

PROGRAM ORIENTATION AS A FACTOR IN WORKERS'
ATTITUDES AND PERCEPTIONS OF THE NEED
FOR PLACEMENT IN CHILD WELFARE

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ABSTRACT

PROGRAM ORIENTATION AS A FACTOR IN WORKERS' ATTITUDES AND PERCEPTIONS OF THE NEED FOR PLACEMENT IN CHILD WELFARE

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In recent years the child welfare system in New York City has come under criticism for placing most of its resources in providing services to the child away from home. Due to the reimbursement agreement between the public sector responsible for these children and the voluntary agencies which provide care, few "in home" or preventive services have been available. In response to this criticism the Preventive Service Demonstration Project was established, in which intensive family services were provided to families of children in jeopardy of being placed. Evaluation of this project showed that such services did, in fact, reduce the number of children entering foster care and the time spent in care of those who entered.

This research investigates the impact of preventive service units on the workers' attitudes and perceptions of the need for placement. Five groups of child welfare workers were participants in the study. Two of the groups were primarily concerned with providing preventive services (n=55); while three provided traditional under care services (n=109). The subjects in the research were administered an instrument which collected social/demographic information and measures of six attitudes. In addition, the subjects

were presented five case analogues and asked to judge six case elements and whether the child could be placed in an appropriate foster care setting.

Results of the analysis showed that workers in preventive units were different in their attitudes than workers in traditional settings -- they were more likely to feel preventive services were useful, to see the continuing importance of biological parents and to feel that foster care was a damaging experience for children. In addition, while all workers saw the elements of the five cases in about the same way, workers in preventive units placed fewer of the five children in the case analogues (a Guttman scale of Placement Proneness) than other workers. The greatest variation in the placement decision occurred in the "mid-range" case, confirming the results in a number of other studies. Several of the social/demographic variables were also related to the workers' attitudes, and these variables as well as the workers' attitudes were related to the judgment of case elements and the decision to place a child.

In order to determine the importance of the variables in explaining a workers' placement proneness score a number of regression analyses were performed. The worker's setting was shown to be a strong predictor of the placement proneness score. In addition, the worker's attitude toward preventive services, judgments of a number of case elements, attendance at courses, ethnicity and the client group with which he/she

had contact were also found to be predictive of this score. A total of 34% of the variance in the placement proneness score and 48% of the variance in the placement decision on the mid-range case was explained by these variables.

The research gave rise to the following recommendations:

- (1) the creation of additional preventive units which, at least initially, are administratively separate from the under care units of the agency and the establishment of new funding patterns in the foster care system in order to facilitate their creation;
- (2) the redefinition of jobs within the foster care system so as to encourage contact between all workers and all parties in the foster care triangle;
- (3) the education and training of workers in the area of preventive services in order to increase the workers perceptions of their effectiveness; and
- (4) an increased emphasis in the training of workers on the skills needed to discern strengths in clients.

IN MEMORY OF
LUCILLE AUSTIN
AND
RUTH SPAIN

Both of Whom Influenced My Decision
to Pursue Doctoral Studies

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* These agencies also furnished an additional unit of workers for comparison.

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CHAPTER I
INTRODUCTION

The Problem

The helping professions have long recognized that the separation of a child from his own home and from his parents, and placement within an alternate social system (foster home, group home, institution or treatment center) is often a traumatic, painful, and potentially damaging experience for the child.¹ In addition, there is some evidence which shows that placement of a child in foster care may have a negative impact on the self esteem and parental functioning of biological parents.² Because of these effects, the literature in the child welfare field emphasizes that wherever possible, supports should be provided to the family as a unit, so that placement might be avoided.

Most textbooks on child welfare devote substantial space to what have been called "supportive" and "supplementary" services, (homemaker, day care and income maintenance) and talk of "substitute" care only as a last resort.³

¹ See John Bowlby, Maternal Care and Mental Health, (Geneva: World Health Organization, 1952) or Deprivation of Maternal Care; A Reassessment of Its Effects, (Public Paper Number 14, Geneva: World Health Organization, 1962).

² Harry Gottesfeld, In Loco Parentis: A Study of Perceived Role Values in Foster Home Care (New York: Jewish Child Care Association, 1970) as cited in Mary Ann Jones, et al., A Second Chance for Families (New York: Child Welfare League of America, 1976) p. 9.

³ See, for example, Alfred Kadushin, Child Welfare Services, (New York: Macmillan, 1967).

Publications dealing with future directions in the field also emphasize the development of preventive services.¹ Recently, one has begun to hear demands for community-based services and coordination of such services within the neighborhoods so that "children at risk" can be identified as early as possible and services provided so that placement might be avoided.²

Yet, despite the emphasis in the literature on the importance of preventive services, the child welfare system in New York City continually comes under criticism for not providing such services, or for providing them in only a minimal way.

Wherever the fault may lie, it is self-evident, in the Commission's view, that the hour is at hand for careful but massive re-direction of the child care industry toward preventive services for children and their families. Foster care and other forms of away-from-home residential treatment will never cease to be used as a last resort for many children. But they must cease, in the shortest time possible, to enjoy their present status as an almost knee-jerk reaction to threatening family crises.³

¹ Shirley Jenkins, Priorities in Social Services: A Guide for Philanthropic Funding, Volume 1, Child Welfare Services in New York, (New York: Praeger Publishers, 1971).

² Essential Social Services for Families, a working paper presented for consideration at the conference on Saving Families for Children, New York, Americana Hotel, February 14, 1975 (mimeographed), available from the Federation of Protestant Welfare Agencies, New York.

³ The Children of the State I: A Time for Change in Child Care (New York: The Temporary State Commission on Child Welfare, 1975) p. 24.

As part of a brief submitted amicus curiae to the United States District Court, Southern District of New York, in the case of Wilder v. Sugarman,¹ the child welfare committee of the New York City chapter of the National Association of Social Workers concluded:

The existing system encourages the provision of placement rather than preventive services. The present methods for financing the child welfare system in New York City more adequately support placement outside the home than services to strength a child's own family and maintain him within his community. The family, as a unit, does not receive top priority. The family in trouble should have access to such services as counseling, consumer and child care education, day care, homemaker assistance, mental health treatment, housing, vocational training, employment counseling, financial aid, that is, the full range of services designated as preventive services.²

In summary, the current child welfare system does not adequately provide for preventive care.³

As mentioned above, one of the major reasons for the imbalance between preventive and placement services is the nature of the arrangements between public and voluntary agencies in New York which provide care to children. New

¹ 73 Civ. 2644

² Child Welfare Committee, New York City Chapter, National Association of Social Workers, A Critique of the New York Child Welfare System with Proposed Remedies and Recommendations, (New York: National Association of Social Workers, 1974) p. 15.

³ Ibid. p. 16.

York City is unique in that most of its child welfare services are purchased from voluntary agencies rather than provided directly by the public sector.¹ Under contract, these voluntary agencies are required to provide services deemed appropriate and necessary for the well-being of the child. Many of the contracted services could be classified as preventive.² Yet, most of the agencies resources are used in the provisions of substitute care.

One explanation for this situation is the way agencies are reimbursed for the services they provide. The voluntary agencies are paid from the Charitable Institutions Budget on the basis of children, in care, per day. That is, agencies are given a per diem rate for each child, under care, in one of their facilities.³ Because of this arrangement, the child at home, who may be at risk and in need of service, may not receive it. The voluntary agencies are not reimbursed for such services and claim to be unable to provide them without reimbursement. This

¹ For a full overview of the public-voluntary nature of the child care system in New York City see Eugene Shinn, The New York City System of Foster Care: A Descriptive Overview of Resources Serving the Child Through Age 12 in Progress Report, (Child Welfare Research Project, Columbia University School of Social Work, March, 1970) (mimeographed).

² See Special Services for Children Agreement for "Purchase of Child Care Services", 1974-1975, New York City Department of Social Services, Special Services for Children.

³ Geogre Strauss, The Children Are Waiting: The Failure to Achieve Permanent Homes for Foster Children in New York City, (New York: New York City Controller's Office, 1977) p. 39.

leads to situations such as:

(A 15 year old unwed mother)...could not receive post-natal counseling from social agencies because she had expressed no interest in temporary foster placement or adoption. Agencies are reluctant to spend time on such a case because they receive pay only for children in foster care.¹

Because such situations do exist, critics of the child welfare system claim that the system is, in fact, placement-oriented:

Biological parents rarely receive any kind of support to keep their child out of foster care. Indeed, the operation of the child welfare machinery ignores the needs of natural parents, buttressing instead the shaky budgets of private social agencies who might otherwise go out of business.²

Although this criticism is stated harshly, the logic behind it seems reasonable. If child welfare agencies are reimbursed only for children physically under care, then under-care services will be provided in order for the agency to maintain fiscal integrity. Children, who might be maintained at home with the help of an agency, might be brought into care so that the services which the agency provides to the child and his family are reimbursed by the City.

The question then becomes: how many of the children who have come into care could have been served in their own homes? Estimates of this number are difficult to

¹ Marlys Harris, "In the Child's Best Interest", New York Affairs (Volume 1, Number 3, Winter, 1974.) p. 68.

² Ibid. p. 67.

obtain and often involve judgments on the part of the research team. One figure puts the estimate at seventeen percent.¹ Another study places this figure at eight percent.² Using either of these figures, one can estimate that more than 2,000 children currently in care would not have been placed had preventive services been available.³

A Response to the Problem

In order to meet some of the need for preventive services, and to see if such services do, in fact, help avoid placement or shorten the length of time a child remains in care, the New York State legislature, at the request of both public and voluntary agencies passed a law⁴ which established demonstration projects in order to determine the "impact of intensive family services in reducing placement".⁵ Three social service districts (New York City, Westchester County and Monroe County) were selected for the demonstration project by the New York State Department

¹ Mignon Sauber, "Preplacement Situations of Families: Data for Planning Services" in Family Situations: Their Relationship to Foster Care and Other Services for Children, (New York: Community Council of Greater New York, 1967.) Reprinted from Child Welfare, October 1967, p. 449.

² Blanche Bernstein, Donald Snider and William Meezan, Foster Care Needs and Alternatives to Placement: A Projection for 1975-1985, (Albany, N.Y.: New York State Board of Social Welfare, 1975) p. 25.

³ Based on the figure of 28,000 children under care as reported in Essential Services for Children, op. cit., p. 1.

⁴ Chapter 911, Laws of 1973, New York State.

⁵ Research Center, Child Welfare League of America, Progress Report on the Preventive Services Demonstration Project - December 1, 1973 - September 30, 1974, (New York: Child Welfare League of America, November 1, 1974) p. 1.

of Social Services. In New York City, the office of Special Services for Children contracted with seven voluntary agencies¹ to provide preventive services, while Westchester and Monroe Counties established demonstration units within the public Departments of Social Service.

Within each of the nine designated agencies, a unit was established to provide preventive services. Each of these units consisted of at least four caseworkers and a supervisor-administrator. The specific aims of the project were to provide:

intensive family casework services designed a) to preserve the family unit and thereby prevent the need for substitute care or placement of children; and b) to provide aftercare services for families whose children have been in foster care. The intensive family services were to be provided to those cases where a social services official had made a finding that the children would be placed in foster care in the absence of the services and where it was likely that the provision of the special services would enable the child to remain with his or her family. In the guidelines for the demonstration prepared by the State Department of Social Services (DSS), five categories of services were mandated for inclusion in the projects, either through direct provision by project staff or through arrangements with other agencies. Those services were: counseling, homemaker, day care, vocational

¹ The seven agencies were: Angel Guardian Home, Brooklyn Bureau of Community Services, Childrens Aid Society, Joint Planning Service of the Jewish Child Care Association and Jewish Board of Guardians, Louise Wise Services, Queensboro Society for the Prevention of Cruelty to Children, and the Staten Island Reception Center of the New York Foundling Hospital.

and educational, and information and referral.¹

The effectiveness of the Preventive Services Demonstration units was evaluated by a team of researchers who were not associated with any of the agencies. The results of the evaluation showed modest but significant differences between the control group (who received regular agency services) and the experimental group (who received intensive services through the special unit). On a number of outcome measures there was indication that the experimental group did better than the control group - the experimental group was more likely to either avoid placement or have shorter periods of time in care.²

In summary, it appears that the following situation exists: (1) the child welfare field regards placement as a last resort, at least academically; (2) Because of the reimbursement formula in the purchase of care contract between voluntary and public agencies in New York City, the major child welfare services provided are placement services. Few resources are available for preventive services. Therefore, much of the service can be considered "placement-oriented", (3) In order to meet the need for such services, preventive service demonstration projects were es-

¹ Mary Ann Jones, Renee Neuman and Ann W. Shyne, A Second Chance for Families: Evaluation of a Program to Reduce Foster Care (New York: Child Welfare League of America, 1975) pp. 1-2.

² Ibid. pp. 122-123.

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tablished. Evaluation of the effectiveness of the projects showed that with preventive services provided, fewer children entered care and those that did were in placement for shorter periods of time.

The Research

In all cases, social workers involved in the foster care placement of children practice their profession within agencies which can be classified as bureaucracies.¹ Literature in both social welfare and sociology points to the fact that individuals working in bureaucracies make adjustments in their individual thinking and behavior in order to meet the expectations and demands of their work roles.² It therefore seems logical to conclude that child welfare workers will make adjustments in their individual thinking and behavior in order to maintain their position within their agency.

With the implementation of the Preventive Service Demonstration Project (PSDP) a new service orientation was introduced into the child welfare system in New York City. For the first time there was a substantial and coordinated effort made to reduce: (1) the number of children entering foster care; and (2) the length of time children spent

¹ See Max Weber, "The Essentials of Bureaucratic Organizations: An Ideal Type Construction" in Robert Merton et. al., editors, Reader in Bureaucracy (Glencoe Ill: Free Press, 1952) pp. 18-33.

² For a review of the literature in support of this statement, see Chapter II.

under care. Workers in the project focused their attention on the families who were at risk of having a child removed or who could accept the return of a child. Thus, the focus of service was moved from the child-foster parent dyad (which is the traditional focus of child welfare workers in New York City) to the child-biological family dyad.

With the shift in the focus of services, one might expect that workers in the PSDP units would have to make different adjustments in their individual thinking and behavior in order to carry out their work roles than workers in more traditional units who concentrate their efforts on the child-foster parent dyad. This research attempts to see if the workers in preventive settings do, in fact, exhibit different behaviors and attitude patterns than workers in traditional child welfare settings. Thus, the major question under consideration is: Is exposure to different work orientations (child-foster parent vs. child-biological parent) related to workers' attitudes about the placement of children, their judgments regarding the way their clients are perceived and their judgments about the need for foster care placement in specific cases?

A number of specific hypotheses will be tested. First, because workers in preventive units attain rewards in their work situation by avoiding placement or shortening time spent in placement, they will see the need for placement in specific cases less frequently than workers in non-preventive (traditional) settings.

Secondly, because the perception of the need for placement should be related to an assessment of a number of elements within a case (pathology, amenability to treatment etc.), workers in preventive units will assess case elements in a less severe way than workers in traditional units.

Thirdly, because the decision to place a child may be related to the workers' attitudes about placement, biological parents and the effects of separation on children as well as his/her attitudes about their ability to avoid placement, it is hypothesized that workers in preventive units will have more favorable attitudes towards the effectiveness of preventive services, more favorable attitudes regarding biological parents and a stronger belief in the detrimental effects of separation on a child than workers in a non-preventive setting.

It is further hypothesized that the differences around case judgments and judgments about the pathology of parent and child based on case material will be strongest in the "mid-range". That is, in cases where the need for placement or in-home services is clear, there will be little differentiation among the groups. However, in cases where the assessment is not clear, differences will appear. Furthermore, the research will test if the demographic characteristics of the workers are related to their judgments and attitudes.

A study of the decision-making tendencies of workers in varied agency contexts is important to the child welfare

field for a number of reasons. First, if in fact, workers in traditional agencies are more "placement oriented", there are consequences for the clients of these agencies. The result may be that based on the assessment of the case, children who can, in fact, be kept at home are being brought into placement. The placement of children who could be sustained in their own home have a number of consequences, both for the child and the family, as well as economic consequences for the system. Secondly, if the field is moving toward preventive services, (as seems to be indicated), some of the workers in traditional agencies will find themselves having to perform preventive functions. This implies that some form of retraining, away from their placement orientation, will have to take place if these workers are to perform their new tasks adequately.

CHAPTER II

RELATED LITERATURE AND THEORETICAL CONSIDERATIONS

The decision to separate a child from his family is one which carries grave consequences for all concerned. The lives of the child and his parents are altered in a significant way, and the effects of the separation trauma can be substantial. Despite this, research within the child welfare field suggest that such decisions are often not made on a systematic basis - that the client is often left to the personal predilections of a caseworker¹ - and that this discretion of the caseworker is often the primary rationale for the separation. Shinn has stated: "Recent research about decision-making in child welfare suggest that the making of a decision pertaining to various aspects of foster care is still at a stage where it involves more art and intuition than science".² This general theme is also put forward by Fanshel when he states "by and large child welfare workers are often guilty of a kind of rank empiricism in the way they work with children and much of their effort is guided by a kind of 'seat of the pants' intuitiveness".³

Because of this, children who may, in fact, not need

¹ Martin Wolins, Selecting Foster Parents, (New York: Columbia University Press, 1963) p. 171.

² Eugene Shinn, Is Placement Necessary? An Experimental Study of Agreement Among Caseworkers in Making Foster Care Decisions, (Unpublished D.S.W. Dissertation, Columbia University School of Social Work, 1968) p. 1.

³ David Fanshel, "Research in Child Welfare, A Critical Analysis" Child Welfare, (Vol. 41, No. 10, 1962) p. 488.

to come into placement, do. It may be due to a misunderstanding of the culture from which the client comes, as Boehm¹ has suggested, or placement may be related simply to the amount of information the worker has about the client. Along these lines, Shyne et. al.² have stated that the question has to be raised "...whether own-home and placement cases were as different as they seemed, or whether some of the difference reflected merely fuller information on the placement case". They concluded that there is "...considerable overlap between the two groups on each characteristic" which they measured.³

Despite the individual nature of the decision-making process, many seem to agree that one important factor in the making of such decisions is the "context" in which it is made. Phillips et.al. have stated the "choice of own home service or substitute care is made on the basis of the needs of the child or is determined by such factors as... (the) predilections of individual workers or agencies"⁴ (emphasis added). Wolins has stated that one of the fac-

¹ Bernice Boehm, "An Assessment of Family Adequacy in Protective Cases", Child Welfare, (Vol. 41, No. 1, 1962) p. 12.

² Ann Shyne, Michael Sherman and Michael Phillips, "Filling the Gap in Child Welfare Research: Services to Children in Their Own Home", Child Welfare, (November, 1972) p. 564.

³ Ibid. p. 565.

⁴ Michael Phillips, Ann Shyne, Michael Sherman and Barbara Haring, Factors Associated with Placement Decisions in Child Welfare, (New York: Child Welfare League of America, 1971) p. 2.

tors which seem to influence decisions about cases is the "position in the agency structure and related views of what issues are important and on their interpretation."¹ Bates, in his model of decision-making stresses the importance of "the environment in which the decision maker must operate".² Shinn seems to have summarized the problem when he stated:

...the social worker does not operate in a vacuum or independently. He must operate in the context of a profession, a field of practice and a specific agency. Each of these areas establish principles, policies and procedures which are going to influence the individual decision maker.³

While schools of social work provide the worker with theoretical and practical knowledge, and do, in fact, begin the socialization process into the field through the inculcation of norms and values, this socialization process is not completed during the education of the student. Authors writing on this subject state:

...it seems clear that the socialization process is not completed during formal education. This data suggests that social workers values change considerably after graduation, which in most instances is followed by work experience.⁴

¹ Wolins, Selecting Foster Parents, Op. Cit. p. 171.

² James Bates, "A Model for the Science of Decision" Philosophy of Science, (Vol. 21, 1954) pp. 326-339.

³ Shinn, Is Placement Necessary? Op. Cit. p. 36.

⁴ Dorothy Hays and Barbara Varley, "Impact of Social Work Education on Students Values", Social Work, (July, 1965) p. 42.

While the student brings with him the knowledge (both theoretical and practical), attitudes, values and norms which he has obtained in school, the "agency generates its own requirements and deeply conditions the nature of services rendered".¹ Thus, there may be conflict between the agency goals and practices and the workers' values. In analyzing this problem Vinter has stated:

A pervasive type of role conflict arises from discrepancies between agencies' limited service goals...and the professional's relatively unlimited commitments. As an agency employee, the worker must often refuse service because the prospective clients' needs do not assume the form appropriate to a given agency; he is deemed ineligible.

A second type of role conflict is generated by discrepancies between specific agency goals or practices and professional values.²

Vinter goes on to state that an accommodation has to be made to the agency since it is the context of practice, and that the agency's "official system of policy and rules and procedures...establish patterns of expectations that direct and proscribe staff members activities".³

Studies from other areas of social welfare seem to confirm that the orientation of the specific agency does influence not only whether a worker stays within a given

¹ Robert Vinter, "The Social Structure of Service", in A. J. Kahn, ed., Issues in American Social Work, (New York: Columbia University Press, 1959) p. 242.

² Ibid. p. 249.

³ Ibid. p. 258.

field of practice, but how he operates within that field. In the case of probation and parole, it has been shown that workers may come to accept a definition of his job and function which the agency prescribes, even if this means going against professional standards.¹ The conflict for the medical social worker has also been explained as follows:

The variance in role definitions and expectations dynamically influences the way the social worker on a team perceives his roles, his conceptions of how other team members conceive it and the expectations of others concerning his role (emphasis added).²

Andrew Billingsley, in a study of workers in a child protective agency states that:

The fact that professional workers are socialized according to a set of rules which differ to some extent from those characteristic of formal organizations may tend to make them more sensitive to job expectations and job pressures which are not in line with their professional calling.³

He notes that the worker must respond to the expectations of the agency, the profession; the clients and the communities. Through his analysis he concludes that the agency

¹ Lloyd Ohlin, Herman Piven and Donnell Pappenfort, "Major Dilemmas of the Social Worker in Probation and Parole", in Stein and Cloward, eds., Social Perspectives on Behavior, (Glencoe, Ill: Free Press, 1958) pp. 261-262.

² Katherine Olsen and Marvin Olsen, "Role Expectations and Perceptions for Social Workers in a Medical Setting", Social Work, (Volume 12, No. 3, July, 1967) pp. 70-71.

³ Andrew Billingsley, "Bureaucratic and Professional Orientation Patterns in Social Casework", Social Service Review, (December, 1964) p. 400.

exerts a great deal of influence - the clients and community exert less influence. He notes that the clients needs must be met within the framework of structured approaches imposed by the agency and the profession. As a major finding of his study, he states that "both supervisors and case-workers...are relatively more oriented to carrying out agency policies and procedures than toward carrying out their professional commitments when these are in conflict."¹ Thus, the policy and the procedures of the organization (the orientation of the program) were found to be more important than either the professional commitment of the worker, the client or the community in which the worker works.

In a study of public welfare workers, the influence of the agency on workers' perceptions of themselves and their roles comes through in a different light.² It points to the fact that the main source of professional stimulation for workers within this setting came from members of the administrative hierarchy of the organization i.e., supervisors, department heads, and administrators, rather than their colleagues, other professionals, journals, etc. The author felt that use of administrative personnel as a reference group indicated that "most workers look

¹ Ibid. p. 403.

² W. Richard Scott, "Reactions to Supervision in a Heteronomous Professional Organization", Administrative Science Quarterly, (June, 1965) p. 81.

chiefly to agency officials for their professional norms and standards rather than a source external to the agency."¹

The study also states that standards transmitted through the agency hierarchy were not as high as those transmitted through external sources. As proof of this, it cites the fact that workers who had been exposed to outside stimuli, such as school, were likely to be more critical of their supervisors and hold higher standards for them than workers who had not been exposed to such stimuli.

In a study outside the field of social welfare, Miller and Wager stress the importance of "organizational socialization" which they define as having to do "with the learning and situational adjustments necessitated when the professional leaves graduate school and enters an organizational setting very different from that which he has been trained, or different from his expectations."² In citing a number of other studies, they point to the fact that although the worker is "usually committed to professional values upon entering the organization, in time he tends to become more bureaucratic in his orientation..."³ They conclude from their study that the socialization process "does not stop after graduation. The organizational context in which the professional performs his work does effect his

¹ Ibid. p. 81.

² George Miller and L. Wesley Wager, "Adult Socialization, Organizational Structure and Role Orientation", Administrative Science Quarterly, (June, 1971) p. 152.

³ Ibid.

commitment to professional values. In this respect the findings show that the organizational unit had relatively strong independent effects upon type of role orientation"¹ (emphasis added).

Peter Blau, comes to similar conclusions - namely, that workers do tend to take on the orientations of the units of which they become a part. In a study of public welfare workers,² he talks about the adjustment new workers have to make. He notes that while newcomers often criticized old-timers for having grown callous in the course of having become adapted to the bureaucratic organization, the newcomers, rather quickly, take on the same attitudes. He states that this is necessary for the worker to be accepted into the groups and concludes:

Caseworkers who remained for any length of time had come to accept the limitations of official procedures and indeed incorporate them into their own thinking, because doing so was a prerequisite for deriving satisfaction from their job and performing it adequately.

Internalized bureaucratic constraints tended to govern the decisions and actions of caseworkers, their protestations against bureaucracy notwithstanding.³

He notes that peer support and acceptance is especially

¹ Ibid. p. 161

² Peter Blau, "Orientation Toward Clients in a Public Welfare Agency" Administrative Science Quarterly, (December, 1960) pp. 341-361.

