knowledge base for currently employed child welfare workers and by teaching advanced strategies to aspiring students for professional social work practice.

Finally, the finding that indicates that children who are removed from their homes usually do not receive services suggests that social work education could train current child welfare workers and educate social work students regarding the importance of providing services to reunify children and their families.
LETTER OF APPROVAL TO USE DATA

Ms. Hattie R. Walker
School of Social Work
Clark Atlanta University
James P. Brawley Drive at Fair Street
Atlanta, Georgia 30314

Dear Ms. Walker:

This is to acknowledge receipt of your request to utilize the Safety Domain of the South Carolina Program Review to assist you in fulfilling part of the requirements in your graduate studies.

Please accept this letter as approval for you to use the data. You are reminded that confidentiality of the individuals must be respected in the use of the data.

The report is expected to be released to South Carolina by July 1, 1997. This data should not be published until it is released to the State.

Sincerely,

Ramona Warren
Program Manager
TANF/Child Care/Child Welfare
APPENDIX B

ON-SITE REVIEW INSTRUMENT FOR CPS/IN-HOME SERVICES

Face Sheet (Printout from AFCARS)

STATE/COUNTY ________________ DATE ________________
RECORD TYPE ________________ REVIEWER ________________
FAMILY NAME ________________
RACE/ETHNICITY ________________

Case Data

DATE CASE OPENED ________________
DATE OF CURRENT PLACEMENT ________________
DATE RETURNED HOME (if applicable) ________________
DATE CASE CLOSED (if applicable) ________________

What was the cause of the agency’s involvement with this family? (Check all that apply and asterisk the primary reason.)

___ Physical abuse
___ Sexual abuse
___ Emotional maltreatment
___ Neglect (not including medical neglect)
___ Medical neglect
___ Abandonment
___ Child behavior
___ Mental/physical health of parent(s)
___ Mental/physical health of child
___ Substance abuse by parent(s)
___ Substance abuse by child
___ Delinquency of child
___ Other (specify) __________________________
SECTION I: SAFETY

Item 1. Timeliness of Initiating Investigations of Reports of Child Maltreatment (CASE RECORD/INTERVIEW WITH SOCIAL WORKER - Outcome S2)

A. How many reports of suspected abuse or neglect have been received on children in the family? _______

B. In how many of the reports were the investigations initiated in accordance with the State's time frame and requirements, for a report of that priority? _______
Missing information ______

C. When was face-to-face contact with the child made by the investigating worker? ________________

Exploratory Issues:

• priority level assigned to each report
• agency requirements for initiating an investigation with this priority level, i.e. time frame, other requirements
• when the investigating worker initiated the investigation
• what activities actually constituted "initiating" the investigation, e.g., face to face contact with the child
Item 2. Repeat Maltreatment (CASE RECORD/INTERVIEW WITH SOCIAL WORKER - Outcome S2)

Where there have been multiple substantiated or indicated reports of abuse or neglect on children in this family, have any of them involved:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>No Multiple Reports</th>
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</thead>
<tbody>
<tr>
<td>the same perpetrator?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the same general complaint?</td>
<td></td>
<td></td>
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</tbody>
</table>

Exploratory issues:
- the nature of each report
- relationship of perpetrator to the child
Item 3. Services to Family to Protect Child(ren) in Home
(CASE RECORD/INTERVIEWS WITH SOCIAL WORKER,
PARENTS, SERVICE PROVIDER - Outcome S1)

In cases of substantiated or indicated abuse or neglect, or imminent risk of harm to children in the family, has the agency provided services to the family to protect the child(ren) in his/her own home, including family preservation, family support or other placement prevention services, within the past 12 months or the last 12 months before the child entered foster care (if applicable)?

Yes _____ No _____

Exploratory issues:

- types of services provided to protect the child(ren)
- appropriateness of in-home services for the family
- reason services were not provided
Item 4. Current Risk of Harm to Child - Complete only for children in foster care with permanency goal of reunification and for families receiving in-home/ CPS services (INTERVIEWS WITH SOCIAL WORKER, PARENTS, SERVICE PROVIDER - Outcomes S1 & S2)

A. Is there a current risk of harm to the child(ren) in the family that is the basis for the child(ren) remaining in foster care or for the case to be kept open for services?

