



# Family reunification in child welfare practice: A pilot study of parent and staff experiences

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## ABSTRACT

Current knowledge about the types of child welfare interventions that best promote family reunification has increased over the years. However, evidence remains fairly limited regarding the process of implementing these programs and the experiences of families participating in these services. This study addresses these gaps by examining how a child welfare agency implemented an innovative pilot initiative designed to promote timely family reunification. This research study explored a program that included three core components: Family to Family program model, reduced worker caseloads, and caseworker continuity. The study aimed to answer three research questions: (1) how was the program envisioned, created and implemented, (2) what were staff members' experiences implementing the program, and (3) what were parents' experiences receiving services from this program? Findings indicated that the implementation of pilot program was consistent with the original program design. Both staff and parents perceived the program to be valuable and effective. Participants highlighted how the program's unique structure helped families reunify, especially by fostering trusting relationships between caseworkers and parents, and close collaboration between the child welfare agency and the local community. Results from the study offer recommendations regarding alternative approaches to achieving family reunification or permanency for children. Implications for child welfare practice, policy and research are provided.

## 1. Introduction

In child welfare, the principal permanency goal for the majority of children placed in out-of-home care is reunification with their families of origin (Pine, Spath, Werrbach, Jenson, & Kerman, 2009; Child Welfare Information Gateway (CWIG), 2018). Despite this priority on returning children to their families, reunification is achieved for only 51% of children exiting foster care (U.S. Department of Health and Human Services, 2015). Current knowledge about the types of interventions that best promote family reunification has increased over the years (Carnochan, Lee, & Austin, 2013). However, evidence remains fairly limited regarding the process of implementing these programs (Glisson, Green, & Williams, 2012), and the experiences of families participating in these services (Mullins, Cheung, & Lietz, 2012).

This study addresses these gaps by examining how a Department of Children and Families (DCFS) agency in Los Angeles County implemented an innovative pilot initiative designed to promote family reunification. The study aimed to answer three research questions: (1)

how was the program envisioned, created and implemented, (2) what were staff members' experiences implementing the program, and (3) what were parents' experiences participating in services in this program? Data was drawn from a larger, mixed-methods study that also evaluated the program's impact (Chambers, Brocato, Fatemi, & Rodriguez, 2016).

## 2. Background: pomona family first project

The Pomona office at the Los Angeles County DCFS created and implemented the pilot Pomona Family First Project (PFFP). This program included three core components: Family to Family program model, reduced worker caseloads, and single-worker case management. First, PFFP used the Family to Family (F2F) program model, an initiative designed by the Annie E. Casey Foundation (AECF). Started in 1992, F2F is a widely recognized and influential program model that has been implemented in 60 sites across 19 states (Batterson et al., 2007). The F2F approach presupposes that successful outcomes for

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families are facilitated by a focus on child safety, family well-being, and community partnerships with service providers, local organizations, and private citizens (AECF, 2006). The model draws upon families' strengths and engages family and community members in program planning (Bearman, Garland, & Schoenwald, 2014; DeMuro & Rideout, 2002; Kemp, Marcenko, Hoagwood, & Vesneski, 2009; Williamson & Gray, 2011).

The F2F program engages family and community members through four interrelated strategies: (1) Recruit and maintain resource families<sup>1</sup> who can support children and families in their own neighborhoods; (2) Build community partnerships to better link families with services; (3) Provide Team Decision-Making (TDM) meetings that bring together birth families, resource parents, caseworkers, youth, and community members to support the family; and (4) Create self-evaluation tools using family outcome data that allow DCFS staff, community members, service providers, and local organizations to evaluate DCFS services and identify areas of progress and change (AECF, 2006).

In addition to these four F2F strategies, PFFP also included two interventions designed to help achieve family reunification. First, the program significantly reduced worker caseloads from a standard caseload of 30 or more families to a maximum number of 15 families per worker. Second, the program used a single-worker case management approach, with one case worker managing a family's case from intake (following case disposition) to case closure. This was a notable contrast to traditional child welfare programs, in which a family's case is transferred to different workers at different stages in the life of the case (i.e. ongoing services, family maintenance, adoption services, etc.).

To receive PFFP services, families had to have at least one child placed in out-of-home care and no prior history with DCFS. Families were required to be referred to the program at intake in order to work with one caseworker throughout the duration of their case. Key services in the program included: TDM meetings regarding placement decisions, frequent parent-child visitations, caseworker-family meetings, and resource parent-birth parent collaborations. In addition, caseworkers partnered with community providers to ensure timely service provision of psychotherapy, drug and alcohol counseling, parenting classes, and intimate partner violence interventions when required.