³ Ibid. p. 345.

important during the early phases of work - up to three years of experience - for it is during this period that the worker is uncertain about his role and therefore needs the assurance of his peers that he is performing adequately. Thus, it is the newcomer who reacts to and takes on the attitudes of his work group. He notes that "social support from colleagues is significant for service to clients only as long as lack of experience engenders anxieties that impede service".¹ It is this peer group support that absorbs some of the impact of "reality shock" inherent in coming into a new situation. Thus, new workers, in order to prove themselves to be "regular guys" and to allay their own fears and anxieties tend to take on the attitudes and work patterns of people already in the work group.

In another article, Blau expands this theme and states that "...people conform to prevailing norms partly because they would feel guilty if they did not, and partly because they gain social approval and avoid disapproval by doing so."² He concludes in this article that "direct structural effects of common values indicate that the individual's conduct is influenced not only by the motivating force of his own value orientation but also by the social pressure resulting from the shared values of other members of the group" and that the "group values give rise to

¹ Ibid. p. 352.

² Peter Blau, "Structural Effects", American Sociological Review, (April, 1960) p. 180.

normative constraints that counteract the individual psychological reactions to his own value orientation".¹

Thus, Blau's work in the public welfare organization lends credence to the idea that workers tend to take on the value orientations of their agencies and of their individual work groups.

There are a number of other studies within child welfare which, though not directly concerned with the central problem of this study are important to it, and, to some extent, lend credence to the hypotheses which have been put forward. A study by Briar² was concerned with the decision to place children either in institutions or in foster homes. The hypothesis tested was that the social workers choice of foster family care or institutional care was determined by diagnostic criteria specified in the child placement literature. This was not borne out in the data. What was found was that "the social workers placement recommendations were directly related to the placement patterns of the employing agencies".³ That is, workers in institutions tended to think that children should be placed in institutions more frequently than workers in a foster home setting and vice versa. Thus, we have additional support for the idea that the work setting influences attitudes and decisions regarding cases.

¹ Ibid. p. 191.

² Scott Briar, "Clinical Judgment in Foster Care Placement" Child Welfare, (Vol. 42, No. 4, 1963) pp. 161-168.

³ Ibid p. 168.

However, in another study in which workers were asked to judge the acceptance of a number of couples as adoptive parents, Brieland concludes that the results "...amplifies the conclusions that workers operate from various value orientations and that it is not unusual for two workers, even from the same agency, to reach opposite conclusions about a couple"¹ (emphasis added). Thus, intra-agency agreement was variable within this study -- some agencies having high agreement, others low.

In a study already cited, Shinn² compared attitudes of workers from a number of different settings on scales which were thought to be related to the decision of the necessity of placement. On a number of these scales, he found significant differences between groups of workers, depending on their field of practice. It is interesting to note that child welfare workers tend to see foster care as less than desirable, to see separation as traumatic and to place a high value on family life more frequently than workers from protective service, family service or public welfare agencies. He felt that these attitudes were reflective of agency philosophy and the stated goals and functions of the agency. He also found that on the judgment of whether placement was necessary, the child welfare

¹ Donald Brieland, An Experimental Study of Adoptive Parents at Intake, (New York: Child Welfare League of America, 1959) p. 57.

² Shinn, Is Placement Necessary?, Op. Cit., especially pp. 141-186.

workers had the highest level of agreement. However, even within this group there was a considerable number of workers who did not agree with the consensus on a given case. When attempting to discover which elements were important to decisions around the placement of children however, he did not enter field of service as a possible explanatory variable in his analysis. Thus, the hypothesis that program orientation might be influential in a worker's decision to place a child went untested. What was found was that in the mid-range cases, the group of child welfare workers had a higher level of agreement as to the need for placement than the groups of workers from other fields.

Finally, in a study of decisions on child abuse cases, Roberts found differences between workers in certain settings, on a few, but not all areas probed within the study. He states:

...it can be stated that agency setting has no effect on worker diagnostic judgments in child abuse situations as measured in this study. Agency setting appears to have some effect upon workers' prognostic judgments, but these effects do not hold for all judgments studied or all levels of risk.

From the preceding discussion, it seems that there is substantial evidence that workers in all fields, are likely

¹ Robert Roberts, A Comparative Study of Social Case-workers Judgments of Child Abuse Cases: (Unpublished D.S.W. Dissertation, Columbia University School of Social Work, 1970) p. 141.

to take on the attitudes and values of the groups which they are a part of or are about to become a part of. Merton, in his theory of reference groups outlines the conditions under which this is likely to happen. He states that:

...insofar as prospective group members are motivated to affiliate themselves with a group, they will tend to assimilate the sentiments and conform with the values of the authoritative and prestigious stratum of that group. The function of conformity is acceptance by the group, just as progressive acceptance by the group reinforces the tendency towards and the values of these significant others who constitute the mirrors in which individuals see their self image and self-appraisal.¹

Thus, Merton explains that it is the need for acceptance which motivates the individual to take on group norms and values, since the individual's image of himself is derived, in part, by feedback from others.

He also notes that the "men whose attitudes were most conformist were the ones most likely to be promoted subsequently."² Thus, this conformity is seen as being necessary if one is to get ahead within an organization.

He notes that this is especially important for people who aspire to become members of a new group and states that "for the individual who adopts the values of

¹ Robert Merton, Social Theory and Social Structure, (New York: The Free Press, 1968) p. 308.

² Ibid.

a group to which he aspires but does not belong, this orientation may serve the twin functions of aiding his rise into that group and of easing his adjustment after he has become a part of it".¹

One might be led to ask what happens when the person belongs to a number of groups whose values are conflicting. This is, in fact, the situation that is hypothesized in this study. A worker, entering a social work job or leaving a school of social work, views himself as part of the profession. Yet, when he enters an agency, the practice which is taking place is contradictory to the values and knowledge of the profession. Merton notes that when "two groups operate at cross purposes, it appears that the primary environment does take some measure of precedence".² It therefore seems reasonable to predict that, since the work setting (the agency) is a more primary environment than the "profession", the worker will tend to take on the value orientation of the agency.

If, in fact, the above situation occurs, there are obviously consequences for the profession. This is especially true if the new worker has been professionally trained through graduate social work education. While it may be functional for a worker in a new setting to take on

¹ Ibid. p. 319.

² Ibid. p. 308.

the orientation of the new group, it means that some of the orientation of the group of which he has been a member (school) must be given up. Thus, some of the "professional" ~~orientation of prevention~~ is lost. Again to quote Merton:

Although anticipatory socialization may be functional for the individual in an open social system, it is apparently dysfunctional for the solidarity of the group or stratum to which he belongs. For allegiance to the contrasting mores of another group means defection from the mores of the in-group.¹

As social relations between the individual and the rest of the (in) group deteriorate, the norms of the group become less binding. Once initiated, this process seems to move towards a cumulative detachment from the group, in terms of attitudes and values,² as well as in terms of social relations.

Finally, Merton points out that the taking on of the norms of a new group and incorporating oneself into it "appears to be functional in supporting the legitimacy of the structure and keeping the structure of authority intact."³ Thus, the system in which new child welfare workers take on the orientation of the existing system, namely toward placement, legitimizes this system; this may benefit the system but does not advance thinking in the preventive area, which is of primary concern to the profession at this time. If the hypotheses presented earlier are borne out, based on the above discussion, it seems

¹ Ibid. p. 320.

² Ibid. p. 324.

³ Ibid. p. 320.

evident that new structures would have to be set up if the child welfare system is to perform a preventive function.

CHAPTER III

METHODOLOGY

The Design

If, as has been suggested, the program orientation of an agency effects the values, norms, attitudes and behavior within an agency, one might expect that workers within agencies or units with different orientations might react differently to the same set of stimuli. The assumption is that they have incorporated the orientations of their host agencies. Thus, the approach of this study was to administer the same set of work-related stimuli to a number of groups of workers from agencies with differing orientations to see if, in fact, they responded differently, and in the direction which had been hypothesized.

The design of this study fits into that category of research designs which Finestone and Kahn¹ describe as explanatory surveys. There has been (1) a preconceptualization of variables; (2) an interest in the causal relationships between and among variables; (3) there is no manipulation of the causal variable; and (4) techniques are available to measure the concepts in the study.

There are a number of limitations to such a survey. The first is that the design is retrospective rather than prospective. Because of this, time ordering between variables may be ambiguous. Thus, one may not be able to

¹ Samuel Finestone and Alfred J. Kahn, "The Design of Research", in Social Work Research ed. by Norman Polansky (Chicago: The University of Chicago Press, 1975) pp. 50-52.

ascertain whether a certain attitude leads a worker to become placement oriented or whether being placement oriented leads to the formation of an attitude.

There are also limitations in terms of design in such research. Explanatory surveys are static-group comparisons.¹ There are a number of assumptions underlying this type of design. The first is that differences between the groups is due to the exposure to various types of programs, and not to some other variable. While other designs control for this possibility, it is not controlled in static group comparisons. In order to compensate for this, factors which might account for differences, other than program orientation, must be controlled in the analysis.

Another assumption underlying this design is that the groups exposed to different work situations were not recruited in different ways. That is, that the factor of selection was not operating, (i.e., that the groups held similar orientations and attitudes prior to their work experience). Whether this is true is difficult to ascertain. However, discussions with individuals involved in this research leads the researcher to believe that workers were not chosen for the various units based on their orientation toward the placement of children. Even if this were

¹ Donald Campbell and Julian Stanley, Experimental and Quasi-Experimental Designs for Research (Chicago: Rand McNally, 1963) p. 12.

the case, there would still be interest in establishing whether workers varied in their orientation to placement by setting.

While there are limitations to this design, it should be remembered that it is the basic form of descriptive survey research and is widely accepted in the field. This design, at the very least, allows the researcher to compare attitudes and judgments of a number of groups on the same stimuli, and to describe the differences between them. While other designs (classic experimental and panel) allow stronger tests of causality, these designs were impractical given the nature, scope and funding level of this research.

The Subjects:

The hypothesis states that workers in preventive units are less likely to be placement-oriented than workers in non-preventive units. In addition, it is expected that attitudes which are related to the decision to place children will be differently displayed by workers in traditional agencies and those in units with preventive orientations. Judgments based on case materials were also expected to vary based on the setting in which the worker practiced.

In order to test these hypotheses, five groups of workers were identified for inclusion in the study. Classified by job description and functions, two groups of preventive workers and three groups of traditional workers were identified.

The first preventive group included workers and supervisors who, at the time of this research, were employed by the Preventive Service Demonstration Projects. As mentioned previously, these units were established to provide intensive family services to a selected group of children who were in jeopardy of being separated from their homes and placed in the foster care system.

For the most part, cooperation was secured from the units of the Project in the following way: (1) a memorandum was sent from the Study Director of the evaluation team at the Child Welfare League of America: informing the units of the research (Appendix A); (2) Within two weeks of the mailing of the memorandum, this researcher telephoned each of the unit supervisors to ascertain whether they were willing to cooperate; (3) If cooperation from the unit was secured, a 2-1/2 hour meeting was arranged with the supervisor and his/her workers. The first half hour was devoted to an orientation to the research and the research schedule. The remaining two hours was spent in the completion of the data collection instrument.

Cooperation was secured from eight of the units in the Project in the above manner. Different procedures were used with the Monroe County Unit, due to its distance from New York City. The researcher briefed the supervisor of this unit by phone and mailed the research instruments to her. These were completed by the workers at a unit meeting and returned to the researcher by mail.

All but two workers who were employed at the time of the research agreed to cooperate. The two workers who refused cooperation cited heavy work pressure or being "over researched" as the reason for their unwillingness to cooperate. Thus, a total of 46 workers from the Project participated in the study.

The second group of preventive workers were composed of social workers from the public sector in New York City. It was felt that because the Project units in New York City were all from Voluntary Agencies, it was important to include public workers who performed preventive functions.

In order to accomplish this, a request was addressed to the Administrator of Special Services for Children requesting the cooperation of the Public sector. (Appendix B) Support was obtained for the research through a series of meetings with the administrator, who then sent a request to workers in preventive units within the public sector requesting volunteers for the research. (Appendix C) Those workers volunteering to cooperate returned the request to the administrators' office and meetings were set up in each of the Borough offices to collect data in a manner similar to that described above. (Appendix D)

Unfortunately, because of the voluntary nature of the participation, few requests were returned. Thus, the group of preventive workers from the Public sector in New York City was composed of only nine workers.

The first group of traditional workers were drawn

from the agencies involved in the Preventive Service Demonstration Project. A letter was sent to the executive directors of these agencies asking them to designate a unit of workers who were employed in non-preventive units and responsible for children either in jeopardy of entering care or already under care. (Appendix E) Procedures in securing this groups participation were then similar to those used in securing the cooperation of the preventive units described previously.

Six of the nine preventive service demonstration agencies agreed to cooperate in furnishing a comparison group.¹ The three agencies who refused to cooperate cited heavy work pressures or administrative reorganization as the reason. A total of 36 workers and supervisors were secured for participation in this group.

When first thinking about the comparison group, it was thought that this group of workers from the agencies involved in the preventive service demonstration project, but employed in non-preventive units would suffice. However, on further consideration, it was decided that although this group is important there were confounding factors. Agencies, who had to prepare proposals and apply for special funding for preventive units might be different from agencies which did not even apply for such funding in terms of their orientation toward prevention. That is,

¹ The three agencies that refused to cooperate in this phase of the study were Angel Guardian Home, Childrens Aid Society and Queensboro S.P.C.C.

agencies which had to work in order to set up demonstration units might be more favorably disposed toward prevention than agencies which did not. In addition, the presence of a demonstration unit within an agency might cause contamination of workers attitudes. By exposure to workers in preventive functions, the attitudes of workers in traditional roles may be changed. It was thus decided that a fourth group of workers would be necessary. This was a group of workers in traditional roles who are in agencies not involved in the demonstration units.

Through personal contacts and formal requests (Appendix F) participation was secured from six voluntary agencies which were not part of the Preventive Service Project.¹ Within each of these agencies, approximately eight workers/supervisors were chosen in a random way. In some of these agencies, a full unit of workers were chosen at random. In others, all workers were pooled and a random sample was chosen. Once the units or workers were chosen, data collection followed procedures previously outlined with a half hour orientation meeting followed by completion of the data collection schedule. In this way, participation was secured from 51 workers and supervisors which comprised the second group of traditional workers.

The final group of traditional workers was drawn from the Public sector in New York City. Through means similar

¹ These six agencies were: Catholic Home Bureau, The Children's Village, Lutheran Community Services, Saint Cabrini, Saint Joseph's and Spence Chapin.

to those described for preventive workers in this sector, workers from the Boarding Home Division of Special Services for Children were asked to volunteer for the study. A total of 22 workers whose primary clients were children under care within the public sector volunteered.

Thus, a total of 164 workers representing five groups of child welfare workers were included in the study. These included two groups of "preventive" workers and three groups of "traditional" workers.

TABLE III-1

BREAKDOWN OF STUDY PARTICIPANTS
BY ORIENTATION AND TYPE OF AGENCY

	<u>N</u>	<u>% Total</u>
<u>Preventive Workers</u>	<u>55</u>	<u>33.5</u>
Preventive Service Demonstration	46	28.0
Special Services for Children - Preventive	9	5.5
<u>Traditional Workers</u>	<u>109</u>	<u>66.5</u>
Preventive Service Demonstration Agencies	36	22.0
Other Voluntary Agencies	51	31.1
Special Services for Children - Boarding Home	22	13.4
<u>TOTAL</u>	<u>164</u>	<u>100.0</u>

The Schedule

In order to test the hypotheses stated earlier, it

was necessary to collect three types of data: (1) demographic and social data regarding the subjects; (2) attitudinal data around issues which might be related to the decision to separate a child from his biological family; and (3) judgment data concerning the need for placement in specific case situations. The data collection instrument contained these three types of data.

Demographic and Social Data

Results of other studies leads one to conclude that there is conflicting evidence as to whether the demographic and social characteristics of the respondent are related to his/her attitudes and judgments about case material. For example, while Brieland¹, Briar², and Shinn³, have reported that these variables were not related to decision making in child welfare, Roberts⁴ reports that there were relationships between professional characteristics (graduate education, experience) and case judgments.

It was therefore decided to include demographic data in the current study in order to be able to test the relationship between worker characteristics and their attitudes

¹ Donald Brieland, An Experimental Study of Adoptive Parents at Intake (New York, Child Welfare League of America, 1959).

² Scott Briar, "Clinical Judgment in Foster Care Placement" Child Welfare (Vol. 42, No. 4, 1963) p. 168.

³ Eugene Shinn, Is Placement Necessary?, (Unpublished DSW Dissertation, Columbia University School of Social Work, 1968) p. 207.

⁴ Robert Roberts, A Comparative Study of Social Case-workers Judgments of Child Abuse Cases, (Unpublished DSW Dissertation, Columbia University School of Social Work, 1970) pp. 167, 186.

and judgments relating to foster care placements.' Information was collected from each worker on the following variables: age; ethnicity; sex; education; marital status; number of years employed as a social worker; and number of years employed in child welfare. In addition, as measures of the workers professional commitment, data was gathered regarding: membership in NASW and other professional organizations; attendance in social work courses or seminars; subscription to social work journals; and the amount of time outside of working hours spent in social work related activities. Finally, questions were asked regarding the tasks usually performed by the workers and whether these included direct work with children, their biological parents, foster parents, other systems, etc.

The Attitude Scales

The second major section of the data collection instrument consisted of 42 Likert-type attitudinal items. These items were used to construct scales which were designed to measure the respondents attitudes toward the use and value of foster care, their attitudes about the importance and rights of biological parents and their attitudes toward the use of preventive services. While some of the concepts measured had been used in other research¹ all the items which comprised the scale were designed by the researcher.

¹ Shinn, Is Placement Necessary?, Op. Cit., pp. 99-108.

The attitude items were presented as a unified instrument. The statements were ordered by random assignment so that the specific attitudes being measured could not be discerned by the respondent. Thus, the respondents were presented with 42 randomly assigned statements with the response choices "strongly agree", "agree", "disagree" and "strongly disagree". It should be noted that both positive and negative statements were used so as to avoid a response bias in the instrument. Thus, someone with a very positive attitude would have this reflected by responding "strongly agree" to some items and "strongly disagree" to others.

The responses to the items in the attitude battery were subjected to both correlational and item analysis in order to construct the six attitudinal scales¹. Items were deleted from a particular scale if there was not at least a moderate, significant correlation with most other items in the scale or if the item-criteria correlation²

¹ The scales were constructed through the use of a program designed by John Grundy and Carlos Stecher while on the research staff of the Child Welfare Research Project, Columbia University School of Social Work. The procedure employed starts with a complete correlation matrix and defines composites of items according to maximal item-criterion correlations and maximal internal consistency reliability coefficients (Cronbach's coefficient alpha). After abstracting the first set of items for the first index, the residual items were then subjected to the same search for the best composite.

² The item-criteria correlation is the correlation between a single item and the remaining scale items.

was not at least .30 or higher. For each scale, the Chronbach Alpha (a measure of reliability for a set of items) was computed¹.

It should be noted that it was initially anticipated that the 42 items would constitute seven attitude scales of six items each. However, through the analysis described above, some items were dropped because of low correlations and other items were shifted from one scale to another because they revealed better item criteria correlations with this other scale. In addition, two scales were combined because the analysis revealed that they were highly related and were, in fact, measuring the same underlying attitude. In all, 37 items were used to construct the six attitude scales used in this study. The six scales were developed to measure: (1) the respondents orientation toward biological parents; (2) their perceptions of the "goodness" of foster care as a child welfare service; (3) their attitudes about the effects of separation from the biological parents on the child; (4) their optimism on the effects of preventive services to avoid placement or shorten the length of time a child spends in foster care; (5) their perceptions of how important biological parents continue to remain in the life of a child after placement; and (6) their position on the rights of biological parents.

¹ For a description of the Chronbach Alpha and its application see George Bohrnstedt "A Quick Method for Determining the Reliability and Validity of Multiple Item Scales" American Sociological Review (Vol. 34, No. 4, August 1969) p. 547.

(1) Orientation Toward Parents

The dimensions of this scale range from feeling that the biological parents of children in foster care have the same concerns about their children as other parents to feeling that they are unconcerned about their children and grateful to be relieved of the burden of raising them. The scale was composed of the following 5 items and was found to have a Chronbach Alpha of .628:

- 1a. Most natural parents are unconcerned about the growth and development of their child once they come into care. (-)¹
- 1b. Natural parents rarely take an interest in their child once the child comes into care. (-)
- 1c. Most parents of children in care are grateful that their child has been placed since it relieves them of the responsibilities of parenthood. (-)
- 1d. Most natural parents are concerned about their child in care and anxious for their return home. (+)
- 1e. Most parents of children in foster care would be willing and able to care for their children if the proper societal supports were provided to them. (+)

The correlation matrix and item criteria correlation for this scale are reported in tables III-2 and III-3 respectively:

¹ Items designated (-) were scored 1 for a response of strongly disagree and 4 for a response of strongly agree. Items designated (+) were scaled 1 for a response of strongly agree and 4 for a response of strongly disagree.

TABLE III-2
CORRELATION MATRIX¹ FOR ORIENTATION
TOWARD PARENTS SCALE

<u>Item</u>	<u>1A</u>	<u>1B</u>	<u>1C</u>	<u>1D</u>	<u>1E</u>
1A		.345***	.220**	.273***	.231**
1B			.264***	.251**	.141
1C				.139	.322***
1D					.345***
1E					

TABLE III-3
ITEM CRITERIA CORRELATION FOR
ORIENTATION TOWARD PARENTS SCALE

<u>Item</u>	<u>Item Criteria Correlation</u>
1A	.403
1B	.372
1C	.360
1D	.383
1E	.391

The Orientation Toward Parents scale had a distribution with a mean of 1.95 and a standard deviation of .38. This indicates that most of the workers believed that biological parents remained concerned about their children after they enter foster care.

¹ For all correlation matrices presented (*) indicates significance at the .05 level, (**) indicates significance at the .01 level and (***) indicates significance at the .001 level.

(2) "Goodness" of Foster Care

The dimensions of this scale range from the feeling that foster care provides a positive experience for most children to the feeling that it is a damaging experience for children. The scale was composed of seven items and had a Chronbach Alpha of .698. The items constituting the scale were:

- 2a. In most cases, a child would have been better off staying in his own home than coming into foster care. (-)
- 2b. Most child care facilities provide more for a child's development than his own home. (+)
- 2c. Most children who leave foster care do so in better shape, both emotionally and physically, than when they came in. (+)
- 2d. Foster care is often a very damaging experience for the child since their emotional needs are not met in the facilities in which they are placed. (-)
- 2e. Most foster parents meet the needs of a child for a warm, understanding relationship with an adult. (+)
- 2f. In most cases, foster care is a very damaging experience since foster parents often are no better in rearing the child than their natural parents. (-)
- 2g. Removal of a child from his family is often more beneficial for the child than it is damaging. (+)

The scoring for these items resulted in a scale in which a low score reflected the attitude that foster care provided a positive experience for most children. The distribution of scores revealed that the scale had a mean of 2.43 and a standard deviation of .38. This indicates that the sample was about equally divided between those who believed foster care to be a good experience and those who believed foster care was damaging for children. The item criteria correlations and correlation matrix for this scale are reported in Tables III-4 and III-5.

TABLE III-4

ITEM CRITERIA CORRELATIONS FOR
"GOODNESS" OF FOSTER CARE SCALE

<u>Item</u>	<u>Item Criteria Correlation</u>
2A	.325
2B	.311
2C	.530
2D	.427
2E	.502
2F	.502
2G	.429

(3) Effects of Separation

The dimensions of this scale range from the belief that separation of a child from his parents is always damaging and has long term effects on the child, to the belief that, while traumatic, the effects of separation can be overcome and are usually transitory. The scale was com-

TABLE III-5
 CORRELATION MATRIX FOR "GOODNESS"
 OF FOSTER CARE SCALE

<u>Item</u>	<u>2A</u>	<u>2B</u>	<u>2C</u>	<u>2D</u>	<u>2E</u>	<u>2F</u>	<u>2G</u>
2A		.180*	.212**	.175*	.117	.259***	.380***
2B			.211**	.214**	.187*	.205**	.182*
2C				.422***	.385***	.234**	.303***
2D					.258***	.394***	.175*
2E						.348***	.303***
2F							.163*
2G							

posed of four items and had a Chronbach Alpha of .697. The four items included:

- 3a. Prolonged separation from parents always has adverse effects on the child's personality. (+)
- 3b. Although separation may be a traumatic experience, it rarely has permanent consequences for the child. (-)
- 3c. The trauma of separation for the child is highly overestimated by professionals in the child welfare field. (-)
- 3d. The trauma of separation is rarely overcome by a child - there are always scars. (+)

A low score on this scale indicates the workers' belief that separation is always damaging to a child and has long term consequences for him/her. The distribution of scores on this scale had a mean of 1.95 and a standard deviation of .47. Thus, the majority of the workers felt that separation does has long-term consequences for the child. The correlation matrix and item criteria correlation for this scale are reported in Tables III-6 and III-7.

TABLE III-6
CORRELATION MATRIX FOR EFFECTS
OF SEPARATION SCALE

Item	3A	3B	3C	3D
3A		.285***	.164*	.437***
3B			.439***	.434***
3C				.456***
3D				

TABLE III-7

ITEM CRITERIA CORRELATION FOR
EFFECTS OF SEPARATION SCALE

<u>Item</u>	<u>Item Criteria Correlation</u>
3A	.371
3B	.510
3C	.452
3D	.609

(4) Optimism on the Use of Preventive Services

The dimensions of this scale range from the belief that preventive services are helpful in avoiding placement and/or returning children home quickly and that they are worthwhile, to feeling that providing families with preventive service is fruitless and not worthwhile. The scale was composed of 10 items and had a Chronbach Alpha of .839. The items which comprised the scale were:

- 4a. Work with families whose children are in jeopardy of coming into care is fruitless in most cases - the children end up in placement anyway. (-)
- 4b. Most children coming into care could have been kept at home if services which the family needed were provided. (+)
- 4c. There is usually little that can be done to keep a child with his family once the home situation begins to deteriorate. (-)

- 4d. Most families of children who come into care are so disturbed that little can be done to avoid placement. (-)
- 4e. Time spent in work with parents who are in crisis often helps to avoid placement of their children. (+)
- 4f. If we provided more services to families in crisis, few children would have to come into foster care. (+)
- 4g. If services were provided to families of children in foster care, most children in foster care could return home much sooner than they do at this point. (+)
- 4h. Work with natural parents is usually fruitless and does not effect how long a child will remain in care. (-)
- 4i. Most parents of children in foster care have so many problems of their own that they cannot use services which are offered by the agency. (-)
- 4j. The amount of services a family receives while the child is in care is a crucial factor in determining how long the child will remain in care. (+)

A low score on this scale indicated that a worker believed that preventive services can affect whether a child enters care and how long he/she remains in care. The distribution of scores on this scale revealed that most workers believed this to be the case. The distribution had a mean score of 1.75 with a standard deviation of .38.