   Yes ____  No ____

B. If yes, are efforts being made to reduce or remove the risk of harm through specific interventions by the agency?

   Yes ____  No ____

Exploratory issues:

• nature of the current risk of harm
• what is needed to reduce or remove the risk
• how the risk is being addressed through services or other interventions
APPENDIX C

ON-SITE REVIEW INSTRUMENT FOR FOSTER CARE/ADOPTION

Face Sheet (Printout from AFCARS)

STATE/COUNTY ________________ DATE __________
RECORD TYPE Foster Care/Adoption REVIEWER __________
CHILD’S NAME ________________ CHILD’S DOB __________
RACE/ETHNICITY ________________

Case Data

DATE CASE OPENED __________
DATE OF CURRENT PLACEMENT __________
DATE RETURNED HOME (if applicable) __________
DATE CASE CLOSED (if applicable) __________

What was the cause of the agency’s involvement with this family? (Check all that apply and asterisk the primary reason.)

___ Physical abuse
___ Sexual abuse
___ Emotional maltreatment
___ Neglect (not including medical neglect)
___ Medical neglect
___ Abandonment
___ Child behavior
___ Mental/physical health of parent(s)
___ Mental/physical health of child
___ Substance abuse by parent(s)
___ Substance abuse by child
___ Delinquency of child
___ Other (specify) ____________________________
SECTION I: SAFETY

Item 1. Timeliness of Initiating Investigations of Reports of Child Maltreatment (CASE RECORD/INTERVIEW WITH SOCIAL WORKER - Outcome S2)

A. How many reports of suspected abuse or neglect have been received on children in the family? ________

B. In how many of the reports were the investigations initiated in accordance with the State’s time frame and requirements, for a report of that priority? ______
   Missing information ______

C. When was face-to-face contact with the child made by the investigating worker? ________________

Exploratory Issues:

- priority level assigned to each report
- agency requirements for initiating an investigation with this priority level, i.e. time frame, other requirements
- when the investigating worker initiated the investigation
- what activities actually constituted "initiating" the investigation, e.g., face to face contact with the child
Item 2. Repeat Maltreatment (CASE RECORD/INTERVIEW WITH SOCIAL WORKER - Outcome S2)

Where there have been multiple substantiated or indicated reports of abuse or neglect on children in this family, have any of them involved:

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</table>

Exploratory issues:

- the nature of each report
- relationship of perpetrator to the child
Item 3. Services to Family to Protect Child(ren) in Home
(CASE RECORD/INTERVIEWS WITH SOCIAL WORKER,
PARENTS, SERVICE PROVIDER – Outcome S1)

In cases of substantiated or indicated abuse or neglect, or imminent risk of harm to children in the family, has the agency provided services to the family to protect the child(ren) in his/her own home, including family preservation, family support or other placement prevention services, within the past 12 months or the last 12 months before the child entered foster care (if applicable)?

Yes _____    No _____

Exploratory issues:

• types of services provided to protect the child(ren)
• appropriateness of in-home services for the family
• reason services were not provided
Item 4. Current Risk of Harm to Child - Complete only for children in foster care with permanency goal of reunification and for families receiving in-home/CPS services (INTERVIEWS WITH SOCIAL WORKER, PARENTS, SERVICE PROVIDER - Outcomes S1 & S2)

A. Is there a current risk of harm to the child(ren) in the family that is the basis for the child(ren) remaining in foster care or for the case to be kept open for services?

Yes ____  No ____

B. If yes, are efforts being made to reduce or remove the risk of harm through specific interventions by the agency?

Yes ____  No ____

Exploratory issues:

- nature of the current risk of harm
- what is needed to reduce or remove the risk
- how the risk is being addressed through services or other interventions
BIBLIOGRAPHY


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