### 3. Literature review

Over the past two decades, researchers have devoted increased attention to identifying and understanding the types of interventions that are most promising for families involved in the child welfare system (Carnochan et al., 2013; Fraser, Walton, Lewis, & Pecora, 1996; Pine et al., 2009). This literature review focuses on reunification practices in two key areas: (1) the F2F program model, and (2) staff caseload interventions.

#### 3.1. F2F program model

Research on the F2F program model has shown promising results for families trying to reunify with their children. Families participating in F2F programs were more likely to reunify at a faster rate compared to families who participated in traditional reunification services (Crampton, Usher, Wildfire, Webster, & Cuccaro-Alamin, 2011; Research Triangle Institute & Jordan Institute for Families, 1998; Usher, Wildfire, Webster, & Crampton, 2010). In addition, children in F2F programs were more likely to be placed in kinship care and have fewer foster care placements (Research Triangle Institute & Jordan Institute for Families, 1998).

Beyond evaluations of outcomes, a small number of studies have also evaluated the implementation of F2F initiatives. In a qualitative study of F2F sites nationwide, Batterson et al. (2007) found that,

despite significant variability in implementation, F2F sites experienced common challenges. These included worker turnover, limited funding, and resistance or hesitancy from staff in implementing new practices. Across the sites, a common key to overcoming these challenges was strong leadership that supported agencies' commitment to the F2F strategies and embraced reform. Similarly, the role of program leadership in achieving implementation fidelity also emerged as primary findings in two recent evaluations of F2F programs (Crea & Crampton, 2011; Crea, Crampton, Knight, & Paine-Wells, 2011).

Other implementation evaluations focused exclusively on the use of Team Decision-Making (TDM) meetings, one of the four F2F strategies. In a mixed-methods study, Crea, Crampton, Abramson-Madden, and Usher (2008) found a wide range of variability in TDM implementation across three sites. For instance, the sites varied in the speed and phasing of TDM implementation, the number of staff and resources devoted to the program, and level of buy-in expressed by frontline staff. In a related study, Crea, Usher, and Wildfire (2009) analyzed quantitative administrative data, such as use of TDM meetings and attendance rates of various participants, to evaluate implementation of TDMs. Results from this study indicated high levels of implementation fidelity in some areas, but also variability in other areas, including the extent to which parents attended TDM meetings. However, neither of these TDM evaluations included perspectives from parents who participated in the services. Crea et al. (2009) noted that without information from parents on their experiences with TDMs to provide context, their study was limited in its ability to interpret implementation variability. Similarly, though the mixed-methods study interviewed child welfare agency staff and community partners on their experiences, parent participants' experiences were notably not included (Crea et al., 2008).

#### 3.2. Staff caseload interventions

For child welfare agencies, workforce issues such as high caseloads and staff turnover have a negative impact on reunification and permanency outcomes for children in foster care (Blome & Steib, 2014; CWIG, 2010; CWIG, 2012; Schreiber, Fuller, & Pacey, 2013; Social Work Policy Institute, 2010; U. S. General Accounting Office (GAO), 2003). In terms of caseloads, most researchers assess programs based on a standard of 12–15 children per caseworker recommended by Child Welfare League of America (CWLA, 1999). However, key studies conducted by the American Public Human Services Association (APHSA, 2005) and the GAO (2003) showed that that national average child welfare caseloads were twice this standard at 24–31 children. According to the APHSA (2005) report, the range of child welfare caseloads were as low as 10 and as high as 110 children per caseworker actual numbers ranged from 10 to an overwhelming 110 children per caseworker.

Studies have shown that large caseloads impair the delivery of effective reunification services. One main consequence of high caseloads is limited time for caseworkers to develop trusting relationships with families, which in turn results in a decreased ability to focus on child safety, quality of services, and achievement of positive reunification outcomes (GAO, 2003; GAO, 2006; Strolin-Goltzman, Kollar, & Trinkle, 2010). In a qualitative study of caseworkers' everyday practices, Smith and Donovan (2003) found that workers did not have sufficient time to work with parents due to high caseloads. Instead, their priorities were monitoring children, attending court hearings, and writing case records. In a related study, Yamatani, Engel, and Spjeldnes (2009), conducted focus group interviews with 60 child welfare caseworkers in Pittsburgh, PA. Caseworkers reported that reasonable caseloads were imperative if they were to provide quality family services and achieve successful outcomes.

Staff turnover rates also present challenges for child welfare agencies. In a survey of 43 states, the annual turnover rate of child welfare workers was 22% and the vacancy rate was 7% (Cyphers, 2001). Similarly, a recent study of public child welfare agencies in New York

<sup>1</sup> Resource families include adoptive, kinship, and foster families.

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