The correlation matrix for this scale is presented in Table III-8, while the item criteria correlations are presented in Table III-9.

TABLE III-8
CORRELATION MATRIX FOR THE OPTIMISM
ON THE USE OF PREVENTIVE SERVICE SCALE

<u>Item</u>	<u>4A</u>	<u>4B</u>	<u>4C</u>	<u>4D</u>	<u>4E</u>	<u>4F</u>	<u>4G</u>	<u>4H</u>	<u>4I</u>	<u>4J</u>
4A		.182*	.390***	.372***	.355***	.307***	.327***	.332***	.326***	.306***
4B			.195*	.245**	.351***	.501***	.482***	.151	.183*	.353***
4C				.288***	.422***	.132	.270***	.383***	.153	.284***
4D					.257***	.381***	.308***	.432***	.216**	.224**
4E						.331***	.396***	.305***	.214**	.346***
4F							.492***	.154	.227**	.509***
4G								.200*	.307***	.537***
4H									.236**	.261***
4I										.277***
4J										

TABLE III-9
ITEM CRITERIA CORRELATION FOR THE
OPTIMISM OF PREVENTIVE SERVICES SCALE

<u>Item</u>	<u>Item Criteria Correlation</u>
4A	.514
4B	.471
4C	.429
4D	.487
4E	.543
4F	.530
4G	.633
4H	.439
4I	.405
4J	.564

(5) Importance of Biological Parents

The dimensions of this scale range from the belief that biological parents are important to a child throughout his life and that contact should be encouraged to the belief that foster parents or other child caring personnel can replace biological parents in the mind of the child. The scale which was constructed had a Chronbach Alpha of .583 (making it the weakest scale used in the study) and was composed of the following six items:

- 5a. Foster parents usually take the place of a child's natural parents after an extended period of placement. (-)
- 5b. Most children in foster care continue to think about and miss their natural parents even after extended time in care. (+)
- 5c. Natural parents have usually done so much damage to their child that their child does not want contact with them after they come into care. (-)
- 5d. Even if parents have abused or neglected their children, they remain an important factor in the growth and development of the child even after they come into care. (+)
- 5e. Contact with natural parents should always be encouraged by the foster parents and the agency. (+)
- 5f. Parents should not be encouraged to visit their children if their visits are upsetting to the child. (-)

A low score on this scale indicates a belief on the part of the worker that biological parents remain important to the child even after he is placed in foster care. The distribution of scores shows a mean score of 1.98 and a standard deviation of .39. This leads one to conclude that

the importance of natural parents to the child is recognized by the majority of workers in this study.

As above, the following two tables (III-10 and III-11) present the correlation matrix and the item criteria correlations for this index.

TABLE III-10
CORRELATION MATRIX FOR THE IMPORTANCE
OF BIOLOGICAL PARENTS SCALE

<u>Item</u>	<u>5A</u>	<u>5B</u>	<u>5C</u>	<u>5D</u>	<u>5E</u>	<u>5F</u>
5A		.161*	.177*	.164*	.176*	.213**
5B			.173*	.354***	.187*	.141
5C				.129	.193*	.158*
5D					.221**	.155*
5E						.248**
5F						

TABLE III-11
ITEM CRITERIA CORRELATION FOR THE
IMPORTANCE OF BIOLOGICAL PARENTS SCALE

<u>Item</u>	<u>Item Criteria Correlation</u>
5A	.299
5B	.338
5C	.298
5D	.345
5E	.348
5F	.311

(6) Orientation Toward Parental Rights

The dimensions of this scale range from the feel-

ing that the most important thing for a child is a sense of permanency in a situation and that this should be achieved even if parental rights are terminated prematurely to the feeling that the rights of the parent are most important and should be abrogated only in extreme circumstances. The scale consists of the following five items with a Chronbach Alpha of .627:

- 6a. With the new laws on the books, the courts often move too quickly to terminate the rights of parents. (+)
- 6b. Rarely should society be allowed to terminate the right of a parent to the custody of his/her child. (+)
- 6c. The most important thing for a child is permanency in a situation, even if it means that his parents rights are terminated. (-)
- 6d. Agencies are often much too slow in advocating freeing a child for adoption. (-)
- 6e. Agencies often move to terminate parental rights before all of the possible alternatives are explored. (+)

A low score on this scale indicates that the worker believes that the rights of parents should be terminated only in extreme circumstances. The frequency distribution for this scale indicates a mean of 2.88 and a standard deviation of .45. Thus, workers for the most part tended to disagree with the above premise and tended to believe that permanency for the child should be achieved at all costs.

The correlation matrix and item criteria correlations for this scale are presented in Tables III-12 and

III-13 respectively.

TABLE III-12
CORRELATION MATRIX FOR THE ORIENTATION
TOWARD PARENTAL RIGHTS SCALE

<u>Item</u>	<u>6A</u>	<u>6B</u>	<u>6C</u>	<u>6D</u>	<u>6E</u>
6A		.294***	.152	.146	.419***
6B			.390***	.336***	.204**
6C				.326***	.124
6D					.107
6E					

TABLE III-13
ITEM CRITERIA CORRELATION FOR THE
ORIENTATION TOWARD PARENTAL RIGHTS SCALE

<u>Item</u>	<u>Item Criteria Correlation</u>
6A	.382
6B	.479
6C	.380
6D	.347
6E	.314

It should be noted that the six scales constructed for the study were not completely orthogonal - that is, that the concepts measured by the scales were not independent of each other. Because the concepts measured in the scales were related to each other there are, for the

most part, moderate but significant correlations between the scales. This can clearly be seen in Table III-14.

TABLE III-14
CORRELATION MATRIX OF THE SIX
ATTITUDINAL SCALES

<u>Scale</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
1		-.202**	.037	.570***	.350***	.253***
2			-.312***	-.380***	-.380***	-.191*
3				.127	.302***	.027
4					.433***	.224**
5						.260***
6						

Such results are not surprising in light of the fact that each of the concepts which were measured were chosen because it was thought that the attitudes expressed might be related to the decision to place a child in foster care. Since all the concepts were related to this central theme, co-variance among the scales was anticipated.

Judgment Data Concerning the Need for Placement

The major operational task of this research was to devise a measurement which would reflect the placement orientation of the workers. It should be remembered that

one major hypothesis of this study was that workers in preventive units are less likely to be placement oriented than workers in non-preventive units and that other major questions of the study included whether there is a relationship between demographic characteristics and worker attitudes and the placement orientation of the worker.

In order to determine the placement orientation of the worker, a number of case analogues were developed by the researcher. These analogues were based on actual case material collected in another study.¹ This other study attempted, through the reading of 1250 case records of children currently in foster care in New York City, to determine (through expert judgment)² whether the child was appropriately placed in foster care and if so, whether he/she was in the appropriate type of facility. Within this other study a 10% reliability check was conducted on the cases read to determine if a number of the expert judges were in agreement as to the need for placement and the type of placement facility which was appropriate. Reliability

¹ Blanche Bernstein, Donald Snider and William Meezan, Foster Care Needs and Alternatives to Placement, A Projection for 1975 - 1985 (Albany, N.Y: New York State Board of Social Welfare, 1975)

² For the qualifications of the judges see Ibid. pp. 59-60.

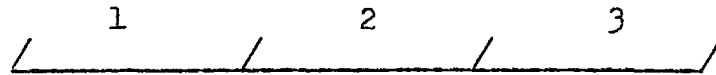
between the expert judges was approximately 81%.¹

From those cases on which reliability checks were conducted (n=118), two case reading schedules were chosen at random in which the expert judges agreed that the child should not have been placed in foster care; two cases were chosen in which there was agreement that the child should have been placed and was placed in the appropriate facility; and one case was chosen in which the judges were not in agreement - one judge believing that the child should not have been in placement while another judge felt that placement was appropriate.

From the information on the five case reading schedules, case analogues were written by a trained M.S.W. social worker, (not the researcher), who had extensive experience in referring children to the N.Y.C. Bureau of Child Welfare, Special Services for Children for placement in foster care. The analogues were constructed in a form typically used in this procedure. Cases A and B (Appendix G) are the analogues constructed from the two cases in which there was agreement that the child should not have been placed in foster care. Cases D and E (Appendix G) represents the cases in which placement was deemed appropriate by the expert judges. Case C (Appendix G) is the analogue based on the material in which there was disagreement between the expert judges.

¹ Ibid. pgs. 67-68.

The reason cases were chosen in this way was based on the literature in the field of decision making in child welfare. A number of authors have hypothesized that there is a continuum along which cases can be judged. This continuum can be visualized as follows:



The idea underlying this hypothetical continuum is that "there are two extremes wherein practice decisions may be made with certainty and with a high degree of agreement".¹ Thus, cases falling into the first region on the continuum, are cases in which there is general consensus that the child can remain in his own home. Cases falling within region three are cases in which, because of the nature of the case, the need for placement is generally agreed upon. Cases falling into region two are cases which, because of the state of knowledge in child placement, as well as other factors (such as variables associated with workers perceptions and organizational constraints) there is little agreement that the child should either be placed or that he should remain in his own home. It is within this area that one would expect to find the greatest dif-

¹ Shinn, Is Placement Necessary?, Op. Cit. p. 66.

ferences between judges in various settings.¹

Thus, Cases A and B in the current study would fall in region one of the hypothetical continuum; Cases D and E fall within region three of the hypothetical continuum, and Case C would fall in region two. While this continuum is hypothetical, it has been shown to be a valid concept in other studies.²

Operationally, then, in order to measure placement orientation of a worker, each was presented the five cases which fall within the various areas of this continuum. The judgment as to whether placement was necessary was used as a measure of the workers' placement orientation. It should be noted that the workers were not presented the cases in the same order. The order of the case presentation was determined randomly by the researcher prior to the distribution of the cases. Thus, some subjects read Case A first and made their judgment on this case before reading the second randomly assigned case, while others read Case B first, etc. This was done in order to avoid anchoring effects³ in the judgment of the cases.

¹ The idea that cases in the mid-range will show the greatest amount of variability has been confirmed in Roberts, Op. Cit. and Shinn, Is Placement Necessary?, Op. Cit.

² Ibid. p. 66 and Roberts, Op. Cit. p. 42.

³ For a full discussion of anchoring effects see Muzaffer Sherif and Carl Hovland, Social Judgment (New Haven: Yale University Press, 1961).

It was hoped at the outset of the research that because the cases were designed to fall at various points along the hypothetical continuum described, that the pattern of responses by the subjects would form a Guttman-type scale.¹ While the researcher was fairly certain that any respondent judging Case C as being inappropriate for placement would also judge Cases A and B in this way, and that respondents judging Cases D and E as inappropriate for placement would judge all other cases in a like manner, there was doubt as to whether patterns would emerge between Cases A and B as well as between Cases D and E. That is, whether within a single area of the continuum (Areas 1 and 3) one case would consistently be judged less (or more) in need of placement than the other. If this proved to be the case, then a summation of the number of cases placed could be used as a measure of the workers "placement orientation". Thus, one would simply have to add up the number of cases in which the judgment was made to place the child in order to determine whether the worker exhibited "placement proneness".

In order to determine whether the above described procedure could be justified, the placement decision on the five cases were subjected to a Guttman scale analysis

¹ For a full discussion of Guttman scaling see Allen Edwards, Techniques of Attitude Scale Construction, (New York, Appleton-Century-Crofts, 1957) pp. 172-199.

using the SPSS computer package.¹

The results of this analysis indicated that the data based on the decision to place the five cases did, in fact, form a Guttman type scale. Case B was most likely to be judged inappropriate for placement, followed by Cases A, C, E, D respectively. The percent distribution of respondents placing each of these cases is presented in Table III-15.

TABLE III-15

PERCENT DISTRIBUTION OF THE NUMBER OF
RESPONDENTS JUDGING EACH OF THE FIVE CASE
ANALOGUES AS APPROPRIATE OF PLACEMENT

<u>Case</u>	<u>% Placing</u>
B	7
A	12
C	63
E	87
D	91

The perfect Guttman Scale types would then be represented by the following scores and scale patterns:

<u>Score</u>	<u>Case(s) Placed</u>	<u>Case(s) Not Placed</u>
0	-	B, A, C, E, D
1	D	B, A, C, E
2	E, D	B, A, C
3	C, E, D	B, A
4	A, C, E, D	B
5	B, A, C, E, D	-

¹ This is the only analysis in this research in which SPSS was used. For a full description of the Guttman Scale procedure see Norman Nie et al, SPSS (New York: McGraw-Hill Book Co., 1970) pp. 196-208. All other analyses reported were performed through the use of Data-Textprogram. For a full description see David Armor and Arthur Couch, Data-Text Primer (New York: The Free Press, 1972).

Any subject who received a score but did not fall into one of the perfect scale types was considered to have at least one error in his/her placement pattern. Of the 161 subjects whose score was computed (3 subjects were omitted because they did not judge all 5 cases) 75.2% fell into perfect scale types and 24.8% of the cases had some degree of error in their response pattern. Within this group of 24.8% non-perfect scale types, the analysis revealed a total of 82 judgment errors on the individual case decisions.

In order to determine whether responses to a series of items form a Guttman scale, a coefficient of reproducibility (CR) is calculated. According to the convention established by Guttman, items are considered scaleable if a CR of .90 is attained.¹ This statistic is computed by the formula:

$$CR = \frac{\# \text{ of Errors}}{\text{Total \# Judgments}}$$

For the data within this study, there were 82 judgment errors detected of the 805 total judgments (161 subjects making decisions on 5 cases). Thus a CR of .898 was achieved. This is extremely close to the .90 level needed and was considered sufficient to consider these data unidimensional according to the Guttman criteria.

¹ Edwards, Cp. Cit., p. 191.

Thus, operationally in this study, placement proneness was the sum of the number of case analogues that the respondent judged to be in need of placement. The greater the number of cases judged to be in need of placement, the higher the placement proneness score.

While the results of the analysis of the responses to the case analogues form a Guttman scale, and this was used as a measure of placement proneness in this study, it should be noted that there are a number of assumptions in the use of case analogues which has caused some researchers to question their validity as a measurement technique.

The assumptions underlying the use of case analogues have been enumerated by Carter¹ and are:

1. The simulated practice behavior of the caseworker in a judgment situation bears a direct relationship to their behavior as practicing caseworkers.
2. Case records are useful stimuli for simulating practice behavior to the extent that they can be created to provide the necessary range and quality of data for the caseworker to project himself into a practice situation.
3. Case records used as stimuli for simulating practice will impose a limitation in representing an actual case situation inasmuch as a caseworker cannot use visual or auditory cues or probe for information not given but which he uses a part of his practice procedure.
4. A case record determined by "expert practitioners" to give sufficient information for arriving at a decision

¹ Genevieve Carter, "The Nature of Judgment Data", Use of Judgments as Data in Social Work Research, (New York: NASW, 1958) pps. 18-19.

about the necessity for placement provides a uniform standardized stimulus for obtaining judgments.

Fanshel¹ questions a number of these assumptions, especially the first, and thus questions the validity of the use of case simulation. He states:

I have some question about the validity of the assumption that one can have social workers generate a multitude of judgments on hypothetical cases. Since the individual worker is not able to explore elements of the situation that are conveyed by the case material, the situation forces the worker toward producing stereotyped responses rather than response individualized for the given child...

He goes on to say:

Obviously there are various kinds of experimental stimuli that one could present to a caseworker: motion pictures of clients in an interviewing situation, tape recordings of the interviews or written summaries. It seems to me that the latter is the one that least captures the kind of material required for making judgments about the allocation of the child.

Can the workers who participated in this research be held accountable for their decisions as if these materials represented real life?

While the above points appear valid, they do represent a dilemma to this researcher. First, if it is suggested that studying decision-making and judgmental processes can only go on in real life situations, much of what the social psychologist has done in his laboratory is invalidated and thus raises questions about some very impor-

¹ David Fanshel "Commentary on Clinical Judgment in Foster Care Placement", Child Welfare (Vol. 42, No. 4, 1963) p. 171.

tant principals of human behavior which have been developed in this manner.

Second, it should be remembered that currently in New York City many children are referred for placement to voluntary agencies without either them or their parents being seen by the allocations worker who makes the referral, and many of the voluntary agencies accept children for placement without ever seeing the child. Thus, decisions to refer and accept for placement are often made on written material similar to those presented in the case analogues. Thus, this technique appears valid, given the current practices in New York City.

Third, it should also be noted that the training of individuals as actors to simulate the research problem would be time consuming not only in the training but also in the presentation of the case situation to a large number of caseworkers individually. In addition, while motion pictures and tape recordings might be more life-like, they are still simulations. Given the expense in terms of time and money that alternate techniques would require makes them inaccessible when one considers the limited resources available for dissertations.

Finally, a number of researchers have defended the use of written analogues to simulate practice situations. Roberts¹ has stated:

¹ Robert Roberts, Op. Cit., p. 37.

Several researchers have reported favorable and encouraging results from the use of written experimental analogs. Giedt¹, for instance, in an exploratory study designed to identify what kinds of cues therapists utilize to form clinical impressions, exposed social workers, psychologists, and psychiatrists to interviews recorded in four media - silent films, written protocols, sound recordings, and sound films. Subjects were then asked to rate the interviewees on graphic rating scales and also to identify the cues or information which they had used to make each judgment. The results of this study led Giedt to conclude that "content cues, when available are preferred and used more than...auditory or visual cues".

He goes on to state that:

Reid, from a more theoretical perspective, also argues for the adequacy of written analogs. From the finding that the subjects' performance in the test situation tended for the most part to accord with hypotheses that had been developed from theoretical considerations of how experienced workers are supposed to treat their clients, Reid concluded that "the subjects did perform in the laboratory as they were expected to perform in actual practice".²

It thus seemed that the use of case analogues is appropriate and valid given the nature and limitations of this study.

Additional Judgment Data Collected About the Case Analogues

The researcher was also interested in the relationship between the perception of the various elements pre-

¹ H. Giedt "Cues Associated with Accurate and Inaccurate Interview Impressions" Psychiatry (Vol. XXI, Nov. 1958) p. 405.

² William J. Reid "Client and Practitioner Variables Affecting Treatment" Social Casework (Vol. XLV, Dec. 1964) p. 591.

sented in the case analogues and the placement decision on a given case. It was expected that the placement judgments of the workers were based to some degree on the way they perceived various elements of the case. The question was, which elements were important to the decision to place a child in foster care.

A large number of case elements (which form clusters) have been identified as being important to decision making in child welfare¹: (1) Background Factors (other child in placement, mother wants the child placed, family is on public assistance or has inadequate income, there are no other sources of help); (2) Mother's Relationship with Child (shows little concern, does not set limits, is overly severe, is not warm and affectionate); (3) Mother Traits (difficulty in holding job, suspicious and distrustful of others, withdrawn, emotionally disturbed, and has diagnosed mental illness); (4) Parental Care (adequate protection from physical abuse or exploitation, adequacy of supervision and guidance, concern for schooling, adequacy of warmth and affections); (5) Child Traits (truancy, not accepting of parental control, fighting, stealing, running away, few or no friends, sexual acting out, withdrawn, lying); (6) Father's Relationship to Child (shows little concern, does not recognize individual needs for children,

¹ Michael Phillips, Barbara Haring and Ann Shyne, A Model for Intake Decisions in Child Welfare, (New York: Child Welfare League of America, 1972) pp. 54ff.

overly severe in punishment, does not set limits, erratic in handling children, not warm or affectionate); and (7) Father Characteristics (difficulty holding job, manages money poorly, suspicious, withdrawn, emotionally disturbed, diagnosed mental illness). In each of the clusters above, the traits in parenthesis, which make up the cluster, have been found to be associated with the placement of children. That is, the greater number of characteristics the parents or child has, the more likely judges perceived the need for placement.

In order to measure the workers perceptions of the various elements in the case, each of these clusters were operationalized by constructing six five-point graphic rating scales¹ that the respondent completed after reading each case. (Appendix H). The researcher attempted to capture the general theme of the cluster and reflect it in the rating scale constructed. For example: cluster three, mother's traits, is primarily a reflection of psychological pathology within the mother. One might therefore ask the subject to rate the pathology of the mother on a scale from normal or near normal to severely disturbed.

The six rating scales included: (1) The Affectional Tone between Parent(s) and Child - that is, the amount of caring, warmth and affection between the major child caring

¹ For a complete discussion of rating scales and their use see Fred N. Kerlinger, Foundations of Behavioral Research, (New York: Holt, Rinehart and Winston, 1964) pp. 514-518.

person(s) and the child; (2) The Willingness to Continue Care - that is, the desire of the major child caring figure(s) to continue care of the child; (3) The Ability of the Parent(s) to Provide Care - that is, the ability of the child caring person(s) to cope with their environment and provide for the needs of their child in terms of supervision, protection and well being - to provide an environment in which the child can thrive; (4) the Emotional and Behavioral Status of the Parent(s) - that is, the degree of psychological and behavioral pathology which the major child caring person(s) exhibits; (5) The Emotional and Behavioral Status of the Child - that is, the degree of psychological and behavioral pathology which the child exhibits; and (6) The Availability of the Family to Intervention - that is, the ability of the major child caring figure(s) to utilize supports which may be provided to them through social agency intervention.

While rating scales have a number of weaknesses, (especially the fact that they are prone to constant or biased error - either the error of severity, leniency and/or the error of central tendency) they have a number of advantages including their ease of use and their lack of time consumption. Since the data collection instrument was already lengthy, it was decided that such rating scales would be the most efficient way of gathering data on the case elements.

From the above discussion it can be seen that four

types of data was collected from each of the respondents in the five groups of workers. These included: (1) social and demographical data; (2) attitudinal data about issues thought to be related to a workers placement orientation through the use of six Likert-type scales; (3) perceptions of the various elements of the five cases presented through the use of six graphic rating scales; and (4) judgments as to the need for placement in each of the five cases which formed a Guttman-type scale and was a reflection of the workers placement proneness.

CHAPTER IV

THE STUDY SAMPLE

As stated in the previous chapter, one concern of the current study is whether social/demographic variables are related to the decision to remove children from their home and place them in foster care. In order to place these findings in some perspective, a description of the sample is presented in this chapter. In addition, this chapter will compare the social/demographic characteristics of this sample with findings of another study which had a larger sample of New York City child welfare workers to see if the two samples are comparable on these data. Finally, the reader will be presented with an analysis of these data by the orientation of the workers' unit in order to determine if the five groups of workers used in this study were similar on these characteristics.

Characteristics of the Sample

The sample of workers in the study appear to be fairly young. Almost half (49%) of the workers were under the age of 30 at the time of the study. An additional 20% were between 30 and 34. Only 10% of the workers and supervisors participating were between 35 and 39 and 21% were 40 or older.

The sample was composed primarily of white workers (84%). Only 8% of the sample identified themselves as Black and 6% were of Puerto Rican or other Hispanic heritage. The remaining 3 workers were of Oriental or mixed

heritage.

As one might expect, the sample was heavily composed of females. Only 36 of the 164 respondents (22%) were men. Over three quarters of the respondents were women.

Over half the workers (58%) had completed their professional educations and had received their MSW degrees at the time of the study. An additional 10 workers were studying for graduate social work degrees when the study was conducted. Of the remaining workers, two had only high school diplomas, 39 (24%) had Bachelor degrees in fields other than social work, 13 (8%) had Bachelor degrees in social welfare and 5 (3%) of the workers had graduate degrees in fields other than social work.

The sample was about evenly divided between single and married workers. Forty-four percent were married, while forty-three percent were single. The remaining respondents were either separated (n=4), divorced (n=16) or widowed (n=2).

As can be seen in table IV-1, over half of the respondents had been employed as social workers for more than 5 years, and almost 20% had been in the field more than 10 years. Fewer than 7% had been employed in the social work profession for less than 1 year. However, not all of the experience was within the child welfare field. Fewer than half the respondents (46%) had been employed only in child welfare during their careers. Only 35% of the sample had

been in child welfare more than 5 years and only 11% had been in the field more than 10 years.

TABLE IV-1

FREQUENCY DISTRIBUTION OF YEARS OF EXPERIENCE
IN SOCIAL WORK AND CHILD WELFARE

<u>Experience</u>	<u>Social Work</u> (n=163) %	<u>Child Welfare</u> (n=158) %
Less than 1 year	6.8	10.1
1-2 years	14.1	22.8
2-3 years	6.1	17.1
3-5 years	13.5	14.6
5-7 years	20.3	12.0
7-10 years	20.3	12.0
10-15 years	10.4	6.3
15 years +	8.6	5.1

The questionnaire included a number of items which were seen as measurements of the workers' commitment to the social work field. These included questions regarding membership in NASW; membership in other social work organizations; attendance at courses or seminars; subscriptions to social work journals; and activity level in social work related activities.

The results of these inquiries indicate that this group of workers were not strongly involved in the professional

aspects of social work. Fewer than one-third of the respondents (32%) were members of NASW and only 6% of the total sample regarded themselves as active members. Only 15% of the sample belonged to other social work related organizations. While 84% of the sample had attended courses, fewer than one-quarter (23%) did so on a regular basis. Only one-third of the sample subscribed to any professional journals (other than Social Work) and only 17% of the sample reported that they were involved in a "good deal" or "great deal" of social work related activity outside of normal working hours.

When asked about their major job responsibilities, 14% of the sample reported that it was work with children; 31% stated that it was work with biological families; and 21% stated they worked primarily with foster parents. Twenty seven percent of the sample were not "line" workers and, therefore, reported supervisory or administrative duties as their primary job functions. The remaining 7% of the workers reported other primary functions - usually referral work and work with other social systems.

While the above data represent the primary functions of the workers in the sample, most workers reported multiple functions. As can be seen in Table IV-2, most of the workers had responsibilities in a number of areas. Work with biological parents was the function most often reported by the workers.

TABLE IV-2
WORK FUNCTIONS REPORTED BY THE SAMPLE

<u>Function</u>	<u>% Reporting</u> (n=160)
Work with Children	61.9
Work with Biological Parents	75.0
Work with Foster Parents	45.0
Referral	12.5
Work with Other Systems	26.3
Supervision/Administration	28.1
Other	13.8

Comparison with Other Data

In order to place the above data on the characteristics of the sample into a broader frame of reference, the author felt it important to compare this non-probability sample of New York City child welfare workers with more systematic samples of child welfare workers in New York City. In this way, the reader has the opportunity to place the sample used in this study into the framework of New York City child welfare workers in general.

The study chosen for comparison data was a study in which data was gathered from 1,074 workers in 84 agencies in New York City over a 5 year period of time.¹ While the

¹ Deborah Shapiro, Agencies and Foster Children (New York, Columbia University Press, 1976) pp. 17-23.

study was longitudinal, and not all workers were interviewed during each of the four data collection periods, this study does represent the single most comprehensive report of the characteristics of New York City child welfare workers.

Shapiro characterizes her sample as "predominantly young, white, female and single."¹ While the description of the current sample could be characterized in the same way, it will be noted that this sample is less young, less single, but more white than Shapiro's. Regarding age, Shapiro found between 37% and 45% (depending on time period) of her sample to be under 25,² compared to only 9% of the current sample. Seventy-six percent of her workers were female - a proportion not very different from the 78% found in this study. However, 60% of her workers were single compared to only 43% of the current sample. Finally, 76% of her sample were white, compared to 84% in the current study.

Given the age and ethnic differences between the sample in the two studies, it is not surprising that a larger proportion of the workers in the current study had completed graduate education. Fifty-eight percent of the workers in the current study had completed MSW's compared to only 17-35% (depending on time period) in the comparison study.

¹ Ibid. p. 19.

² For all comparison data, see Ibid. pp. 19-20.

The age differences between the samples in the two studies would probably also account for their differences in the amount of job experience. The workers in the Shapiro sample had a median of 2 years of work experience, compared to a median of over 5 years of total experience and a median of 3 years in child welfare for the current sample.

When one compares the differences between the sample in terms of major job responsibilities, differences also emerge. Most noteworthy is the fact that Shapiro found between 3% and 14% of her sample engaged primarily in work with biological families compared to 31% of the workers in the current study. This is not surprising in light of the fact that "preventive" workers were expressly sampled for the current study.

Thus, the workers in the current study were more likely to be older, married, white, better educated, more experienced and more likely to be engaged primarily in work with biological parents than the "typical" worker in the New York City child welfare system.

The Five Groups of Workers Compared

As mentioned in the chapter on methodology, one assumption underlying the design of the current study is that the workers were similar on critical variables at the time of their exposure to their agencies' orientation. While it is impossible to test for this in regard to attitudes, it can be tested in terms of other worker characteristics. Therefore, the data presented earlier in this chapter was subjected to

a cross-tabular analysis in order to see if the five groups of workers were similar in respect to these variables.

The analysis revealed that the five groups of workers were similar on many of the characteristics measured. No significant differences ($p > .05$) were found between the groups of workers regarding the following variables; age; ethnicity; marital status; membership in NASW and in other social work organizations; attendance at courses or seminars; subscriptions to social work journals; amount of social work related activity; and whether they mentioned that their job included work with children, biological parents, referrals, or supervision/administration. However, there were differences found between the groups on two demographic variables, two experience variables and two job function variables.

As can be seen in Table IV-3, the groups did vary significantly in sexual composition. Workers in the preventive units of the public agency were more likely to be male than any other group. Workers in the non-preventive units of the Preventive Service Demonstration Project Agency (PSDP) were the most likely to be female. (Table IV-3)

There were also differences between the groups regarding education. Workers in the preventive units in the public sector were the most likely to have achieved full professionalization (MSW or related masters degree). Workers in the non-preventive units of the PSDP agencies were more likely than other groups to have no professional training (only BA). Workers in the non-PSDP voluntary

agencies were the most likely to have some professional training (BSW or MSW students). These results can be seen in Table IV-4.

TABLE IV-3
WORKERS SEX BY AGENCY TYPE

Sex	Agency Type				
	Preventive		Non-Preventive		
	PSDP (n=46) %	Public (n=9) %	PSDP (n=36) %	Non-PSDP (n=51) %	Public (n=22) %
Male	27.1	66.7	5.6	27.5	18.2
Female	78.3	33.3	94.4	72.5	81.8

$$X^2 = 17.24 \quad df = 4 \quad p < .01$$

TABLE IV-4
WORKERS EDUCATION BY AGENCY TYPE

Education	Agency Type				
	Preventive		Non-Preventive		
	PSDP (n=45) %	Public (n=9) %	PSDP (n=36) %	Non-PSDP (n=51) %	Public (n=22) %
B.A. only	26.7	-	38.9	15.7	31.8
BSW/MSW Student	8.9	11.1	2.8	25.5	18.2
MSW/Related Masters	64.4	88.9	58.3	58.8	50.0

$$X^2 = 18.11 \quad df = 8 \quad p < .05$$

The groups were also different in terms of experience - both social work experience in general and child welfare experience specifically. In both cases, workers in the public sector (whether in preventive or non-preventive units) had greater experience than workers from the voluntary sector. These results can be seen in Table IV-5 and IV-6 respectively.

Given the nature of the work performed when one is in a preventive unit as compared to a placement unit, it is not surprising that the workers differed in their description of their job tasks. Workers in preventive units were significantly less likely than workers in non-preventive units to mention that they work with foster parents. Workers in the preventive units of the PSDP were more likely than other workers to mention that they are involved in work with "other social systems." These results are pre-

TABLE IV-5
SOCIAL WORK EXPERIENCE BY AGENCY TYPE

<u>Social Work Experience</u>	<u>Agency Type</u>				
	<u>Preventive</u>		<u>Non-Preventive</u>		
	<u>PSDP</u> (n=45) %	<u>Public</u> (n=9) %	<u>PSDP</u> (n=36) %	<u>Non-PSDP</u> (n=51) %	<u>Public</u> (n=22) %
Up to five years	42.2	11.1	44.5	56.8	4.5
5 years or more	57.8	88.9	55.5	43.2	95.5

$\chi^2 = 20.98$ $df = 4$ $p < .001$

TABLE IV-6
CHILD WELFARE EXPERIENCE BY AGENCY TYPE

Child Welfare Experience	Agency Type				
	Preventive		Non-Preventive		
	PSDP (n=44) %	Public (n=9) %	PSDP (n=34) %	Non-PSDP (n=49) %	Public (n=22) %
Up to 2 years	38.6	22.2	26.5	49.0	-
2 years or more	61.4	77.8	73.5	51.0	100.0

$$x^2 = 17.95 \quad df = 4 \quad p < .01$$

TABLE IV-7
WORKER MENTIONED WORK WITH
FOSTER PARENTS BY AGENCY TYPE

Work with Foster Parents	Agency Type				
	Preventive		Non-Preventive		
	PSDP (n=44) %	Public (n=9) %	PSDP (n=36) %	Non-PSDP (n=49) %	Public (n=22) %
Mentioned	13.6	11.1	55.6	65.3	59.1
Not Men- tioned	86.4	88.9	44.4	34.7	40.9

$$x^2 = 33.21 \quad df = 4 \quad p < .001$$

sented in Tables IV-7 and IV-8.

TABLE IV-8

WORKER MENTIONED WORK WITH OTHER
SOCIAL SYSTEMS BY AGENCY TYPE

<u>Work with Other Systems</u>	<u>Agency Type</u>				
	<u>Preventive</u>		<u>Non-Preventive</u>		
	<u>PSDP</u> (n=44) %	<u>Public</u> (n=9) %	<u>PSDP</u> (n=36) %	<u>Non-PSDP</u> (n=49) %	<u>Public</u> (n=22) %
Mentioned	43.2	-	22.2	16.3	31.8
Not Men- tioned	56.8	100.0	77.8	83.7	68.2

$$X^2 = 12.87 \quad df = 4 \quad p < .05$$

Table IV-8 reveals another difference which should be noted. It appears that while almost half of the workers in the PSDP preventive units report work with other systems as part of their work, none of the 9 public preventive workers report this. It is possible then, that the type of preventive work done differs between these two type of agencies.

In summary, the five groups appear to be similar on most characteristics. However, on six variables (2 demographic, 2 experience and 2 job functions) significant differences were found among the groups. While some of these differences (job functions) could have been anticipated, others, especially those concerning education, sex and experience, could not. It should be noted that the significant differences in these tables are often caused by the differences between the public preventive workers (or public

workers in general) and the other groups. Given the fact that there are only nine workers in the public preventive group and that all public sector workers volunteered for the research, the importance of these differences might be overstated. That is, in the general population of child welfare workers, the differences between these groups might not be as great. However, the differences which were found between the samples will be taken into account in future analysis and interpretations so that what appears to be differences between the groups on attitudes and judgments are not accounted for by initial differences on social/demographic variables.

CHAPTER V
THE ATTITUDES

As mentioned in Chapter III, a total of six attitude indices were constructed for use in this study. These indices measured concepts that the author thought might be related to decision making in foster care. The purpose of this chapter is to present the data on these attitude indices and explore the relationship between the workers' setting and their social/demographic characteristics and their attitudes.

Orientation Toward Parents

The dimensions of this scale range from feeling that the biological parents of children in foster care have the same concerns about their children as other parents to feeling that they are unconcerned about their children and grateful to be relieved of the burden of raising them. The possible scores on this scale range from 1 to 4. A low score represents the belief that biological parents have concerns about their children while a high score is indicative of the belief that biological parents are grateful to be relieved of their child-rearing function.

The distribution in this scale has a mean of 1.95, a median and mode of 2 and a standard deviation of .38. This suggests that most of the workers believed that biological parents have concerns about their child even after they enter foster care. As can be seen in Table V-1, only 7% of the workers scored 2.6 or higher on this scale, indicating

a general belief that biological parents are unconcerned about their children after placement. The scores appear to be normally distributed and reveal that there is no pronounced negative views of biological parents within the sample tested.

TABLE V-1

FREQUENCY DISTRIBUTION OF SCORES ON
ORIENTATION TOWARD PARENTS SCALE

<u>Score</u>	<u>N</u>	<u>%</u>
1.00-1.39	6	3.7
1.40-1.59	15	9.2
1.60-1.79	19	11.7
1.80-1.99	28	17.2
2.00-2.19	38	23.3
2.20-2.39	33	20.2
2.40-2.59	13	8.0
2.60-4.00	<u>11</u>	<u>6.8</u>
<u>TOTAL</u>	163	100.0

When one analyzes the scores on this scale by the worker's setting, differences are evident. Preventive workers in both the demonstration units and the public sector have lower mean scores than any of the non-preventive groups. When paired comparison t-tests were performed between all groups of workers, significant differences were found in the mean score between preventive PSDP workers and non-preventive public workers ($p = .025$). The difference between the mean score of preventive PSDP workers and the non-preventive non-PSDP workers approached signifi-

cance ($p = .096$). This indicates that workers in units with preventive orientations feel more strongly than other workers that biological parents continue to be concerned about their children after the child is placed. In order to test for overall significance on the above data, a one way analysis of variance was performed. It can be seen in Table V-2 that the difference between the means of the five groups of workers on this scale was significant. Workers in preventive settings had significantly more positive attitudes about the concerns of biological parents regarding their children than workers in non-preventive settings.

TABLE V-2

ANALYSIS OF VARIANCE TABLE FOR ORIENTATION
TOWARD PARENT SCALE BY WORKERS' SETTING

<u>Setting</u>	<u>N</u>	<u>\bar{X}</u>	<u>S.D.</u>	<u>Significance*</u>
<u>Preventive</u>				
PSDP	46	1.79	.38	.007
Public	9	1.87	.28	
<u>Non-Preventive</u>				
PSDP	35	2.01	.34	
Non-PSDP	51	2.01	.37	
Public	22	2.11	.30	

*One Way Analysis of Variance

$$df = 4/158 \quad F = 3.69$$

In addition to the analysis by worker setting, the attitude index was analyzed by the demographic variables

reported by the workers. These analyses revealed that one demographic variable, a number of measures of professional involvement, and whether the worker was involved in work with foster parents were all related to the workers orientation toward biological parents.

The analysis shows that better educated workers were significantly more likely to believe that biological parents continue to have concerns about their children after they are placed than less educated workers. Workers with no professional training had a mean score of 2.11 on this scale, while partially trained workers (BSW/MSW students) had a mean of 2.01 and fully trained workers (MSW/MA) had a mean score of 1.88. Paired comparison t-tests indicated significant differences between the mean scores of workers with no professional training and those who had achieved full professional training ($p = .004$). As can be seen in Table V-3, the difference between these three group means were found to be significant beyond the .01 level.

Workers with stronger professional involvement were also more likely to believe that biological parents continue to remain concerned about their children after placement than workers who do not have such involvement. Members of NASW had a significantly lower mean score on this scale than non-NASW members as can be seen in Table V-4. Similarly, workers who belonged to social work organizations other than NASW were more likely to believe that biological parents remained concerned about their children more strongly

TABLE V-3

ANALYSIS OF VARIANCE TABLE FOR
ORIENTATION TOWARD PARENTS SCALE
GROUPED BY WORKERS EDUCATION

<u>Training</u>	<u>N</u>	<u>\bar{X}</u>	<u>S.D.</u>	<u>Significance*</u>
No Professional Training	40	2.11	.44	.003
BSW/MSW Student	23	2.01	.29	
MSW/MA	99	1.88	.35	

*One-Way Analysis of Variance

df = 2/159

F=6.24

TABLE V-4

ORIENTATION TOWARD PARENT SCALE
SCALE BY NASW MEMBERSHIP

<u>Member</u> (n=53)	<u>Non-Member</u> (n=108)
\bar{X} = 1.85	\bar{X} = 2.00
S.D. = .39	S.D. = .37
diff. = .144	
SE = .063	

t = 2.27

df = 159

p = .025

than workers who do not have such memberships (Table V-5).

Another measure of professional involvement - attendance at courses - was also found to be related to a worker believing that biological parents remained concerned about their child after placement. Workers who reported attending

TABLE V-5

ORIENTATION TOWARD PARENTS SCALE
SCORES BY MEMBERSHIP IN SOCIAL WORK
RELATED ORGANIZATIONS

Member (n=25)	Non-Member (n=137)
$\bar{X} = 1.78$	$\bar{X} = 1.99$
S.D. = .38	S.D. = .37
diff. = .205	
SE = .081	

t = 2.51

df = 160

p = .0013

courses regularly had a mean score of 1.82 on the Orientation Toward Parent Scale compared to a mean of 1.97 for workers who only occasionally attend courses and 2.07 for workers who have never attended courses. Paired comparison t-tests revealed significant differences in mean scores on this scale between workers who never attend courses and those who attend courses regularly ($p = .04$). As can be seen in Table V-6, analysis reveals that the three groups of workers had significantly different mean scores on this scale.

One work function was also found to be related to the workers orientation toward parents. Workers who did not mention working with foster parents as a job function were significantly more likely to believe that biological parents remain concerned about their children after placement than workers who did mention this as a job function.

TABLE V-6

ANALYSIS OF VARIANCE TABLE FOR ORIENTATION
TOWARD PARENT SCALE GROUPED BY
WORKER ATTENDANCE AT COURSES

<u>Attendance at Courses</u>	<u>N</u>	<u>\bar{X}</u>	<u>S.D.</u>	<u>Significance*</u>
Never	26	2.07	.37	.028
Occasionally	100	1.97	.37	
Regularly	37	1.82	.39	

*One -Way Analysis of Variance

df = 2/160

F = 3.67

TABLE V-7

ORIENTATION TOWARD PARENT SCALE SCORE
BY WHETHER WORKER MENTIONED WORK
WITH FOSTER PARENTS

<u>Mentioned</u> (n=71)	<u>Not Mentioned</u> (n=88)
\bar{X} = 2.04	\bar{X} = 1.89
S.D. = .39	S.D. = .37
	diff. = .150
	SE = .060

t = 2.49

df = 157

p = .014

It should be noted that no other demographic or work related variables were found to be significantly associated with a worker's scale score. Age, sex, race, marital status, or years of experience were not significantly related, nor were other indications of professional commit-

ment or the presence of other work functions.

From the above discussion, it can be seen that workers in preventive settings had stronger beliefs than non-preventive workers that biological parents remain concerned about their children after placement. This is not surprising in light of the fact that workers in preventively oriented work had frequent contact with biological parents and were more likely to hear their concerns about their child and his/her progress.

The explanation of the results regarding the findings about education and work with foster parents are not as simple to explain. It may be that workers with higher education levels have more positive attitudes toward biological parents due to their exposure to graduate education. Likewise, face-to-face contact with foster parents may directly influence the workers attitudes toward biological parents. They may be more aligned with foster parents and therefore, hold more negative feelings toward biological parents. However, one must remember that the presence of higher levels of education and the absence of contact with foster parents was related to whether workers' were in preventive settings (Tables IV-4 and IV-7). Whether or not education and work with foster parents influence attitudes independent of the workers setting will be explored later in the research.

The data also indicate that the degree of professional commitment was also related to the belief that biological parents remain concerned. These measures of such

commitment - NASW membership, membership in social work-related organizations and attendance at courses - were all related to a low score on the Orientation Toward Parent scale which was constructed. It may be that with exposure to further educational experiences and professional organizations, the worker is less likely to take on the societal belief that any parent whose child is in foster care is not a good parent (unconcerned) but rather sees the strengths of the biological parents even when they are under stress.

Goodness of Foster Care

The dimensions of this scale range from feeling that foster care provides a positive experience for most children to feeling that it is a damaging experience for most children. The possible scores range from 1 to 4 with a high score representing the belief that foster care is a damaging experience for most children.

The distribution of scores on this scale had a mean of 2.43, a median of 2.42 and a mode of 2.29. The standard deviation was .38. This suggests that the sample was about equally divided between workers believing foster care to be a positive experience and those who believed foster care to be a negative experience. As can be seen in Table V-8, almost 40% of the sample received a score of 2.5 or above, indicating a general belief that foster care was a damaging experience for children. The scores on this scale appear to be normally distributed.

When the scores on this scale were analyzed by the

TABLE V-8
 FREQUENCY DISTRIBUTION OF SCORES ON
 GOODNESS OF FOSTER CARE SCALE

<u>Score</u>	<u>N</u>	<u>%</u>
Under 2.0	8	4.9
2.00-2.24	40	24.5
2.25-2.49	50	30.7
2.50-2.74	34	20.9
2.75-3.00	19	11.6
Over 3.00	<u>12</u>	<u>7.4</u>
<u>TOTAL</u>	163	100.0

setting of the worker through the use of a one-way analysis of variance, the differences between the group means were not significant at the .05 level ($p = .08$). Paired comparison t-tests reveal that the difference in mean scores between PSDP preventive workers and non-preventive voluntary workers in non-PSDP agencies also approach significance ($p = .06$). It therefore appears evident that there is a trend, with workers in the PSDP preventive units having a higher mean score (a greater feeling that foster care is damaging) than any other group of workers. These data are presented in Table V-9.

This scale was also subjected to analyses by the social/demographic, experience, professional involvement and work function variables. None of these variables were found to be significant in distinguishing between high and low scoring workers on this scale.

TABLE V-9
 ANALYSIS OF VARIANCE TABLE FOR
 "GOODNESS" OF FOSTER CARE
 SCALE BY WORKER SETTING

<u>Setting</u>	<u>N</u>	<u>\bar{X}</u>	<u>S.D.</u>	<u>Significance*</u>
<u>Preventive</u>				
PSDP	46	2.53	.34	.081
Public	9	2.39	.23	
<u>Non-Preventive</u>				
PSDP	35	2.48	.40	
Non-PSDP	51	2.32	.39	
Public	22	2.42	.40	

*One-Way Analysis of Variance

df = 4/158

F = 2.12

Effects of Separation

The dimensions of this scale range from the belief that separation of a child from his parents is always damaging and has long term effects on the child, to the belief that, while traumatic, the effects of separation can be overcome and are usually transitory.

The distribution of scores on this scale had a mean of 1.95, a median and mode of 2.0 and a standard deviation of .47. A low score on this scale reflects the belief that separation of a child from his parents is always damaging and has long term effects on the child. With a mean score of 1.95, one can conclude that the majority of the workers believed this to be the case. Only 16% of the total sample

had a score of 2.50 or above, indicating a general belief that the effects of separation are transitory.

TABLE V-10
FREQUENCY DISTRIBUTION OF SCORES ON
EFFECT OF SEPARATION SCALE

<u>Score</u>	<u>N</u>	<u>%</u>
Under 1.50	20	12.3
1.50-1.74	19	11.7
1.75-1.99	23	14.2
2.00-2.24	52	32.1
2.24-2.49	22	13.6
2.50-2.74	14	8.6
2.75-4.00	<u>12</u>	<u>7.4</u>
<u>TOTAL</u>	162	100.0

Analysis of the scores on this scale by the worker's setting did not reveal significant differences between the groups ($p = .30$). This indicates that all the workers, regardless of their work setting, tended to see the effects of separation as long lasting and traumatic.

Analysis of the scale scores by demographic, experience, professional involvement and worker function variables revealed two significant relationships. As can be seen in Table V-11, the ethnic background of the workers seems to influence the score on this scale. Non-white workers had a significantly higher mean score on this scale, indicating that they saw the effects of separation as less traumatic than the white workers in the sample.

TABLE V-11
EFFECTS OF SEPARATION SCALE SCORE BY
WORKERS ETHNIC GROUP

<u>White</u>	<u>Non-White</u>
<u>(n=137)</u>	<u>(n=25)</u>
$\bar{X} = 1.91$	$\bar{X} = 2.17$
S.D. = .42	S.D. = .64
	diff. = .258
	SE = .101

t = 2.56 df = 160 p = .012

Furthermore, workers who reported having direct contact with children had a significantly higher mean score on this scale than workers who did not report work with children as a work function.

TABLE V-12
EFFECTS OF SEPARATION SCALE SCORE BY
WHETHER WORKER MENTIONED WORKING WITH CHILDREN

<u>Mentioned</u>	<u>Not Mentioned</u>
<u>(n=97)</u>	<u>(n=61)</u>
$\bar{X} = 2.00$	$\bar{X} = 1.85$
S.D. = .48	S.D. = .43
	diff. = .155
	SE = .077

t = 2.03 df = 156 p = .045

From the above finding, one again sees that exposure to a given client group appears to influence worker attitudes. Workers who have contact with children who have

experienced separation see the effects of this separation as less traumatic than other workers. These workers see children shortly after separation and have contact with them for a period of time after placement and thus see the child's adjustment to the foster care experience. Because most children appear to adjust well to foster care, these workers might see separation as being less traumatic than other workers.

The finding that non-white workers view the separation experience as less damaging than white workers might be explained by cultural differences between the two groups. It has been shown that there is a greater presence of alternate family structures in the non-white community. There is an informal network of child caring and rearing present in the non-white community which does not exist to the same extent in the white community. Therefore, non-white workers are exposed more frequently during their lives to children being raised by adults other than their parents and are more accepting of this. They may therefore see separation from the biological parents as less damaging (since it is more acceptable in their culture) than white workers.

Optimism on the Use of Preventive Services

The dimensions of this scale range from the belief that intense family services are helpful in avoiding placement and/or returning children home quickly and that they are worthwhile, to feeling that providing such services is fruitless and not worthwhile. A low score on this scale

represents the belief that preventive services are helpful and worthwhile.

The distribution of scores on this scale had a mean of 1.75, a median of 1.80 and a mode of 2.00. The standard deviation of the distribution was 0.38. These figures indicate that most of the workers believed that preventive services were worthwhile and useful. This becomes even more evident when one examines the frequency distribution for this scale and notices that only 9% of the sample had scores on this scale of 2.30 or above.

TABLE V-13

FREQUENCY DISTRIBUTION OF SCORES ON THE
OPTIMISM ON THE USE OF PREVENTIVE SERVICES SCALE

<u>Scale</u>	<u>N</u>	<u>%</u>
Under 1.30	17	10.4
1.30-1.49	26	16.0
1.50-1.69	26	16.0
1.70-1.89	19	11.7
1.90-2.09	39	23.9
2.10-2.29	22	13.5
2.30-4.00	<u>14</u>	<u>8.6</u>
<u>TOTAL</u>	163	100.0

When the scores of this scale were analyzed by the worker's setting strong significant differences are observed. As might have been expected, workers in preventive settings believed more strongly that intense family services were helpful and worthwhile than workers in non-preventive

units or agencies. This can be seen by comparing the mean scores for these groups. When paired comparison t-tests were performed between groups, two significant relationships were found. The strongest difference was found between workers in the PSDP preventive units and the non-preventive workers in the non-PSDP voluntary agencies ($p < .001$). In addition, a significant difference was found between PSDP preventive workers and the non-preventive workers in the public sector ($p < .025$). In both cases, the preventive workers had significantly lower mean scores than the other groups. These differences are reflected in Table V-14 which presents the analysis of variance data for this score with workers grouped by their setting.

TABLE V-14

ANALYSIS OF VARIANCE TABLE FOR OPTIMISM
ON THE USE OF PREVENTIVE SERVICES SCALE
GROUPED BY WORKER SETTING

<u>Setting</u>	<u>N</u>	<u>\bar{X}</u>	<u>S.D.</u>	<u>Significance*</u>
<u>Preventive</u>				
PSDP	46	1.56	.35	<.001
Public	9	1.66	.29	
<u>Non-Preventive</u>				
PSDP	35	1.76	.36	
Non-PSDP	51	1.89	.37	
Public	22	1.85	.36	

*One-Way Analysis of Variance

df = 4/158

F = 5.80

None of the social/demographic variables were found to be related to the workers score on this scale, although there was a trend on the education variable ($p = .07$) with workers with no professional education having a mean of 1.84, those with some professional training having a mean score of 1.83, and those with full professional education having a mean of 1.70. There were also no significant differences when one analyzed the data by the two experience variables.

One variable reflective of professional involvement was found to be related to the scale score on this index. Workers who regularly attend courses had a significantly lower mean score than either those who occasionally attend courses or workers who have never attended courses. These results are presented in Table V-15.

TABLE V-15

ANALYSIS OF VARIANCE TABLE FOR OPTIMISM
ON THE USE OF PREVENTIVE SERVICES SCALE
BY ATTENDANCE AT COURSES

<u>Attendance at Course</u>	<u>N</u>	<u>\bar{X}</u>	<u>S.D.</u>	<u>Significance*</u>
Never	26	1.85	.38	.034
Occasionally	100	1.78	.37	
Regularly	37	1.62	.38	

*One-Way Analysis of Variance

df = 2/160

F = 3.47

There was also one work function variable which was found to be related to scores on this index. Workers who mentioned that they worked with foster parents had a significantly higher mean score on this scale than workers who did not mention work with foster parents as a job function.

TABLE V-16
OPTIMISM ON THE USE OF PREVENTIVE
SERVICES SCALE BY WHETHER WORKER
MENTIONED WORK WITH FOSTER PARENT

<u>Mentioned</u> (n=71)	<u>Not Mentioned</u> (n=88)
$\bar{X} = 1.84$	$\bar{X} = 1.68$
S.D. = .36	S.D. = .38
diff. = .16	
SE = .06	
t = 2.69 df = 157 p = .008	

The results of the analysis of this scale are very similar to the first scale analyzed - Orientation Toward Parents. Workers in preventive settings had stronger beliefs that intense family services are helpful and worthwhile than workers in non-preventive settings. This is not surprising in light of the fact that such workers devote much of their energy to providing such services.

Workers who work with foster parents have less commitment to preventive services than other workers. Again, it is not clear whether this relationship is due to the fact that preventive workers are less likely to work with

foster parents or if workers who are exposed to foster parents identify more strongly with them and therefore have a more positive view of foster care and thus are not as committed to preventive services. Analysis done later in the research will shed some light on this question.

Once again there is some indication that professional commitment - as measured by attendance at courses - is also related to having stronger beliefs that preventive services are useful and worthwhile. It may be that since the emphasis on prevention of placement in child welfare is relatively new, workers who attend courses are more likely to be exposed to this philosophy and trust in it more than workers who are not exposed to recent developments in the field.

Importance of Biological Parents

The dimensions of this scale range from the belief that biological parents are important to a child throughout his life and that contact between the child and his parents should be encouraged, to the belief that foster parents or other parent substitutes can replace biological parents in the child's mind. A low score on this scale represents the belief that biological parents remain an important part of the child's life even after the physical separation of a child.

The distribution of scores on this scale seems to indicate that most workers in the sample believe that contact between biological parents and the child should be encouraged since they remain important to the child. The

sample had a mean score of 1.98, a median score of 2.00 and a modal score of 2.17 on this scale. The standard deviation was .39 indicating little variation among the respondents on this issue. Only 10% of the sample had scores above 2.50 (indicating a general belief that biological parents could be replaced).

TABLE V-17

FREQUENCY DISTRIBUTION OF SCORES ON
IMPORTANCE OF BIOLOGICAL PARENTS SCALE

<u>Score</u>	<u>N</u>	<u>%</u>
Under 1.50	15	9.2
1.50-1.74	32	19.6
1.75-1.99	17	10.4
2.00-2.24	57	35.0
2.25-2.49	26	16.0
2.50-4.00	<u>16</u>	<u>9.8</u>
<u>TOTAL</u>	163	100.0

When the scores on this scale are analyzed by the worker's setting significant differences again emerge. Workers in the preventive units of the PSDP had the lowest mean score of any group, indicating that their belief that biological parents continue to remain important to the child is stronger than workers in other settings. Paired comparison t-tests once again showed that there were significant differences between the PSDP preventive workers and non-preventive workers in non-PSDP voluntary agencies ($p = .016$). The analysis of variance table confirms that the mean scores

between the groups were significantly different.

TABLE V-18

ANALYSIS OF VARIANCE TABLE FOR
IMPORTANCE OF BIOLOGICAL PARENTS
SCALE GROUPED BY WORKER SETTING

<u>Setting</u>	<u>N</u>	<u>\bar{X}</u>	<u>S.D.</u>	<u>Significance*</u>
<u>Preventive</u>				
PSDP	46	1.85	.40	.005
Public	9	2.02	.30	
<u>Non-Preventive</u>				
PSDP	35	1.89	.39	
Non-PSDP	51	2.11	.38	
Public	22	2.08	.28	

*One-Way Analysis of Variance

df = 4/158

F = 3.94

Two other variables were found to differentiate between workers with high and low scores on this scale. First, the ethnic identity of the worker appears to make this differentiation. Non-white workers had a mean score significantly higher than white workers, indicating that they were more likely to believe that other child-caring persons can replace the child's biological parents. (Table V-19)

Second, workers who did not work with foster parents had a significantly lower mean score on this scale, indicating that such workers were more likely to believe that biological parents remain important to a child throughout his/her life and that contact between biological parent and

TABLE V-19
 IMPORTANCE OF BIOLOGICAL PARENTS
 SCALE BY WORKERS' ETHNICITY

<u>White</u> (n=137)	<u>Non-White</u> (n=26)
$\bar{X} = 1.95$	$\bar{X} = 2.14$
S.D. = .40	S.D. = .31
	diff. = .189
	SE = .083

t = 2.28 df = 161 p = .024

child should be encouraged. These results are reported in Table V-20.

TABLE V-20
 IMPORTANCE OF BIOLOGICAL PARENTS
 SCALE BY WHETHER WORKER MENTIONED
 WORK WITH FOSTER PARENTS

<u>Mentioned</u> (n=71)	<u>Not Mentioned</u> (n=88)
$\bar{X} = 2.08$	$\bar{X} = 1.89$
S.D. = .38	S.D. = .37
	diff. = .193
	SE = .060

t = 3.18 df = 157 p = .002

Thus, for the Importance of Biological Parents scale, three variables were found to be significant in differentiating between groups of high and low scoring workers. Preventive workers in the PSDP were the strongest in their belief that biological parents remain important to a child.

The next strongest group in this belief were the non-preventive workers in the PSDP agencies. It appears then, that a strong preventive orientation either in the unit or the agency, effects the workers perception of the importance of biological parents. The fact that the preventive workers in the public sector had a higher group mean may be a function of the public sector attitude toward biological parents regardless of the orientation of a particular unit, or may be due to the small number of public preventive workers in the sample.

In spite of the fact that preventive public workers scored higher on this scale than some non-preventive workers, the importance of the preventive orientation is reflected in the fact that workers who did not have direct contact with foster parents had lower mean scores on the scale than workers who did have such contact. It may be that workers with direct experience with foster parents see a greater identification of the child with his/her foster parent and therefore tend to be more likely to believe that the foster parents can replace the biological parents in the childs' mind. However, it should be noted again that preventive workers, who tend to be biological family oriented in their approach, have significantly less contact with foster parents than non-preventive workers. One might wonder if such workers had contact with foster parents, whether their strong support for importance of biological parents would be sustained.

Finally, we again see the importance of the workers' ethnicity on his/her perceptions. Workers of non-white origins saw the biological parents as significantly less important to the child than white workers. Again, this may be due to the fact that the non-white community is more likely to accept alternate or informal child rearing systems than the white community. A greater exposure to child-rearing by non-parents may cause non-white workers to be less strong than their white counterparts in their beliefs regarding the importance of biological parents.

Orientation Toward Parental Rights

The dimensions of this scale range from the feeling that the most important thing for a child is a sense of permanency and that this should be achieved even if parental rights are terminated prematurely to the feeling that the rights of parents are most important and should be abrogated only in extreme circumstances. A low score on this scale indicates that the rights of parents should be terminated only in extreme circumstances.

The distribution of scale scores had a mean of 2.88 and a median and mode of 2.80. The standard deviation was 0.45. Four-fifths of the sample had scores above 2.50 indicating that, for most workers, permanency for the child is a stronger consideration in child welfare than the rights of biological parents. The frequency distribution for this scale is presented in Table V-21.

While the workers in both preventive groups had

TABLE V-21
 FREQUENCY DISTRIBUTION OF SCORES ON
 ORIENTATION TOWARD PARENTAL RIGHTS SCALE

<u>Score</u>	<u>N</u>	<u>%</u>
Under 2.25	15	9.2
2.25-2.49	18	11.0
2.50-2.74	21	12.9
2.75-2.99	37	22.7
3.00-3.24	41	25.2
3.25-3.49	16	9.8
3.50-4.00	<u>15</u>	<u>9.2</u>
TOTAL	163	100.0

lower mean scores than any of the non-preventive workers on this scale (2.73, 2.80 vs. 2.89, 2.90, 2.99), these differences were not found to be significant ($p = .32$). Thus, it appears that the orientation of the worker's unit is not a factor in the worker's orientation toward biological parents rights.

Two other variables, however, were found to be related to scores on this index. Older workers (over 40) had a significantly lower mean score than either workers who were under 30 or workers between the ages of 30 and 40 as determined by paired comparison t-tests. This indicates that older workers were less likely to believe that parental rights should be terminated to achieve permanency for children. The analysis of variance for this variable is presented in Table V-22.

In addition, workers who mentioned that their jobs

TABLE V-22

ANALYSIS OF VARIANCE TABLE FOR ORIENTATION
TOWARD PARENTAL RIGHTS SCALE GROUPED BY
WORKER AGE

Workers Age	<u>N</u>	<u>\bar{X}</u>	<u>S.D.</u>	<u>Significance*</u>
Under 30	79	2.91	.41	.022
30-39	50	2.96	.47	
40 or over	34	2.69	.47	

*One-Way Analysis of Variance

df = 2/160

F = 3.95

included work with foster parents had a significantly higher mean score than workers whose job did not include this function, indicating that such workers were more strongly in favor of terminating parental rights to achieve permanency than other workers.

TABLE V-23

ORIENTATION TOWARD PARENTAL RIGHTS BY WHETHER
WORKER MENTIONED WORK WITH FOSTER PARENTS

<u>Mentioned</u> (n=71)	<u>Not Mentioned</u> (n=88)
$\bar{X} = 2.98$	$\bar{X} = 2.79$
S.D. = .47	S.D. = .43
diff. = .195	
SE = .071	

t = 2.74

df = 157

p = .007

The fact that older workers seem to be more conservative in their use of the termination of parental rights may reflect the fact that such termination procedures are relatively new. They may thus be less appealing to older workers who would have to realign their thinking in terms of child welfare procedures in order to advocate their use.

The finding that workers who do not work with foster parents are less likely to advocate the termination of parental rights may be due to any of a number of factors. First, it should again be remembered, that workers involved with foster parents are less likely to be preventive workers. There may be a tendency on the part of these workers to discard the possibility of working toward reestablishment of a family faster than workers who are involved in preventive work (and therefore less likely to be involved with foster parents). Secondly, with the increased emphasis on permanency for children, workers involved with foster parents may be more likely to see these foster parents as a permanent resource for the child and therefore advocate for the termination of parental rights in hopes of establishing a permanent home for the child with the foster parents. It may be that workers view the phenomenon of foster care from the perspective of the actor in the foster care system with whom he/she interacts.

Summary and Conclusions

In summary, the analysis of the data concerning attitudes seems, at least partially, to confirm the hypothesis

that workers in preventive settings have attitudes different than workers in traditional settings. Significant differences were found on three of the six attitude scales when analyzed by the workers setting. In a fourth case, the analysis showed differences close to the .05 level of significance. On each of these scales the workers in the preventive units of the Preventive Service Demonstration Project agencies showed the most pronounced view. The direction of the scores was always as hypothesized - PSDP preventive workers were more likely to have more positive attitudes toward biological parents and their role in child rearing (Orientation Toward Parents Scale, Importance of Biological Parents Scale), a greater belief in the effectiveness of intensive family services to avoid or shorten placement (Optimism on the Use of Preventive Service Scale) and a stronger belief that foster care is a damaging experience for children (Goodness of Foster Care Scale).

It should be noted that on two of the scales, the next most pronounced views were those of the preventive workers in the public sector. This conforms to the hypothesis that preventive workers differ from non-preventive workers. However, this was not the case on two of the scales (Goodness of Foster Care and Importance of Biological Parents). The reason for this is unclear. It may be due to sampling error given the small number of workers in the public-preventive group. It may, however, be due to differences between workers in the voluntary and public

sectors.

It is interesting to note that on three of the four scales which were significant or near significant when analyzed by worker setting, and one additional scale, the workers involvement with foster parents was also predictive of scale scores. Given the fact that preventive workers were less likely than traditional workers to work with foster parents, this is not surprising, especially since the direction of the relationship was as predicted for preventive workers. Which of these two factors (orientation of setting vs. work with foster parents) has greater explanatory power in predicting worker placement patterns will be determined in a later analysis.

The analysis of the data also revealed that in two instances (Orientation Towards Parents and Optimism on the Use of Preventive Services) at least one measure of professional involvement was related to the worker's scale score. In both instances, continuing professional involvement was related to attitudes shown to be more likely held by preventive workers. The causal direction of this relationship, however, is unclear. There is a degree of circularity present. One might speculate that professional involvement encourages more preventive attitudes. On the other hand, people with preventive attitudes might be more likely to seek out professional involvements.

Finally, ethnicity was found to be related to the scores on two of the attitude scales. Non-white workers

were more likely to feel that separation was less traumatic for children and that biological parents could be replaced more often than white workers. It may be that workers of minority backgrounds, where informal family networks and separations are more common, may feel that this is less traumatic than white workers, who are less likely to be exposed to such situations.

CHAPTER VI

THE JUDGMENT OF CASE ELEMENTS

Along with the battery of attitudinal items, each of the workers were asked to read five simulated case narratives. For each, they were asked to make a series of seven judgments, six of which concerned the child/family characteristics in the case. The seventh was a judgment as to whether placement was necessary.

It will be recalled that the cases on which these judgments were made were designed to fall along a hypothetical continuum, with one extreme being that the child should definitely not be placed and the other being that placement was absolutely necessary. From a review of the literature it was anticipated that agreement among workers would be highest in cases falling closest to these extremes and lowest on the one mid-range case presented. This, in fact, was confirmed and the pattern of placement decisions on the five cases were revealed to have a unidimensional order and met the conventional criteria for a Guttman scale. Agreement among workers ranged from 93% on one of the extreme cases (Case B) to 64% on the mid-range case (Case C.)

Because of the high level of agreement regarding placement decision on four cases, it was not surprising that the judgments of the specific case elements on these four cases also showed little variability. Most of the workers fell into one of two adjoining categories on any given rating on these cases. It was, therefore, decided

that the analysis of the judgment of case element data would focus on the case elements of Case C - the mid-range case. The judgments on this case showed somewhat greater variability and, therefore, lent themselves better to analytic approaches. This chapter will focus on these judgments - the case elements in this mid-range case. The reasons for the small amount of variance on these ratings is subsequently discussed in Chapter VIII.

Affectional Tone Between Parent and Child.

This five point rating scale was designed to measure the amount of caring, warmth and affection between the major child caring person and the child. The possible response categories ranged from the workers judgment that the parent was not at all caring to feeling that she was extremely caring. Inspection of the frequency distribution shows that the large majority of workers saw the mother in this case as deficient in these areas and slightly more than half saw her as not at all caring. As can be seen (Table VI-1) there was not very much variability in score. The distribution had a mean of 1.53 and a standard deviation of .63, showing strong agreement among workers.

When this distribution was analyzed by worker setting no significant differences appeared. The analysis of variance yielded an F of 1.47 ($p = .21$). Thus, one can conclude that on this judgment workers in preventive units were no different than workers in non-preventive units.

TABLE VI-1
 FREQUENCY DISTRIBUTION OF JUDGMENTS
 ON AFFECTIONAL TONE - CASE C

	<u>N</u>	<u>%</u>
Not at all caring	87	53.4
Somewhat caring	66	40.5
Adequate caring	9	5.6
More than adequate caring	1	0.6
Extremely caring	<u>0</u>	<u>0.0</u>
<u>TOTAL</u>	163	100.0

Two of the demographic/work characteristics of the subjects showed significant differences on this judgment. Non-white workers were more likely to judge the affectional tone between parent and child in this case to be more negative than white workers. The reason for this finding is unclear. One possible explanation is that the case name for this case was Mores, which would probably be interpreted as being of Hispanic origin. It may be conjectured that non-white workers (some of whom were Hispanic) would tend to judge their own or other minority group members more harshly than white workers who may be sensitive to the issues of institutional racism. (Table VI-2)

Workers in supervisory capacities were less strong in their negative feelings about the affectional tone between parent and child than were line workers. Supervisors may be better able and trained to discern strengths in a family because their judgment are based on experience with

TABLE VI-2
 AFFECTIONAL TONE - CASE C
 BY WORKERS ETHNICITY

<u>White</u> (n=137)	<u>Non-White</u> (n=26)
$\bar{X} = 1.358$	$\bar{X} = 1.727$
S.D. = .64	S.D. = .52
diff. = .315	
SE = .133	

t = 2.36 df = 161 p = .020

a larger number of cases. Their use of extreme categories might be tempered since their range of experience is more likely to include cases even more extreme. For them, the width of the categories on the rating scale may be wider since the range of their experience is wider.

TABLE VI-3
 AFFECTIONAL TONE - CASE C BY WHETHER
 WORKERS MENTIONED SUPERVISORY DUTIES

<u>Mentioned</u> (n=44)	<u>Not Mentioned</u> (n=115)
$\bar{X} = 1.70$	$\bar{X} = 1.47$
S.D. = .69	S.D. = .59
diff. = .235	
SE = .111	

t = 2.10 df = 157 p = .037

Three very modest but significant relationships were found between the subjects' attitudes and the judgment of

the affectional tone in Case C. There was a negative significant correlation ($-.194$) between the Orientation Toward Parents Index and this judgment suggesting that workers who strongly believed that biological parents remained concerned about their children after placement, saw the parent in Case C as more caring than other workers. A positive significant relationship was found between the Goodness of Foster Care Index and the judgment ($.185$) suggesting that the more damaging the worker saw the foster care experience, the more likely he was to see the parent in Case C as caring. Finally, there was a significant negative correlation ($-.164$) between the Optimism on the Use of Preventive Services Index and this judgment, indicating that workers who felt strongly that preventive services were helpful and worthwhile were more likely to believe that there was some caring manifested by the parent toward the child in Case C.

Thus, while the workers' setting was found not to be significantly related to this judgment, three attitude indices which were related to the workers' setting were also related to the judgment of affectional tone. In each case the more "preventive" score on an index was related to seeing a greater strength in the family. Workers who felt that preventive services were helpful, that parents remained concerned about their children and that foster care was damaging, all saw greater caring on the part of the mother in this case.

Willingness to Continue Care

This five point rating scale was designed to measure the desire of the major child caring figure to continue to fulfill her parental role. The scale ranged from believing that she had no desire to care to believing she was extremely anxious to care. The scale had a mean of 1.8, a median of 2 and a standard deviation of .80, indicating that most workers felt that there was some desire on the part of the mother to continue to care for her child.

TABLE VI-4

FREQUENCY DISTRIBUTION OF JUDGMENT ON WILLINGNESS TO CONTINUE CARE - CASE C

	<u>N</u>	<u>%</u>
No desire to care	66	40.5
Some willingness to care	69	42.3
Willing to care	25	15.3
More than willing to care	1	0.6
Extremely anxious to care	<u>2</u>	<u>1.2</u>
<u>TOTAL</u>	163	100.0

This case judgment was analyzed by the workers' setting by use of paired comparison t-tests and an analysis of variance. No significant differences were found between the groups. Workers in preventive units had judgments similar to those of workers in non-preventive units. In addition, none of the demographic/work variables were found to be related to workers judgment as to whether the mother was willing to continue care.

Only one attitude index was found to be related to this judgment and that relationship was only very modest ($r = .172$). Workers who believed that biological parents continue to be concerned about their children after they are in placement (Orientation Toward Parents) saw greater willingness on the part of this mother to continue care. Thus, workers who expressed positive attitudes toward parental emotional involvement with their child saw this to be the situation in the case under consideration. Once again, a more "preventive" orientation on an attitude was related to seeing greater strength in the biological family.

Ability to Provide Care

This five point rating scale was designed to measure the child caring persons' ability to cope with their environment and to provide for the needs of the child in terms of supervision and protection. That is, to provide an environment in which the child can thrive. The negative extreme of the scale represents the position that the parent is not at all able to do this, while the positive is that she is extremely able to do so.

The frequency distribution for this scale is very similar to that of the Willingness to Continue Care Scale just described. It has a mean of 1.72, a median of 2 and a standard deviation of .76. This indicates that most workers felt that there was at least some ability on the part of the parent to care for the needs of the child.

The scores on this scale were analyzed by the workers

TABLE VI-5
 FREQUENCY DISTRIBUTION OF JUDGMENT
 ON ABILITY TO PROVIDE CARE - CASE C

	<u>N</u>	<u>%</u>
No ability	73	44.8
Slight ability	50	36.8
Some ability	29	17.8
Good ability	1	0.6
Extremely able	<u>0</u>	<u>0.0</u>
<u>TOTAL</u>	163	100.0

setting by use of a one-way analysis of variance (and paired comparison t-tests). While the mean scores of the preventive groups were higher than those of the non-preventive groups (1.89, 1.87 vs. 1.72, 1.67, 1.65) indicating that the preventive workers thought this mother more able to provide care, the differences did not approach statistical significance. Thus, workers, regardless of their settings, saw this mother's ability in about the same way.

However, analysis revealed differences between age groups on this variable. Older workers saw the mothers' ability to care for the child in a more positive light than younger workers. Paired comparison t-tests revealed significant differences in mean scores between the youngest group of workers and the oldest.

The reason for this is not immediately clear. One might speculate that older workers are more experienced and therefore, may have a greater ability to see strengths in a

family, but when this variable was analyzed by experience no significant differences were found. It therefore remains unclear why this difference occurred.

TABLE VI-6
ANALYSIS OF VARIANCE TABLE FOR PARENTS'
ABILITY TO CARE - CASE C BY AGE

<u>Age</u>	<u>N</u>	<u>\bar{X}</u>	<u>S.D.</u>	<u>Significance*</u>
Under 30	80	1.65	.69	.046
30-39	49	1.69	.76	
40 or over	34	2.03	.86	

*One-Way Analysis of Variance

df = 2/160

F = 3.14

Significant differences in the expected direction were found when this variable was analyzed by the amount of social work related activity the worker participated in outside of working hours. Workers who reported little professional activity were significantly more likely (t-tests) to judge the mother as being unable to care for the child than workers who reported some or a great deal of professional activity off the job. While this relationship is not surprising in light of the findings that greater professional commitments are also related to positive "preventive" attitudes, and thus one might expect more committed workers to see greater strengths in a family, the casual direction of this relationship remains unclear. One cannot be sure if

professional activity leads one to see strengths in families due to exposure to preventive thinking in these activities or whether workers with preventive orientations who see strengths in a family are more likely to seek out activities in which these views are supported.

TABLE VI-7

ANALYSIS OF VARIANCE TABLE FOR PARENTS' ABILITY
TO CARE - CASE C BY SOCIAL WORK RELATED ACTIVITIES

<u>Activities</u>	<u>N</u>	<u>\bar{X}</u>	<u>S.D.</u>	<u>Significance*</u>
Very little	65	1.54	.63	.016
Some	70	1.90	.80	
Great deal	18	1.89	.88	

*One-Way Analysis of Variance

DF = 2/150

F = 4.30

In addition to age and professional involvement two work variables were found to be related to the workers' perception of the mothers' ability to care on this case. Workers who were involved with biological parents were more likely to see parental strength than workers who did not mention this function. On the other hand, workers who mentioned that they worked with foster parents were less likely to see this mother as competent to care for her child.

The above findings are supportive of the idea that the foster care worker makes judgments which are influenced by the actors in the foster care triangle with whom he/she

interacts. Workers who are involved with foster parents tend to see the biological parents as more unable to care, while workers involved with biological parents see greater strengths. While these two functions are not mutually exclusive, in New York City few "under care" workers have the time or supports necessary to effectively involve themselves with the child's biological parents.

TABLE VI-8

ABILITY TO CARE - CASE C BY WHETHER WORKER
MENTIONED WORK WITH BIOLOGICAL PARENTS

<u>Mentioned</u> (n=120)		<u>Not Mentioned</u> (n=39)
$\bar{X} = 1.82$		$\bar{X} = 1.54$
S.D. = .79		S.D. = .67
	diff. = .28	
	SE = .141	
<hr/>		
t = 1.98	df = 157	p = .050

TABLE VI-9

ABILITY TO CARE - CASE C BY WHETHER WORKER
MENTIONED WORK WITH FOSTER PARENTS

<u>Mentioned</u> (n=72)		<u>Not Mentioned</u> (n=87)
$\bar{X} = 1.58$		$\bar{X} = 1.86$
S.D. = .76		S.D. = .75
	diff. = .30	
	SE = .132	
<hr/>		
t = 2.50	df = 157	p = .014

Correlations were computed between the attitude scales and the judgments about the parents ability to continue care. Five of the six attitude scales were found to be significantly related to this judgment. However, the correlations are quite modest and no attitude scale accounts for more than 5% of the variance in this judgment. In all cases, the more "preventive" attitude was related to seeing greater strength in the parent. Thus, workers who felt that biological parents remained concerned about their child after placement were more likely to see a greater ability on the part of the parent to care for the child ($r = -.172$). This was also the case for workers who believed that foster care was damaging to a child ($r = -.160$); workers who believed that preventive services are helpful and worthwhile ($r = -.230$); workers who believed that biological parents remain important to a child throughout his/her life ($r = .157$); and workers who were more likely to believe that parental rights should be terminated only in extreme circumstances ($r = -.273$).

Again, it seems clear that workers' judgments are related to their attitudes. Having preventive orientations or attitudes influences the way workers perceive their cases in favor of the biological parents with whom they have contact.

Emotional Status of the Parents

The dimension to be judged on this five point rating scale was the degree of psychological or behavioral pathol-

ogy which the major child caring person exhibited. The response categories for this rating ranged from severe pathology to no pathology. The frequency distribution had a mean of 2.2 and a standard deviation of .83. Almost all of the workers saw at least some pathology in the mother and more than one in five of the workers saw her as severely disturbed.

TABLE VI-10

FREQUENCY DISTRIBUTION OF JUDGMENT ON
EMOTIONAL STATUS OF PARENT - CASE C

	<u>N</u>	<u>%</u>
Severe pathology	35	21.5
Major pathology	63	38.7
Some pathology	60	36.8
Minor pathology	4	2.5
No pathology	<u>1</u>	<u>0.6</u>
<u>TOTAL</u>	163	100.0

Interestingly, two of the same variables which differentiated workers in their judgment of the affectional tone between the parent and child also differentiated workers on this judgment. Non-white workers were more likely to see greater pathology in the mother just as they were more likely to judge the affectional tone in a more negative light. Similarly, workers in supervisory capacities were less likely to see severe pathology just as they judged the affectional tone in a more positive light.

TABLE VI-11

EMOTIONAL STATUS OF PARENT - CASE C
BY WORKERS' ETHNICITY

White (n=137)	Non-White (n=26)
$\bar{X} = 2.28$	$\bar{X} = 1.92$
S.D. = .77	S.D. = 1.04
diff. = .354	
SE = .176	

t = 2.01

df = 161

p = .047

TABLE VI-12

EMOTIONAL STATUS OF PARENT - CASE C
BY WHETHER WORKER MENTIONED SUPERVISORY DUTIES

Mentioned (n=44)	Not Mentioned (n=115)
$\bar{X} = 2.48$	$\bar{X} = 2.13$
S.D. = .75	S.D. = .84
diff. = .347	
SE = .146	

t = 2.38

df = 157

p = .019

The explanation for these differences are probably the same as those postulated for the differences on the affectional tone rating scale. Minority group members may judge other minority members differently than white workers. Supervisors may be better able to discern strengths or may have a wider range of experience which effects their judgments.

It should be noted that no other variables were found to differentiate workers on this judgment. This includes worker setting as well as the attitude indices which were constructed.

Emotional Status of Child

The dimension of concern of this five point rating was the degree of psychological and behavioral pathology which the child exhibits. The range of judgment choices is the same as those presented for the emotional status of the parent scale reported above. It is clear from the frequency distribution, which has a mean of 3.33 and a standard deviation of .80, that the workers generally saw less pathology in the child in this case than they did in the parent. Only two workers believed that the child was severely disturbed.

TABLE VI-13

FREQUENCY DISTRIBUTION OF JUDGMENT ON
EMOTIONAL STATUS OF THE CHILD - CASE C

	<u>N</u>	<u>%</u>
Severe pathology	2	1.2
Major pathology	15	9.2
Some pathology	87	53.2
Minor pathology	46	28.2
No pathology	<u>13</u>	<u>8.0</u>
<u>TOTAL</u>	163	100.0

When one analyzes this distribution by the independ-

ent variables used in this study, none of the demographic, work experience, work function or setting, or worker attitude variables were found to be related. Only two variables - attendance at courses and NASW membership - were found to be significantly related to the workers' judgment of the child's pathology. Both of these variables are, in a broad sense, measures of professional commitment.

Workers who occasionally or regularly attend courses saw pathology in this case as significantly less severe than workers who never attend courses (paired comparison t-tests).

TABLE VI-14

ANALYSIS OF VARIANCE TABLE FOR JUDGMENT
OF BEHAVIORIAL STATUS OF THE CHILD BY
WORKERS ATTENDANCE AT COURSES

<u>Attendance</u>	<u>N</u>	<u>\bar{X}</u>	<u>S.D.</u>	<u>Significance*</u>
Never	26	2.96	.81	.040
Occasionally	100	3.39	.79	
Regularly	37	3.41	.75	

*One-Way Analysis of Variance

df = 2/160

F = 3.29

There are a number of possible reasons for this. First, with greater knowledge attained at courses, workers become more attuned to the fact that behavior which appears pathological may, in fact, be reactive. Thus, better trained workers may view pathological behavior patterns in

a different way than their lesser trained colleagues. Secondly, workers who attend courses may be more confident of the ability to deal with difficult cases. They may, therefore, see a client who shows disturbed behavior and not react to it in the same way as their lesser trained colleagues.

Workers who were members of NASW saw significantly less pathology in the child in this case than workers who were not NASW members. As membership in NASW (as well as attendance at courses) may be seen as a measure of professional commitment, it may be that more committed workers are less likely to "blame the client" or write the client off as untreatable, and therefore, see all clients as less disturbed than their less committed colleagues. Because they feel a stronger commitment to the profession, the NASW members may be more committed to their clients and therefore, in order to justify their efforts, see them as more amenable to treatment and/or less pathological. It should be noted that formal education (which one usually associates with NASW membership) was not found to be a differentiating factor on this judgment.

TABLE VI-15

JUDGMENT OF BEHAVIORAL STATUS OF THE
CHILD BY NASW MEMBERSHIP

<u>Member</u> (n=53)	<u>Non-Member</u> (n=108)
$\bar{X} = 3.53$	$\bar{X} = 3.22$
S.D. = .90	S.D. = .72
	diff. = .306
	SE = .133

t = 2.30

df = 159

p = .023

Family Availability to Intervention

This rating scale was designed to measure the ability of the child caring figure to utilize the supports which may be provided to them through social agency intervention. The scale categories ranged from no ability to use supports to extremely capable of using supports. While most of the workers felt that there was some indication that the mother in Case C had at least slight ability to utilize agency services ($\bar{X} = 2.26$, S.D. = .89) it will be noted that almost one-fourth of the workers felt that this was not the case.

When this rating scale was analyzed by all possible independent variables, no significant differences were found. None of the demographic, experience or work function variables differentiated high or low scoring individuals, nor did the workers' setting. This was also true for the six attitude indices which were constructed - none were

TABLE VI-16

FREQUENCY DISTRIBUTION OF JUDGMENT ON
 AVAILABILITY TO INTERVENTION - CASE C

	<u>N</u>	<u>%</u>
No ability	39	23.9
Slight ability	50	30.7
Some ability	67	41.1
Good ability	6	3.7
Extrememly able	<u>1</u>	<u>0.6</u>
<u>TOTAL</u>	163	100.0

significantly correlated with the workers' judgment of the family's availability to intervention by social agencies.

From the above presentation of data it appears that some of the variables which were found to be associated with preventive attitudes were also associated with the workers' judgments of case elements. Furthermore, in a number of cases, the attitudes themselves were found to be significantly (although modestly) related to the judgments. However, worker setting was never related to the judgment of the case elements. It seems, then, that the workers' setting influences the case element judgment in only an indirect way - through its influence on the workers' attitudes (which in turn, are related to the case element judgment.)

One finding can be fairly easily explained. The reader will notice that in a number of cases, the same independent variables were related to two or more of the case

element judgments. This is not surprising when one inspects the correlation matrix for the six case elements which were examined.

TABLE VI-17
CORRELATION MATRIX OF SIX CASE
ELEMENTS - CASE C

Element*	(1)	(2)	(3)	(4)	(5)	(6)
(1)		.490***	.541***	.209**	-.040	.355***
(2)			.393***	.039	-.031	.495***
(3)				.332***	-.014	.318***
(4)					.402***	.121
(5)						-.043
(6)						

*Elements (1) = Affectional Tone
 Element (2) = Willingness to Care
 Element (3) = Ability to Care
 Element (4) = Emotional Status - Parent
 Element (5) = Emotional Status - Child
 Element (6) = Family Availability to Intervention

It is clear from Table VI-17 that all of the elements which deal with family or parents are significantly intercorrelated. There is thus a good deal of co-variance among the judgments of family elements. This would probably explain why a number of independent variables were related to more than one case element judgment. It will be noticed, however, that there is little inter-correlation between element 5 (child's emotional status) and the other elements, and that the independent variables which were associated with the child's emotional status were not

associated with the other elements. It appears, then, that there are really two separate factors which are judged - the status of the family and the status of the child, and that the perception of these are influenced by distinct independent variables.

The Relationship Between Case Element Judgment and Case Decision

While the chapter which follows deals with overall placement patterns of the workers on the five cases, (and the variables which effect it.) the author believes that the relationship between the judgments on a given set of case elements and the decision on that case warrants attention. This is true for a number of reasons. First, judgments on a particular case may not be related to an overall placement - proneness scale. Secondly, if the judgments made by a worker on a case are not found to be related to the decision on that case, there is strong evidence that other factors are working which must be closely scrutinized.

In order to see if there was a relationship between the judgments on case elements and the placement decision on that case, a series of correlations were performed. Each case element was correlated with the dichotomous decision - child should remain home/child should be placed in appropriate facility. The dichotomous decision can be viewed as an interval scale of placement decisions with only one interval. The results are presented in Table VI-18.

TABLE VI-18
CORRELATION OF CASE ELEMENTS - CASE C
WITH PLACEMENT DECISION - CASE C

<u>Element</u>	<u>Correlation with Placement Decision</u>
Affectional tone	.563***
Willingness to continue care	.396***
Ability to care	.467***
Emotional status - Parent	.244**
Emotional status - Child	.015
Family availability to intervention	.411***

The reader will notice that in this case, the placement decision was highly correlated with the five case elements concerned with family. It appears then, that the workers based their decision on family factors rather than child factors. This seems logical, based on the case material and supports two notions. First, it appears that the decision to place can be based on one actor in a situation and not necessarily the behavior of both family and child. Secondly, the decision to place a child is strongly related to the workers perception of the elements in the case - that is, to the workers view of reality.

Thus, the last two chapters seem to indicate the following: (1) that demographic/work related variables (including orientation of agency) influence some attitudes of child welfare workers; (2) that some of these attitudes (and some demographic/work characteristics) effect the way in which workers view case elements in a specific case; and

(3) that the judgments of these elements on a specific case are related to the decision to place the child in that case in foster care. The next chapter will demonstrate that the decision to place in Case C was pivotal in determining a workers' placement proneness and explores the relationships between demographic/work variables, attitudes and case element judgments and placement proneness in workers.

CHAPTER VII

THE PLACEMENT DECISION

It will be recalled from Chapter III that after reading each of the five cases, the worker was asked not only to judge the case elements but to make a decision regarding whether the child should be placed in an appropriate foster care arrangement. This decision was structured as a forced choice dichotomous variable - that is, the worker could decide to place the child or not. It was not structured as a scale which would permit middle range choices for two reasons; (1) in the reality of the workers' daily functioning there is no middle range - you do not "probably place" the child; and (2) it was feared that most workers would avoid making decisions if they were presented with options such as "unsure."

The placement decision on each of the five cases were analyzed through Guttman scaling procedures. That is, an analysis was undertaken to determine whether the decisions on the five cases showed a unidimensional character so that the responses of the subjects revealed a prescribed pattern. This analysis showed that the five decisions required of the subjects did indeed conform to the criteria of Guttman scaling (Coefficient of Reproducibility = .90). Therefore, for the purposes of this analysis, the phenomenon measured (tendency to place) will be treated as a single, unidimensional scale. Each of the workers was assigned a score base on the number of cases in which the worker judged

that the child should remain at home. Possible scores ranged from zero to five. A high score is indicative of the view that the worker believed that the preponderance of the children in the five cases should not have been placed. Thus, a high score indicates low placement proneness, while a low score is indicative of high placement proneness. In three cases, workers had to be eliminated from the analysis because they did not make a placement decision on every case. Therefore, the total number of workers included in this analysis is 161.

The frequency distribution reveals that more than half of the workers chose to recommend placement in at least three of the simulated cases. Three workers placed all of the children, while only one worker judged that placement was never necessary. The distribution has a mean of 2.39, a median of 2.0 and a standard deviation of .86, indicating some, but not very substantial, variation in the scores.

TABLE VII-1
FREQUENCY DISTRIBUTION FOR PLACEMENT
PRONENESS SCALE

<u>Number of Children Left At Home (Scale Score)</u>	<u>N</u>	<u>%</u>
0	3	1.86
1	16	9.94
2	71	44.10
3	58	36.02
4	12	7.45
5	1	0.62
<u>TOTAL</u>	<u>161</u>	<u>100.00</u>

The Relationship Between Placement Proneness and Worker Setting

One of the major questions addressed by this research was whether the orientation of the unit of which the worker was a part would be related to his/her placement proneness. That is, whether workers in preventive units would see the need for placement less frequently than workers in non-preventive units. In order to test this, the Placement Proneness Scale was analyzed by the workers' setting through a one-way analysis of variance (with paired comparisons between groups.)

The results of this analysis showed a significant one-way analysis of variance. By use of paired comparison t-tests, it was found that the workers in the preventive units of the PSDP had significantly different mean scores than two other groups of workers - the workers in the non-preventive units of the PSDP agencies ($p = .007$) and the workers in the non-preventive units of the non-PSDP voluntary agencies ($p = .046$.)

In addition, the mean for all preventive workers (2.72) was tested against the mean for all non-preventive workers (2.24) by use of a t-test to see if the two major groups of workers differed from each other. The results, reported in Table VII-3 were also found to be significant.

From this analysis it is apparent that workers in preventive units scored lower in placement proneness than other workers and the findings appear to confirm the major hypothesis of this study - that preventive workers are less

TABLE VII-2
ANALYSIS OF VARIANCE FOR PLACEMENT PRONENESS
BY WORKERS' SETTING

	<u>N</u>	<u>\bar{X}</u>	<u>S.D.</u>	<u>Significance*</u>
<u>Preventive</u>	<u>54</u>	<u>2.72</u>	<u>.75</u>	.006
PSDP	45	2.73	.80	
Public	9	2.67	.47	
<u>Non-Preventive</u>	<u>107</u>	<u>2.24</u>	<u>.83</u>	
PSDP	36	2.11	.74	
Non-PSDP	51	2.22	.91	
Public	20	2.45	.87	

*One-Way Analysis of Variance

df = 4/156

F = 3.76

TABLE VII-3
PLACEMENT PRONENESS BY WHETHER WORKER
WAS IN ANY PREVENTIVE UNIT

<u>Preventive</u>	<u>Non-Preventive</u>
(n=54)	(n=107)
$\bar{X} = 2.72$	$\bar{X} = 2.24$
S.D. = .75	S.D. = .75
diff. = .498	
SE = .129	

t = 3.85

df = 159

p < .001

placement prone than "traditional" workers. From the paired comparison t-tests, it is clear that the major differences are between PSDP preventive workers and the non-preventive workers in both the PSDP and other voluntary agencies. The

reason that the comparisons involving public workers did not show significant differences is probably due to the small number of subjects in the two public groups; differences would have had to be very large in order to show statistical significance.

The Relationship Between Placement Proneness and Other Demographic/Work Variables

The Placement Proneness Scale was also analyzed by all other demographic and work variables for which data were collected in this study. It will be recalled that these data include: age, ethnicity; education, marital status; sex; a number of measures of professional commitment; experience in social work and child welfare; and whether the worker has contact with various client groups or performs supervisory functions. Of these 22 variables, only ethnicity was found to be related to the workers score on the Placement Proneness Scale. White workers, as a group, place significantly fewer children than non-white workers. These results are reported in Table VII-4.

TABLE VII-4

PLACEMENT PRONENESS BY ETHNICITY

White (n=135)	Non-White (n=26)	
$\bar{X} = 2.45$	$\bar{X} = 2.08$	
S.D. = .86	S.D. = .78	
		diff. = .375
		SE = .182
$t = 2.06$	$df = 159$	$p = .042$

There are a number of possible explanations for this finding. In previous chapters, it was found that ethnicity was related to scores on two of the judgments of case elements and a number of attitude scales. In these cases, being non-white was related to harsher judgments of the biological mother in Case C and to having different attitudes about the effects of separation and the importance of biological parents.

It will be recalled that non-white workers scored lower on the Effects of Separation Index and Importance of Biological Parents Index than their white counterparts. This indicated that non-white workers saw separation as less traumatic and biological parents as less important to the child than white workers. It would seem that because of these attitudes, non-white workers are more predisposed to place children than workers who feel stronger about these issues.

Another possible explanation is that non-white workers are aware that most of the children who come into contact with the child welfare system are not white. It may be that non-white workers react more harshly than other workers to the conditions in the home because they are members of the same ethnic group and identify on this level with their clients. Because of this possible ethnic identification non-white workers may have higher standards for the parenting of children in the minority community

than their white counterparts who are more removed emotionally (and possibly economically) from their clients. This is a rather uncharitable view and one which is opposed by organized groups such as the Association of Black Social Workers.

The Relationship Between Placement Proneness and the Attitude Indices

It will be recalled that six attitude indices which were thought to be related to decision making in foster care were constructed (Chapter III); When these were analyzed in relation to worker setting, four of the six indices were found to be significant (or close to significant) in differentiating preventive from non-preventive workers (Chapter V). All four of these indices were found to be related to the workers' score on the Placement Proneness Scale. In addition, the Effects of Separation Index was found to be significantly (although most modestly) correlated with this scale. These results are based on correlations between the six attitude indices and the Placement Proneness Scale and are reported in Table VII-5.

As can be seen, the strongest relationship is between the Optimism on the Use of Preventive Service Index and the Placement Proneness Scale. Workers who were strong in their beliefs that intense family services were helpful in avoiding or shortening placement were more likely than other workers to place only a few of the children in the presented cases. It thus appears that this attitude is a predisposition to action for these workers - when faced

TABLE VII-5
CORRELATIONS OF ATTITUDE INDICES WITH
PLACEMENT PRONENESS SCALE

<u>Attitude Index</u>	<u>Correlation with Place- ment Proneness Scale</u>
Orientation toward parents	-.202*
"Goodness" of foster care	.287***
Effects of separation	-.168*
Optimism on preventive services	-.351***
Importance of biological parents	-.186*
Parental rights	-.119

with case material, they translate this belief into action by choosing not to place children more often than other workers.

Similarly, the significant relationships between the other attitude indices and the Placement Proneness Scale show that in each case the more "preventive" or biological family oriented attitude was related to the decision to place fewer children. Workers who believed that biological parents remained concerned about their children after the child is in placement, chose to place fewer children than workers whose score on this scale indicated a greater belief that biological parents were grateful to be relieved of their child-rearing functions. Workers who felt that foster care provided a positive experience for most children, chose to place more of the children in the simulated cases than workers who felt that foster care was a damaging experience. The significant (although modest) correlation

between the Effects of Separation Index and the Placement Proneness Scale indicates that workers who believe that the effects of separation are damaging and have long term effects on the child, chose to place fewer children in the simulated cases than workers who believe separation effects are usually transitory and can be overcome. Finally, workers who believed that biological parents remain important to a child throughout his/her life were more likely to place fewer children than workers who expressed the belief that foster parents or other parent substitutes can replace the child's biological parents in his/her mind.

While there appears to be a direct relationship between the attitudes and the score on the Placement Proneness Scale, one should remember that scores on four of the five scales were also associated with the workers' setting and that other demographic/work variables were also related to certain attitude scale scores. Because of this, one cannot, in the context of the analysis discussed thus far, determine the amount of variance in the Placement Proneness Scale that the attitudes account for. It is left to the regression analysis later in this chapter to see if the attitudes themselves account for significant unique variance in this dependent variable.

The Relationship Between Placement Proneness and the Judgment of Case Elements

The last chapter explored the relationship between a number of variables and the judgment of case elements specifically related to Case C. It will be recalled that

these elements were then used as independent variables to see the relationship between them and the placement decision on Case C. This section explores the relationship between the workers' judgment of these case elements in Case C and the workers' score on the Placement Proneness Scale.

One might question this analysis on the basis of the fact that the case elements judged pertained only to one case, while the Placement Proneness Scale is a measure based on all five cases. While this is true, if it can be demonstrated that the placement decision on Case C (to which the case elements relate) is strongly related to the overall Placement Proneness score, then there is a good argument to use the case element judgments on Case C as indicators of the judgment process on other case materials, and, as independent variables to the Placement Proneness score.

The fact that the Case C decision is highly related to the Placement Proneness score can be demonstrated in two ways. First, a correlation between the Case C decision and the total number of cases placed was performed. It revealed a correlation of $-.65$. Thus, almost half (42%) of the variance in the Placement Proneness score can be explained by the decision made on Case C. Secondly, it will be remembered that the mean score on the Placement Proneness Scale was 2.39, and that this is a unidimensional scale of the Guttman type. What this indicates is that

almost all workers did not place the children in Cases B and A (score = 2), since the mean score on this scale falls between two and three. It is the decision on the third case which appears to be critical in determining the workers score - the decision on Case C.

While there is therefore justification for using the case element decisions on Case C as independent variables against the Placement Proneness score, the reader should note that by doing this, one decreases the validity of the case element judgment data. Only if the Case C decision explained all the variance in the Placement Proneness score would this not be true.

Having demonstrated the Case C decision to place is highly related to the workers' score on the Placement Proneness Scale, but does not account for all the variance in it, it is not surprising that the same judgments of elements which are related to the Case C decision are also significantly related to the Placement Proneness score (although, as expected, the correlations are not as high for this scale as they were for the judgment in Case C.) The results are presented in Table VII-6.

Thus, the reader will notice that the Placement Proneness Scale score was correlated with the judgment of the five case element judgments related to the family rather than the child. In each case, the more favorable the judgment of the family's strengths by the worker, the higher the score on the Placement Proneness Scale. It

TABLE VII-6

CORRELATIONS OF CASE ELEMENTS - CASE C
WITH PLACEMENT PRONENESS SCALE

<u>Element</u>	<u>Correlation</u>
Affectional tone	.314***
Willingness to continue care	.267***
Ability to care	.226**
Emotional status - parent	.156*
Emotional status - child	-.012
Family availability to intervention	.267***

therefore appears that the score on the Placement Proneness Scale is related to the workers perceptions of the elements within the case materials presented.

The Regression Analyses

We have seen that a large number of factors are directly related to the Placement Proneness Scale. Included are the workers' setting and race, five of the attitude scales constructed and five of the judgments of elements on Case C. In addition, previous analyses have shown that work functions, measures of professional commitment and other demographic variables are related to the scores on the attitude scales and the way workers' viewed case elements. The question therefore becomes: of all of these elements, which are most powerful in predicting the workers' placement proneness? How much of the variance in the Placement Proneness Scale can be explained by these variables? In order to answer these questions a multiple regression

analysis was performed. Multiple regression "is probably the most useful method for developing or testing a model for predicting one dependent variable from several independent variables...The square of the multiple correlation, R^2 , is the amount of the variation in the dependent variable 'explained' by the independent variables."¹ In the case of this analysis, a step-wise regression was performed allowing the computer to choose the order in which the independent variables were entered into the regression equation "according to the highest partial correlation between the dependent variable and the independent variables, controlling for independent variables already entered into the equation."²

The demographic/work variables entered into the regression equations included: work setting; age; ethnicity; education; NASW membership; membership in other social work organizations; attendance at courses; social work related activity; whether the worker worked with foster parents, biological parents and/or children; and whether the subject carried supervisory responsibilities. In addition to the above variables, the workers score on each of the attitude indices and his/her judgments of each case element were also entered into this analysis.

It should be noted that multiple regression analysis, because it is a correlational technique, assumes that

¹ Armor and Couch, Op. Cit. p. 100.

² Ibid. p. 104.

all the variables in the equation are continuous (interval level). Since many of the demographic/work variables are not of this type, transformations of these variables had to be performed. This is done through "dummy variable coding" in which nominal variables with k categories are transformed into $k-1$ variables which represent the entire data set for this variable. Each of these $k-1$ variables are dichotomous with scores of either zero or one. These dichotomous variables can be considered interval level since there are only two possible scores with one interval between them¹.

The results of the regression analysis are reported in Table VII-7. It should be noted that only those variables which contributed at least 1% unique variance are included in this table. The variables which are not included contribute only small amounts to the total measure in the dependent variable explained (R^2). Thus, for the seven variables reported, 33.9% of the variance in the scores on the Placement Proneness Scale was explained. If all 31 variables were entered into the regression, a total of 40.3% of this variance would have been explained - a very small increase considering the additional number of variables entered into the regression equation.

¹ For a complete explanation of dummy variable coding see Hubert Blalock, Social Statistics, 2nd Edition, (New York: McGraw Hill, 1972) pp. 498-502.

TABLE VII-7

REGRESSION ANALYSIS FOR PLACEMENT
PRONENESS SCALE

<u>Variable</u>	<u>Zero Order Correlation</u>	<u>Standardized Coefficient</u>	<u>t-test</u>	<u>Unique Var- iance (%)</u>
Scale-Optimism Preventive Service	-.351	-.318	-4.53***	8.9
Affection Tone - Case C	.314	.183	2.53*	2.8
Worker Setting - Non-Preventive Unit/ PSDP Agency	-.175	-.258	-3.63***	5.7
Attends Courses - Regularly	-.100	-.244	-3.57***	5.5
Family Availability to Interaction - Case C	.267	.216	3.06**	4.0
Worker Ethnicity - White	.161	.140	2.06*	1.8
Worker Setting - Non-Preventive Unit/ Non-PSDP Agency	-.139	-.143	1.94	1.6

R² = .339

R = .592

This table answers many of the questions previously raised in the research. First, it is clear that the type of unit in which the worker practices is very important in explaining the workers Placement Proneness score. Two of the dichotomous variables measuring workers' setting appear in the analysis and almost 6% unique variance is attributed to the worker practicing in one type of non-preventive agency. Thus, had this been the last variable entered into the regression equation, it would still contribute an increase in R^2 of almost 6%. The negative t-test indicates that workers in non-preventive settings would be less likely to leave children at home than workers in preventive settings.

There was some speculation earlier in the research as to whether it was the workers' setting or the client groups with which he/she had contact which was causing variation in the dependent variable. It is clear from this analysis that worker setting is by far more predictive of placement proneness than the client groups with which the worker had contact. Once the worker setting variable is entered into the analysis, the explanatory power of the client group variables becomes almost non-existent. No client group variable would account for even 1% unique variance.

The strongest predictor of the Placement Proneness score turns out to be the Optimism Toward the Use of Preventive Services Index. The score on this scale has the

highest standardized coefficient and the highest unique variance contribution (7.9%). It is clear that the workers belief that preventive services are useful and serve an important purpose is critical (and the most important predictive variable) to whether or not a worker moves to place a child. Workers who had strong beliefs that preventive services were helpful (low scores) had greater tendency not to place as many children as workers who did not hold these beliefs as strongly.

Despite the validity problems mentioned previously in using judgments for one case in predicting overall placement proneness, two judgments of Case C elements were found to be good predictors of the overall placement proneness score. These were the judgments of the affectional tone and the families availability to intervention. In both cases, workers who saw the family as having greater strengths had a greater tendency to place fewer children. It is clear, therefore, that the way the workers perceive these case elements is important in the decisions about placement. It is interesting to note that the two elements which appear to be the most important are also the most general judgments made. Affectional tone and availability to intervention seem, to this author, to be more subjective judgments than judgments about pathology in the parent or child or the parents' ability or willingness to continue care (which are more easily grounded in the case material presented.) Thus, it seems that the more subjective a

judgment, the more likely it is to be predictive of the workers' overall placement proneness.

One of the important predictors of placement proneness is whether or not the worker regularly attends courses. However, the direction of the relationship could not have been anticipated by previous relationships discovered in this research. It will be recalled, that regular attendance at courses was associated previously with positive attitudes toward prevention. Regular attendance was associated with more "preventive" attitudes on the Orientation Toward Parents Index and the Optimism Towards the Use of Preventive Services Index. Furthermore, regular attendance at courses was related to seeing less pathology in the child on the Case C judgments of case elements. One might, therefore, expect that workers who regularly attend courses would be less placement prone than other workers. This was not found to be the case.

What was found, was that regular attendance at courses was related to low scores on the Placement Proneness Scale - that is, placing many of the children in the simulated case material was related to regular attendance at courses. This finding is most surprising and difficult to explain. One possible explanation is that while attendance at courses may inculcate "preventive" attitudes and judgment, it also may heighten awareness of pathology and the difficulties encountered in the treatment process. Therefore, while these workers may adhere to "preventive"

attitudes, such workers may be discouraged in their ability to deal with family pathology. They may also be more clinical in their orientation and, therefore, react to pathology in a stronger way - by removal of a child from a home under less severe circumstances than other workers. If this is the case, then the link between attitude and action is not as direct as one might like to think. Other influences, not measured in this study, might intervene between an attitude or orientation and decision making in child welfare cases.

The final variable found to be a good predictor of the score on the Placement Proneness Scale was the workers' ethnicity. Earlier in this chapter, it was discovered that white workers were less placement prone than non-white workers. This relationship is upheld in the regression analysis as ethnicity does not "wash out" when other factors are controlled. However, there is evidence in the analysis (not presented), that ethnicity does have strong interaction with other variables. With seven variables entered into the regression ethnicity shows a significant t-test. However, if the next variable is entered by the computer, it is found to be the Effects of Separation Index. This index contributes 0.9% unique variance. It will be recalled that ethnicity and this scale score are related. Non-white workers see the effects of separation as less damaging than white workers. When the Effects of Separation Index is entered into the equation, the t-test for ethnicity decreases from a significant level (.04)

to a non-significant level (.09). Thus, there is interaction between these variables and when both are in the regression, neither are significant. Thus, ethnicity seems to co-vary with other variables and, while it is the strongest of these variables in terms of prediction, it does not appear to be a "pure" factor.

Thus, in the order of their predictive power, the following variables were found to be the best predictors of placement proneness: Optimism on the Use of Preventive Services; workers' setting; attendance at courses; two judgments of case elements in Case C (Affectional Tone and Availability to Intervention); and ethnicity. However, such an analysis may diminish the importance of the workers' judgments of case elements since these are related to one case and the Placement Proneness Scale is a measure of all five case decisions. Therefore, it was decided that a regression analysis on the Case C decision would be in order so that the true strength of these judgments can be evaluated. These results are presented in Table VII-8. The same procedures were followed in this analysis as in the previous one.

From this table, it is clear, that these seven variables explain 47.9% of the variance in the scores on the Placement Proneness Scale. If all 31 variables had been entered, 55.2% of the variance would have been explained.

As can be seen and was expected, many of the same

TABLE VII-8

REGRESSION ANALYSIS FOR PLACEMENT
DECISION - CASE C

<u>Variable</u>	<u>Zero Order Correlation</u>	<u>Standardized Coefficient</u>	<u>t-test</u>	<u>Unique Variance %</u>
Affectional Tone - Case C	-.563	-.318	-4.35***	6.4
Family Availability to Intervention - Case C	-.411	-.221	-3.50***	4.1
Scale-Optimism Preventive Service	.288	.150	2.39*	1.9
Preventive Unit - PSDP Agency	-.247	-.206	-3.11**	3.3
Ability to Care - Case C	-.244	-.202	-2.77**	2.6
Work with Foster Parents - Yes	.026	-.177	-2.73**	2.5
Workers Ethnicity - White	-.191	-.130	-2.16*	1.6

$R^2 = .479$
 $R = .692$

variables which had strong explanatory powers regarding the Placement Proneness Scale have explanatory power regarding the decision on the placement of Case C. These include the two case element decisions, the workers' setting, ethnicity and score on the Optimism on the Use of Preventive Service Scale. However, there are quantitative differences in the amount of predictive power.

The best predictors of the Case C placement decision are the judgments of case elements in Case C. The two elements predictive of the score on the Placement Proneness Scale increase their predictive ability on this decision. In fact, they are the most powerful predictive variables. In addition, another element - Parents Ability to Care - also makes a significant contribution to the regression. Thus, as expected, the analysis confirms that the effect of the judgment of case elements is understated in the first regression analysis due to measurement problems. Furthermore, greater variance in the dependent variable is explained when the measurement error is decreased (48% vs. 32%.)

Despite the increased importance of the judgments of case elements, workers' setting, ethnicity and optimism on preventive services continue to add significant explanatory power. Thus, it is once again clear that workers' setting is an important predictive variable. In fact, it is the most important predictor after the case element judgments.

It is interesting to note, that attendance at courses, has no explanatory power in regard to the Case C decision. In fact, the zero order correlation between this variable and the Case C decision is $-.058$. The fact that this variable does not relate significantly in this regression, leads to even further confusion regarding the explanation for its presence in the previous one. The fact that is not consistent in the regression analyses of two highly related variables, leads to questioning as to its reliability as a measure.

The one variable (other than a case judgment), that appears in this analysis, which did not appear in the last, was whether the worker had contact with foster parents. The relationship is a negative one, indicating that workers involved with foster parents are more likely to place children than other workers. Thus, both workers' setting, and the functions of the worker, influence the decision. While setting is the stronger predictor, the actors with whom the worker comes into contact also appears to be important in determining case decisions.

From the two regression analyses, it appears that a number of factors are predictors of the placement prone-ness score. Among them are: the Optimism on the Use of Preventive Service Index; the workers' setting; a number of judgments of case elements; attendance at courses; and the client group with whom the worker has contact. The implications of these findings are discussed in the next chapter.

CHAPTER VIII

CONCLUSIONS, IMPLICATIONS AND LIMITATIONS

The Effects of Workers' Setting

It will be recalled from Chapter I that the major question addressed by the research was "Is exposure to different work orientations (child-foster parent vs. child-biological parent) related to workers' attitudes about the placement of children, their judgments regarding client characteristics and their judgment about the need for foster care placement in specific cases?" A number of hypotheses were offered. Each hypothesis reflected the idea that workers in preventive units would behave (in both the expression of attitudes and the judgment of case material) in a manner which would be more congruent with the purpose of their unit - avoidance of placement. Thus, it was expected that such workers would express more "preventive" attitudes, would see less pathology and greater strengths in the biological family and would perceive the need for placement less often than other New York City workers performing traditional child welfare roles.

For the most part, these hypotheses were supported by the research. On four of the six attitude indices constructed for this study, workers in preventive units, as a group, expressed more positive attitudes towards biological parents and their importance to the child, less positive attitudes toward foster care and more positive attitudes toward the use of preventive services than workers in "tra-

ditional" settings. In addition, the workers' setting was directly related to his/her score on the Placement Proneness Scale and was found, in the regression analysis, to be one of the strongest predictors of this score. Only in regards to the judgments of the case elements in Case C was the workers' setting not found to be an effective differentiating variable between high and low scores.

Previous research¹ had demonstrated that preventive service units are effective in helping to avoid placement or reduce the amount of time a child spends in care. That is, that the presence of preventive units impacts on the child and his/her family. The current research demonstrates that the presence of preventive service units impacts on the worker and his/her perceptions, attitudes and judgments. It is evident that the orientation of the workers' unit is a strong factor in determining the perception of the need for placement, especially in mid-range cases.

With these additional findings from the current study, the case for an increase in services in the preventive area becomes even stronger. What has been demonstrated is that workers are influenced by the orientation of the work environments. If agencies continue to be concerned primarily with children under care, then the workers will continue to make the adjustment in their attitudes and judgments toward this orientation in order to reduce dissonance with their

¹ Mary Ann Jones, et. al., Op. Cit.

agency. Thus, children who may not need to be removed from their homes will continue to be brought into care. Only if agencies commit themselves to preventive work will their workers begin to see a diminished need for placement in the mid-range cases with which they come into contact.

If the above is true, then there is a strong argument for keeping the preventive units and the under care units of an agency administratively separate, at least initially. Since preventive services will be developed slowly, and will probably not be developed to the same extent as under care services for a long period of time, to administratively house these functions in the same unit would probably be a mistake. If this was done, the orientation of the stronger service component (under care) would probably overwhelm the newer, weaker component (preventive service) of the foster care program, and the preventive framework might be lost. This is because workers appear to make adjustments in their attitudes and judgments based on the primary service orientation of their unit. Thus, only when preventive services are as strong and as accepted as under care functions can these functions be merged without placing the preventive orientation in jeopardy.

The successful administrative merger of the two types of services could probably not take place until the reimbursement system for child welfare services in New York City is substantially modified. As mentioned in Chapter I, under the current system, agencies are reimbursed for services on

the basis of the number of children, under care, per day. Because of the need to survive financially, agencies place most of their resources in under care services. Only when agencies can "stay in business" and provide substantial preventive services will such services be provided on an adequate scale. This will not take place until the voluntary sector receives reimbursement for these services. Only then will agencies develop adequate preventive programs because only then, will they be able to economically survive.

The Effects of Client Contacts

There is some evidence in the research that the client group with whom the worker has contact has effects which are independent of the effects of the workers' unit on his/her attitudes and placement judgments. Workers whose primary client contacts are with biological parents seem to align themselves with the problems of this group and have more positive attitudes and judgments of their importance and abilities than workers who do not have this contact. Similarly, workers whose primary contacts are with foster parents seem to align themselves with this group - they are less optimistic about the effects of preventive services, believe that foster parents can substitute for biological parents and judge the biological parents abilities in a more negative light than workers who do not have contact with this group.

It seems clear, then, that in order to maximize the preventive orientation in the system, work assignments and

client contacts should be structured in such a way as to maximize the exposure of workers to biological parents. What this seems to suggest is that workers in preventive units should continue to have their largest number of contacts with biological parents and contacts with the foster parents as they are needed. Workers currently in traditional roles whose primary responsibility is for children under care should be encouraged to substantially increase their contacts with biological parents. In this way all workers will have a balanced perspective on the actors in the foster care system and traditional workers may attain more positive views of biological parents and their abilities.

Such a recommendation is congruent with other research findings. Shapiro¹ found that, at least initially, workers' attitudes were "as important in relation to discharge (of the child from foster care) as that of the service assets.... In later stages of placement, workers' attitudes continued to be important while the influence of service assets diminished." Since greater contact with biological parents on the part of "traditional" workers will mean both a greater infusion of service assets and, hopefully, more positive attitudes, it can be expected that discharge will be accomplished in a shorter period of time for children under care in the child welfare system.

¹
Deborah Shapiro, Op. Cit. p. 115.

The Effects of Attitudes

It is clear from the data that workers in preventive units have more "preventive" attitudes than workers in non-preventive units. Furthermore, it is clear that the attitude scores are directly related to the subjects' score on the Placement Proneness Scale. In fact, five of the six attitude indices constructed for this study were significantly correlated with the workers' placement proneness. One of these indices - Optimism Toward the Use of Preventive Services - was found to be the best predictor of the score on the Placement Proneness Scale and contributed almost 9% of the unique variance in this score. These findings are supportive of findings in other research¹ in which attitudes were found to be related to the decision to place a child.

It appears, therefore, that if one can change attitudes, especially about the effectiveness of preventive services, one might be able to influence the perception of the need for placement. It appears, to this author, that such attitudinal changes might come about through education and in-service training. If workers are exposed to the current thinking in the field about prevention and its importance and to the research findings that:

The intensive services of the
(preventive service) demonstra-
tion units were more effective
than the regular service pro-

¹

Eugene Shinn, Is Placement Necessary?, Op. Cit.

grams in reducing the number of placements and the time in placement. The intensive services were also more effective in dealing with the problems in the parents, the child and the environmental situation. Furthermore, placement was reduced without jeopardy to the well being of the child.¹

some attitudinal changes could take place and, therefore, the tendency to place children in the mid-range cases might be reduced.

The Effects of Training

One disturbing finding in the study was that while attendance at courses was related to more "preventive attitudes" it was also related to greater placement proneness and contributed a significant amount of unique variance to the regression analysis on the Placement Proneness Scale. That is, the more courses one attends, the more likely one is to place a greater number of children.

The explanation posited for this was that by attending courses workers might become more aware of pathology and more discouraged about their ability to deal with it. If this explanation is correct, there are implications for the content of continuing education courses. While there is some indication of recent changes in the field, for the most part advanced course work has been analytically and pathology oriented. Because this may lead to a heightened awareness of pathology workers exposed to courses may be more predisposed to remove a child from his/her home. In order

¹

Mary Ann Jones, et. al., Op. Cit., p. 104.

to foster situations in which the child might be left at home, it seems that courses ought to be geared to viewing strengths in their family members as well as their weaknesses. By balancing course content and giving workers the tools with which to see family strengths as well as weaknesses, one might affect the workers' decision to place a child.

The Effects of Case Element Judgments

Clearly, the data support the notion that the way case elements are viewed influences the placement decision on a given case. Five of the judgments of case elements were significantly correlated with the Placement Proneness Scale score. (It should be remembered, however, that these five elements were highly inter-correlated and, therefore, may represent a single factor in the analysis.) Of these five elements, two were found to be good predictors of the Placement Proneness score and three were good predictors of the decision on Case C. In every case, the more favorable (less pathological) the judgment of the case element, the less likely the decision made was to place the child.

Once again, it appears that if one is to reduce placement proneness, it is necessary to give workers the tools with which to see strengths in the families. It is interesting to note, that the most predictive judgments seemed to be those which were least grounded in the actual case material. It seems, therefore, that especially where information may be ambiguous and left to the interpretation of the workers, they should be trained to see both strengths and pathology in a case in order to come to a balanced

decision which would be in the child's best interest.

In summary, the research gives rise to the following recommendations: (1) the creation of additional preventive units which, at least initially, are administratively separate from the under care units of an agency. In order to accomplish this, new funding patterns for foster care services in New York City will have to be established; (2) the redefinition of jobs within the foster care system so as to encourage contact between all workers and all parties in the foster care triangle. Under care workers might thus be less identified with the foster parents and more likely, perhaps, to consider the biological parents as a resource for the child; (3) the education and training of workers in the area of preventive services in order to increase the workers' perceptions of their effectiveness; and (4) an increased emphasis in the training of workers on the skills needed to discern strengths in clients. By so doing workers would bring a greater balance between family pathology and strengths to their decisions regarding the placement or continued care of a child.

Limitations of the Research

To this author the research appears to have three limitations. The first concerns the use of case analogues as a method of approximating behavior in the "real world." The second limitation concerns the study sample:

The final limitation concerns the use of the rating scales constructed for this study.

It will be recalled from Chapter III, that Fanshel¹ raises questions about the validity of the use of case analogues to simulate "real life" behavior. While the author believes that since most decisions regarding the placement of children in New York City are based on written records, written analogues are the best tools available. However, one point made by Fanshel cannot be overlooked. This is the question of accountability for decisions.

In the "real world", the decision to place or not place a child in foster care has serious consequences for the child, his family, the agency and the worker. The worker responsible for the decision is accountable for it, and the consequences of his/her decision are open to scrutiny by his/her agency and the funding source. Thus, if inappropriate decisions are made, the worker responsible for the decision is accountable.

This is not the case in the simulation of the placement decision used in this research. The decision to place or not place a child has no real consequences. No children are, in fact, removed from their home on the basis of the research decision. The worker is never held accountable for his/her decision. Because there are no actual consequences, workers may not use their usual criteria in deciding to

¹ David Fanshel, "Commentary on 'Clinical Judgment in Foster Care Placement,'" Op. Cit. p. 171.

place a case in the research. They may use some idealized criteria or base decisions within some idealized service network, rather than what is actually available to children. Thus, there may not be congruence between behavior in the research situation and behavior in the practice situation. If this is the case, the validity of this type of research is questionable.

A second limitation of the study concerns the sample. It will be recalled, that initially, an analysis was planned which would compare public and voluntary workers on the attitudes, case element decisions and placement decisions in the study. This, however, could not be done for two reasons: (1) the participation of workers from the public sector in this research was voluntary in nature. Thus, there is no way of assessing the sampling bias present in public sector workers used in this study. Surely, workers who volunteer for research project participation are different in many respects from non-participant workers. However, there is no way of assessing how they are different. Therefore, we cannot assume that the public sector workers in this study are representative of public sector workers in general. (2) Because of the voluntary nature of participation, the n's in the public sector groups are quite small. Once again, this raises questions as to the representativeness of these groups.

The final limitation of the study concerns the rating scales used. It will be recalled that the case analogues

were based on actual case material collected in another study. There was no attempt by the author to build in factors or to order the case elements in the five cases on any scale of impairment. There were no preconceived notions as to how the case elements might be judged. Thus, in constructing the rating scales, a full range of choices were included in each scale. For example, the judgment of pathology ranged from "no pathology" to "severe pathology." Because the rating scales had only five points, and these five points had to cover the entire gamut of possible responses, there was little variability in the judgments. Had more precise judgments been required, one might expect greater variability. With this increased variability, the potential of the case element judgments in predicting the Placement Proneness Scale score might have been enhanced.

Suggestions for Future Research

This author sees two additional areas of inquiry stemming from this research. The first concerns the age group of the children in the case analogues. All "children of concern" in the current study were between the ages of eight and eleven. It would be interesting to do research similar to this with analogues of both adolescent children and pre-school children to see if the same factors are predictive of placement decisions in these cases and if the same amount of variance could be explained by these factors.

The second area for further inquiry concerns the middle range cases. Clearly, the current research supports

the notion that there is the greatest amount of variability and the least amount of agreement in these cases¹. One positive finding from the study is the high degree of agreement in the four cases falling at the ends of the hypothesized continuum. A number of possible researchable questions come to mind. Included are: What constitutes a mid-range case?; How many such cases are present in the child welfare system?; Are certain factors (and, if so, which) critical in determining if a case is mid-range, or is it a lack of information or ambiguity of information which causes great variability in decisions on that case?

¹ This supports the findings of both Robert Roberts, Op. Cit., and Eugene Shinn, Is Placement Necessary?, Op. Cit.

APPENDIX A

Memorandum from Preventive Service Project
Director to Unit Supervisors Requesting
Cooperation in Dissertation Research

CHILD WELFARE LEAGUE OF AMERICA
67 Irving Place
New York, N. Y. 10003

TO: All Project Directors
FROM: Mary Ann Jones, Study Director
RE: Additional Proposed Research

Mr. William A. Meezan, a doctoral student at the Columbia University School of Social Work, for his dissertation, is studying program orientation as a factor in workers' attitudes toward the need for foster care placement. Dr. David Fanshel is his dissertation advisor. Mr. Meezan is very eager to secure the participation of the workers and supervisors in the Preventive Services Demonstration Project as a sample of workers from a program with a strong preventive orientation. The nature of the participation Mr. Meezan is seeking is a brief orientation meeting at your agency to be followed by the completion of a questionnaire by each worker and supervisor on his or her attitudes about placement and placement decisions on hypothetical case material.

Mr. Meezan has asked the League for our endorsement of the research and a letter of introduction to you. We do endorse his investigation. We share his interest in and sense of importance about the topic. His proposal indicates a good knowledge and understanding of the history and issues of child welfare, both generally and in New York specifically. This memorandum is our letter of introduction of Mr. Meezan to you. Our endorsement, however, implies no obligation on your part to participate in the study. The decision is entirely up to you and your staff. I have given Mr. Meezan your names, addresses, and phone numbers so that he may correspond with you directly about your participation or decision not to participate in the study.

APPENDIX B

Letter to Administrator of Special
Services for Children Requesting
Cooperation in Research

240 West 98th Street
New York, N. Y. 10025
August 26, 1975

Ms. Carol Parry, Administrator
Special Services for Children
80 Lafayette Street
New York, N. Y.

Dear Ms. Parry:

I am writing to request your help in securing participation of workers currently employed by Special Services for Children in a research study I am carrying out to complete my doctorate at the Columbia University School of Social Work. Dr. David Fanshel is my dissertation advisor.

The research is in the area of decision making in child welfare. Specifically I am looking at program function as it relates to attitudes and judgments of child welfare workers and supervisors around the foster care placement of children. The theoretical framework and assumptions are spelled out in the enclosed proposal.

The data for this study is collected by workers filling out the enclosed schedule. There is no interviewing involved. The schedule is divided into three parts. The first collects demographic and social data on the respondent. Part II is a series of attitudinal items around the placement of children. Part III involves judgments on case material, including the judgment as to whether placement in a particular case is indicated.

The design of the study calls for five groups of workers. Group one (from whom participation has already been obtained) are workers in the Preventive Services Demonstration Project. Group two are workers in foster care positions in agencies which had special preventive units but whose functions were supervision of children already under care. The third group are workers from the voluntary sector whose agencies did not have preventive units. Group four are workers in the public sector whose primary responsibilities are with children at home who might be at risk of placement. Finally, group five are workers in the public sector who supervise children already in care. It is with these last two groups that I am seeking your help in securing participation. I feel that it is imperative, from both a practical and a theoretical standpoint that the public sector be included in the study. This is due not only to the size and scope of the city services, but because of the crucial role the public sector plays in the placement of children.

Because of the nature of the data to be collected, there is no interviewing of workers involved. All data is collected by the use of 'pencil and paper' type instruments. It is therefore possible, and preferable, to collect data in groups.

What I am asking for are a series of meetings with workers in the public sector whose primary responsibilities include work with children at home, as well as meeting with workers whose primary responsibility is supervision of children already in foster care. Such a meeting would start with an orientation about the research (about 15 minutes) followed by the completion of the research schedule. The entire process should not take longer than 2 hours.

There is no follow up planned. This is therefore a "one shot" research design. As can be seen by the enclosed schedule confidentiality of the workers identity is strictly preserved. There is no identifying information, and no coded numbers by which to identify any given worker. All analysis will be done by groups and at no time will any worker or supervisor be identifiable.

I hope you will agree to participate in the study and help to obtain cooperation from the groups of workers in the public sector. As mentioned above, I feel it is imperative that the public sector be included in this research. If you have any questions, please contact me either at work (254-7410) during the day or at home (666-0542) in the evening. Thank you in advance for your help in the above matter.

Sincerely,

William Meezan, ACSW

APPENDIX C

Memorandum from Administrator of
Special Services for Children to
Workers Requesting Cooperation

THE CITY OF NEW YORK
HUMAN RESOURCES ADMINISTRATION

M E M O R A N D U M

DATE: September 2, 1975

TO: Family Service Staff in Field Offices
Foster Boarding Home Staff

FROM: Carol J. Parry, Assistant Commissioner
Department of Social Services for
Special Services for Children

SUBJECT:

Mr. William Meezan, a doctoral student at the Columbia University School of Social Work, for his dissertation, is studying program orientation as a factor in workers' attitudes and judgment toward the need for foster care placement. Dr. David Fanshel is his advisor. Mr. Meezan is very eager to secure the participation of the workers and supervisors at Special Services for Children, especially workers responsible for the supervision of children in their own home, and workers who supervise foster care placement. The nature of the participation Mr. Meezan is seeking is a brief orientation meeting at the agency, to be followed by the completion of a questionnaire by each worker and supervisor, including placement decision on hypothetical case material.

Mr. Meezan has asked Special Services for Children for our endorsement of the research and help in securing participation of the workers in the collection of data. We do endorse his investigation. His proposal indicates a good knowledge and understanding of the history and issues of child welfare, both generally and in New York specifically. While we urge you to participate in the research, our endorsement implies no obligation on your part to participate in the study. This decision is up to you and your staff.

If you wish to participate in the Study, please return the form below to my Special Assistant, Karen Blumenthal, 80 Lafayette Street, 16th Floor, Room 13.

Name _____

Date _____

Title _____

Tel. No. _____

Office Location _____

APPENDIX D

Memorandum from Researcher to
Cooperating Workers, Special
Services for Children Request-
ing Meeting for Data Collection

October 23, 1975

TO: Member of the Brooklyn Borough Office
Responding to the Request for Partici-
pation in a Research Study on Decision
Making in Child Welfare

FROM: William Meezan

RE: Date and Time of Meeting

I would first like to thank you for agreeing to participate in the study, which is my doctoral dissertation at Columbia University. Without your cooperation, the study could not be possible. I believe you are making a contribution to the child welfare field and the children who it serves.

I have scheduled a meeting for orientation and the actual data collection for Friday, October 31st at 2:30 P.M. The meeting will take place in the 6th floor conference room at the borough office. I have been informed by Ms. Adams that most of you are usually in the office on Fridays, and I hope this is convenient. The total time required will be about two hours.

While the response received from the borough offices has been good, in a research study such as this there is always room for additional participation, especially from the public sector which is crucial to this study. Therefore, if you know of any other caseworkers or supervisors in the Brooklyn office who might be interested in participating in the study, please invite them to come with you.

Thank you again for your cooperation. If you have any questions, please call me in the evening at 666-0542 or during the day at 254-7410.

APPENDIX E

Letter from Researcher to Executive
Directors, Preventive Service Demon-
stration Agencies Requesting Cooper-
ation Data from Non-Preventive Unit

240 West 98th Street
New York, NY 10025
October 16, 1975

Ms. Florence Kreech
Louise Wise Services
12 East 94th Street
New York, NY 10020

Dear Ms. Kreech:

I am writing to ask your cooperation in collecting data for my doctoral dissertation in social work at Columbia University. Dr. David Fanshel is my dissertation advisor. The proposed research, which is already underway, studies program orientation and job functions as a factor in attitudes and judgments about the need for foster care placement.

The design of the study calls for participation of a number of groups of workers. These groups include both public and voluntary agency workers, workers who work with children and families already under care as well as those who worked in the preventive service demonstration project. Your agency has already been most cooperative, in that the response from workers in the demonstration project in which your agency participated reached almost 100%.

I am writing to request if it would be possible to secure the cooperation of a unit of workers (about six workers) and their supervisor in your agency whose primary responsibility would include work with children and families about to come into care or already in care. They would act as a crucial comparison group in the study.

The nature of the participation I am seeking is similar to that I have received in my previous data collection. It would include a brief orientation meeting (about 20 minutes) followed by the completion of a questionnaire. The completion of the questionnaire can take place either immediately after the orientation meeting while I wait, or can be completed during the week after the orientation meeting, in which case all completed schedules can be mailed back to me. Total time for the completion of the questionnaire is about one hour and a quarter.

I hope your agency will be willing to cooperate in this final phase of data collection. I will call you next week to speak with you about the possibility of your cooperation. If, in the meantime, you have any questions, I can be reached at 254-7410 during the day or 666-0542 in the evening.

Thank you for your continuing cooperation.

Sincerely,

William Meezan

APPENDIX F

Sample Letter from Researcher to
Non-Preventive Service Voluntary
Agencies Requesting Cooperation
in Dissertation Research

240 West 98th Street
New York, NY 10025
October 29, 1975

Ms. Ruth Friedman, Director
The Salvation Army Foster Home & Adoption Service
50 West 23rd Street
New York, NY 10010

Dear Ms. Friedman:

At the suggestion of Dr. Ann Shyne, with whom I currently work at the Child Welfare League of America, I am writing to ask your cooperation in collecting data for my doctoral dissertation in social work at Columbia University. Dr. David Fanshel is my dissertation advisor. The proposed research, which is already underway, studies program orientation and job functions as a factor in attitudes and judgments about the need for foster care placement.

The design of the study calls for participation of a number of groups of workers. These groups include both public and voluntary agency workers, workers who work with children and families already under care as well as those working in preventive services. To date, data has been collected or is in the process of being collected from eleven voluntary agencies and the Bureau of Child Welfare.

I am writing to request if it would be possible to secure the cooperation of a group of workers (about 8-10 workers and supervisors) in your agency whose primary responsibilities include work with families and children either already in care, or about to enter care. These would be your foster care workers.

The nature of the participation I am seeking is as follows: an orientation meeting of about 20 minutes to explain the nature of the research; and the completion of a questionnaire. The completion of the questionnaire can take place either immediately after the orientation meeting, while I wait, or can be completed during the week after the orientation meeting, in which case all completed schedules can be mailed back to me. The questionnaire consists of three major parts. The first collects demographic, social and employment information. The second is a series of about 50 attitudinal items in which a response ranging from strongly agree to strongly disagree is elicited. Finally, the third section presents five cases. After reading the case material, workers make a series of judgments including whether, in their opinion, placement is necessary. Total time for the completion of the questionnaire is about one and a quarter hours. There is no follow-up planned.

I hope you will be willing to cooperate in this final phase of data collection. I will call you next week in order to speak with you about the possibility of your cooperation. If, in the meantime, you have any questions, I can be reached at 254-7410 during the day or 666-0542 in the evening.

Thank you for your cooperation.

Sincerely,

William Meezan

APPENDIX G

Case Analogues Used in
Dissertation Research

CASE A

INTAKE SUMMARY: JAMES CLARK

FAMILY:

Kevin	Father	M	32	1920 Shakespeare Ave. Bronx, New York	Elevator Operator
Diana	Mother	F	26	Unknown	Unknown
Robert	Brother,	M	10	1920 Shakespeare Ave.	4th grade
James	*	M	8	1920 Shakespeare Ave.	2nd grade
Patrick	Brother	M	5	1920 Shakespeare Ave.	kinder- garten

Source of Referral:

Mr. Clark contacted this agency directly requesting placement for all three children.

Problem as Presented by Father:

Mr. Clark has requested placement for all three of his children stating that he can no longer cope with the pressure he is under. He explained that 6 months ago he came home from work and found the children waiting for him on the doorstep. His wife had not yet come home. After inquiry in the neighborhood, he discovered that his wife had been seen with a suitcase earlier in the day. He has not seen her since this time.

After some probing it was discovered that Mr. and Mrs. Clark had had a violent argument the night before Mrs. C left the household. He stated that they argued about money, and that his wife had accused him of being "a lazy bastard" and not caring about the way the family lived. She stated that she "brought home more money cleaning houses than he could ever hope to bring home from his job." She was sick of taking care of other people's houses during the day and then having to come home to "this dump." If he had really cared about the family he would get another job, or at least get a job better than the job he now had. Mr. C said that he had gotten so furious with his wife that he hit her a number of times across the face and said that if she did not like it, "she knew where the door was."

Mr. C said that this was not the first time their arguments had turned violent, stating that they had fought verbally many times, and that he struck her on several previous occasions. He got very emotional when he told the worker this, and appeared to be on the verge of tears. He explained that she just really didn't understand what it was like "out there", that he had tried to get other jobs

but was never hired. Then, in depressed tones he stated "at least I work."

Mr. C stated that in the past, after one of these arguments he would usually leave the house, but never for more than a day, and would go down to the street and sometimes get "a little drunk." He said that only when she "ripped into me like that" did he drink. "I just had to get away from her."

Since Mrs. C left, Mr. C's mother, Mrs. Unida Moody has been caring for the children. However, Mr. C. explained that recently her arthritis has gotten worse and she has been very neglectful of the children. He stated that he usually gets the kids off to school in the morning, and that they go directly to their grandmother's house around the corner until he gets home, usually about 7:30. Recently when he has picked them up, he has found his mother in bed. The kids have not been fed, they are filthy and had done none of their school work. It appears to him that the children get no supervision, and will fight with each other with no intervention from his mother, who he stated, has "trouble getting around." One day last week, when he arrived at his mother's house, Robert, the oldest boy, was not even there. He searched the neighborhood for him, and found him in a vacant lot with a group of friends. He stated that he did not know what they were doing, but it could not be anything good. His mother did not even know that Robert was gone.

Mr. C. stated that he did not want his kids "in the street, especially in this neighborhood with all the "shit that goes on" and does not feel that his mother is capable of preventing it. "Once your kids go into the street, you never get them back." Mr. C. states that he wouldn't trust any of his neighbors to take care of his kids, and that his only sister has "enough problems of her own."

Description of the Family:

The Clark family live in a four room apartment in a neighborhood that has been transitional for the last few years. Mr. Clark explained that the three boys sleep in one room and that he and his wife shared the other bedroom. The house is sparsely furnished, and two of the boys sleep on mattresses on the floor. However, the furniture and house seem fairly well-kept, although shabby.

Mr. Clark stated that the family has never received welfare but has been under continual financial strain since he and his wife married. He explained that his wife was only 16 when she became pregnant for the first time and that the marriage did not take place until after the preg-

nancy. Both he and his wife have worked on and off during the marriage, but, he stated one of them always had a job. They always managed to "scrape by." Until Mrs. C. left, she was employed in the mornings as a domestic, but was usually home by 1:30 to take care of the children when they got home from school.

Mr. Clark said that the marriage was often "in bad shape" and that he and his wife fought continuously since Patrick was born. He stated that he was never really sure if Patrick was "his kid" and said that he was in the South when the child was born. He thought that his wife was seeing other men but was never sure. But, between his suspicion of his wife and her belittling his ability to provide for his family, the house was in constant turmoil. Other than the pressure of taking care of the kids, now that his wife is gone, he states that his life is much better without her. He stated that sometimes he wished she had taken the children with her so that he could "be completely free."

Mr. Clark is a tall, thin man who walks with a slight limp. He is from a poor family and he left school in the 8th grade. He has worked fairly regularly since the age of 16, although he states that he was periodically unemployed. He has been employed as a porter, worked in a car wash, in a mail room and most recently as an elevator operator. He has been at his current job 10 months and has "never missed a day." He appears somewhat depressed, and other than the emotion he showed when describing his hitting his wife, speaks with little affect. His voice is dull and flat. He rarely speaks spontaneously, but attempts to provide all the information the worker has requested. He seems ambivalent about what to do with his children, on the one hand saying that it would be nice to be free, on the other stating that he has always taken care of his family and wished that he could continue.

On the one hand, Mr. Clark seems proud of his accomplishments, stating that he has not been absent from his latest job, and that his family has never been on welfare. On the other hand, he states that when he is down he thinks that what his wife used to say was true, and that he really isn't a very good provider. He just "can't manage" with a job and no one to care for his kids, and besides, he needs some life of his own.

Mrs. Clark has been seen only once by this worker. About three weeks after Mr. C asked for placement of the children, Mrs. Clark appeared at the agency, demanding to speak to the worker. She would not say how she found out about the request for placement, or where she was living, or how she was supporting herself. All she stated was that she's "not cleaning houses any more." After a good deal of

probing about her current situation, it became obvious to the worker that she was not going to open up.

Mrs. Clark is a young looking woman who appeared well dressed. She is quite attractive and very verbal, but seemed quite controlling and domineering. She continually stated that she did not want her children placed, that they were her husband's responsibility and that they were his to take care of. "That would show him what it was like."

I explained to Mrs. Clark that her husband had requested placement because he did not feel he could cope with the kids, and she stated that "he could cope, he is just lazy." I explored the possibility of her taking the children and she just laughed and stated, "I walked out, I'm free of that life, and nothing you could do can get me back into that." "I'm out of it and I'm glad."

Whenever any alternate arrangement was discussed she stated that we shouldn't take the children away. "They're his kids and he should have to care for them." When I explained that no decision had been made she stated, "You know how I feel, they are good kids and he should raise them." She then walked out of the agency. Other than this one contact we have no information on Mrs. Clark.

Child for whom Service is Requested:

James is a thin, frail and delicate looking boy. He lacks warmth, exuberance and spontaneity characteristic of a boy his age. He rarely talks to this worker, and answers any question in monosyllables. When asked what he has done recently, the answer is usually, "nothing."

James appears very frightened and very scared. It seems as if he does not know what is happening, why his father is concerned or why his mother left. When we talked about his parent's problems, he stated that he knew they fought. When I asked how he felt when this happened, he said he felt scared and wanted to hide. He says that he got along "O.K." with his mother, and "O.K." with his grandmother. He gets along "fine" with his father.

At home James seems to manage adequately. His father states that he has very little problem with James, that he is always ready for school, eats well and does play with his other brothers. He says that James has one friend who lives in the next apartment building and that these children play well together. Mr. C. says that James is more quiet than the other children, but he is not very concerned about it because he has always been this way. He states that his fights with his wife seem to always affect James

more than his other two sons. James always checks with his father about when he will be home, and seems insecure about his not being able to reach his father during the day if "something should happen."

In school James seems to be doing all right. The teacher reports that she rarely has behavioral trouble with him, that he is usually quiet and subdued. She states that she thinks he is a fairly bright and sensitive child, but that he becomes sullen when criticized. Although she feels that he is fairly bright, he is somewhat behind in his reading. This she feels is because he has difficulty concentrating.

Development History:

James was a full term baby and has had all of the childhood diseases. There have been no serious illnesses or injuries. Mr. C. states that when James gets a cold, which tends to be fairly frequently, he runs high fevers and takes a long time to recuperate. Mr. C. states that sometimes he thinks James likes to stay in bed. He says that James has some nightmares but that they usually aren't serious.

Psychological:

James has not yet been tested.

Psychiatric:

James was seen by the agency psychiatrist. The report indicates that James is self-deprecating and sees himself as no good at all. The psychiatrist felt that in view of the home situation, and the trauma of his parents' separation and his father's ambivalence about continuing care, his low self-image is to be expected. The child is not seen as ego-deviant and there is no clinical evidence of schizophrenia. It appears, however, that James does have emotional difficulties, intra-psycho conflicts, but these seem to be mainly reactive to familial difficulties at home. The diagnosis was Adjustment Reaction of Childhood.

Casework Activity:

Mr. C. has had difficulty in meeting his appointments and has called on three occasions stating that he could not come, either because of his work or because something had gone wrong at home. On the four occasions he has been seen, he has continually stated that he thinks it would be best for the children to be placed. However, such remarks are usually prefaced by a statement such as "although I don't want to do it..." When alternatives to placement have been

discussed, he has said "that might be good, but I don't know if it will be enough."

At one point Mr. C. stated that he would like to have time for himself, maybe to go to school to get some training. He has stated that he cannot do this because of the children.

A visit to his mother's house was made. She is an elderly woman who is almost crippled by arthritis. Although she is fond of the children, and they seem fairly close to her, she does not seem to be a resource for them due to her physical condition.

Mr. C. is concerned about the influence of the other children in the neighborhood, especially as the children get older. He hopes that his children would not be exposed to the outside, negative environment. He seems to see the neighborhood as overwhelmingly bad for his children, despite the fact that there is a recreation center and a number of other supports.

CASE B

INTAKE SUMMARY: RICHARD STEVENS

FAMILY:

Beverly	Mother	F	29	1924 Loring Place Bronx, New York	
Richard, Jr.	*	M	9	1924 Loring Place Bronx, New York	4th grade
Lisa	Sister	F	7	1924 Loring Place Bronx, New York	2nd grade

Source of Referral:

Mrs. Stevens came to the agency requesting foster care placement for her two children, Richard, Jr. and Lisa. She was recommended to this agency by her worker at the Department of Social Service who felt that both Mrs. S. and the children would benefit if the children were living elsewhere.

Problem as Presented:

Mrs. Stevens states that she just cannot care for the children any longer. She describes the children as very active, very spoiled and very demanding. Mrs. S., shaking her head, said that she couldn't understand what was happening to the children - they had, until recently, been such model kids. "You'd think they would make a special effort to be good after what happened, and after all I've been through."

Mrs. Stevens explained that two months ago her husband died from a heroin overdose. Richard found his father's body on the bathroom floor, surrounded by the paraphernalia of a drug addict. Since that time, Mrs. S. states she has been "really down." She repeats constantly that her husband was the best thing that ever happened to her. Since his death she can hardly face the world. She is staying home almost all the time now and does not go out, even to shop. Recently, she has taken to staying in bed and sleeping most of the day. She wakes around dinner time and then walks around the apartment most of the night. She cries constantly, and the least upset causes her to break into tears.

Mrs. S. states that the children, especially Richard, keep nagging her "about everything." She quickly loses patience and yells or hits the children when they make any demand on her. When she hits Richard he will begin crying and run out of the house. Last week this happened around 8 p.m. A neighbor brought Richard home about 11 p.m. stat-

ing that she found him sitting under the stairs in the hallway crying. Mrs. S. told the worker from DSS about this incident, and it was at this point that the worker suggested placement to Mrs. S. The worker thought that this would give Mrs. Stevens the opportunity to "get her head together." Mrs. S., after thinking about the suggestion, felt that it would be a good idea. She no longer has the patience to care for the kids. Besides, at this point, she "just wants to be alone."

Description of the Family:

Mrs. Stevens is a thin, gaunt looking woman. Her complexion was sallow and her hair had obviously not been groomed. She wore a loose fitting, rumpled housedress. Despite her rather unkempt appearance, it was obvious that Mrs. S. could be an attractive woman if she paid attention to her appearance.

Mrs. S. spoke in a very low, flat tone of voice. Her speech and body motions were extremely slow. Mrs. S. is a severely depressed woman who seems unable, at this point, to fulfill her daily household responsibilities. She has not cleaned the apartment since her husband's death. The one meal she attempts to prepare is dinner. This generally consists of warmed TV dinners or other out of the can prepared foods. The children get their own breakfast and get their lunch in school.

Mrs. S. has told the worker that she has lost 20 pounds in the last two months. She states she was completely shocked by the circumstances of her husband's death. She explains that he had been acting strangely the last few months of his life, but she figured that he was upset because he had lost his job. He had been unable to find another job and his unemployment benefits had run out. He had been spending long periods of time "with the guys on the street" and was increasingly unresponsive to her and the children. Still, she never imagined he was using drugs.

Mrs. Stevens states that although she and her husband argued during their 12 years of marriage, she had always felt that they had a good marriage. During the last year, they increasingly fought about money and her husband seemed depressed over the fact that he was not working. Her husband had been a good provider until 1-1/2 years ago, when the store that he had worked for for 8 years went bankrupt. Mr. S. had worked as a salesman in an appliance store. Mrs. S. went on unemployment after he lost his job. When his benefits ran out the family applied for welfare benefits. Mr. and Mrs. S. both felt strongly that they did not want to go on welfare. They had both been brought up on it, and were determined that it would not be the way they supported

their children. They applied, with great reluctance, only when their financial situation became desperate.

The night before his death Mrs. S. states that she and her husband had a terrible argument about his sexual unresponsiveness. She said that she had said "terrible things to him." He stormed out of the house. Mrs. S. states she doesn't know when he returned because the next time she saw him was when she ran to the bathroom the next morning when she heard Richard screaming.

Mrs. S. says that she cannot get the image of her husband lying dead on the floor out of her mind. She hates to be alone because at these times the images seem stronger. Consequently she seems to sleep during the day when the kids are in school. She is afraid to go out. However, she states that when the children come home from school they annoy her so much with questions that she now feels she'd prefer the loneliness.

Mrs. Stevens feels all alone in the world. She has a younger brother who is 26 years old. She describes him as irresponsible and unfeeling. He didn't even attend the funeral. Mrs. S. had been very close to her parents when they were still living. Her father died 7 years ago, her mother, just last year. Mrs. S. used to feel close to her husband's family but now feels that they blame her for his death. His parents have contacted her only once in the past two months.

Child for whom Service is Requested:

Richard is a good looking, alert but depressed 9 year old. He is quite verbal and easily responded to the worker's questions. Richard seemed eager to have the opportunity to speak to an attentive adult. He matter of factly described the present situation at home. Richard stated that he knows his mother is sad and tries to be good and make her feel better. However, everything he does seems to go wrong. Richard states he doesn't like to see his mother like this. They never have fun anymore.

Richard added that he is trying to take care of his mother and sister, knowing that he is now the man of the family. Whenever there is an errand to run Richard will go. He also now does the laundry and the cleaning with Lisa's help.

When Richard began speaking about his father he became tearful for the first time. He said he really misses his father and wishes he was there and things were like they used to be before he lost his job. Richard is confused about the circumstances of his father's death as nobody has

explained it to him. He thinks about his father a great deal.

In school Richard has always been at the top of his class. Within the past two months his grades have plummeted downward. Mrs. Greentree, Richard's teacher, states he seems preoccupied and no longer is prepared in his classwork. She has also noted a deterioration in his physical appearance.

In the community: Richard always had many friends. He attended the after-school center at his school and had many neighborhood friends. Richard also belonged to the Little League and the Cub Scouts. Since his father's death Richard has dropped out of all after school activities and rarely sees his friends. He comes home directly after school so that he can help his mother.

Psychological: None.

Psychiatric: None.

Casework Activity:

When Mrs. Stevens first called the agency, she requested that a worker come to her home. When it was explained that this was impossible for a first visit, she grudgingly agreed to come in. She missed her first appointment but did arrive (1/2 hour late) for her rescheduled appointment. Mrs. Stevens told the worker that this was the first time in at least 6 weeks that she had been out of the house.

Mrs. Stevens has been tearful at each of the four meetings with the worker. She spoke of how good a life she and her family had before her husband's death. She focused most of the discussion on her own feelings of depression, guilt, and hopelessness, rather than on the children.

Mrs. S. continues to be unmotivated in her household chores. However, after missing her first appointment she accepted without complaint, other appointments at the agency. Although her appearance remains disheveled she has begun eating again.

Mrs. Stevens continues to ask for the placement of her two children. She states that she cannot cope with their constant chattering nor the responsibility of having to care for two active children. She insists that she and the children would be better off if they were separated.

It has been suggested to Mrs. S. that she seek treatment for herself at her local mental health clinic.

Mrs. Stevens has refused to get involved and has refused to let her worker contact the C.M.H.C. in her behalf.

CASE C

INTAKE SUMMARY: RITA MORES

FAMILY:

Rose	mother	F	31	120 Grand St. New York City	Not employed Not employed
Rita	*	F	11	same	6th grade
Joseph	brother	M	8	same	2nd grade
Carla	sister	F	3	same	---
John	brother	M	1	same	---

Source of Referral:

Mrs. Mores came to the office with Rita and with a neighbor Mrs. G., who threatened to go to the police unless Mrs. M. came to the agency. Mrs. G. stated that she has been concerned for the children for some time, but last night, when she found the three youngest children at home alone, she decided something had to be done.

Presented Problems:

Mrs. G. stated that last night when she came home from work, she found Joseph, Carla and John in their apartment alone. The children had not seen their mother for most of the day, and Joseph had not gone to school. The children had eaten some cold beans out of the can, and John had been given only a cold bottle of apple juice since 12:00. She did not know where Rita was.

Mrs. Mores stated that she had left all the children with Rita, who was supposed to take care of them, since she had to go to the Bronx to see her mother. Rita, however, had gone out, and did not return until 6:00. Mrs. Mores considers Rita to be a problem child, who is disrespectful and difficult to control. She never does "what she is supposed to." On several occasions she has run away after her mother has tried to punish her. Mrs. Mores kept stating that she just wants Rita "out".

Rita stated that the reason she had left was that Louis, Mrs. M's paramour had come into the house and started criticizing the way she was handling the children. They got into an argument and Louis had hit her, saying that she was just "no damned good." Rita stated that that "damned junkie" doesn't know anything, all he ever does is beat her. Rita stated "I don't want to take care of the littled kids anyway."

Description of the Family:

The Mores family live in an inadequate apartment in a decayed neighborhood. All of the children sleep in one room, while Mrs. M. (and Louis when he is there) sleep in the living room. The size of the family and living conditions make daily living almost impossible, with little opportunity for any quiet or any place to be alone. Louis is not there every day, but when he comes, matters seem to become worse, since he expects also to be taken care of.

Mrs. Mores has been on welfare since Rita was born. She has never been married, and each of the two older children have different fathers. Carla and John are Louis' children. He seems to favor these two, and is often abusive toward both Rita and Joseph, according to Rita.

Mrs. Mores is a heavy set, slovenly woman who rarely makes an attempt to groom herself. She walks in a clumsy fashion, and speaks in an angry, gruff voice. She is rather inarticulate. She appears to be overwhelmed by her family responsibility, and seems to want to escape whenever possible. Mrs. M's ability to communicate, insight and motivation to solve the family problems in any way but removing Rita is limited. She is both verbally and physically abusive toward the children, but never toward Louis. At night, she frequently leaves the apartment for a number of hours, neglecting household duties and the children to go out with Louis. Often, the dishes are left in the sink for days, washing them only when they are needed for a meal. Mrs. M. gets up late in the morning necessitating Rita's taking care of the children.

Although this worker has never seen Louis, the picture one gets is contradictory. Mrs. M. states that he is a kind person who "treats her good" and takes her out for a good time. She also claims that he loves all her children, and treats them all very well and with respect. She states that he often brings her things, and that most of the furniture in the apartment was bought by him. Rita, on the other hand, describes him as a cruel individual who doesn't care anything for the children who are not his. She states that he is a junkie, which Mrs. M. denies. Rita states that Louis is using her mother for her welfare check, and really doesn't give a damn about anyone but himself. Mrs. Mores seems completely dependent on Louis for any kind of emotional support or feeling of self worth, something which she cannot derive, it seems, from her children. Mrs. Mores states that Rita is jealous of Louis, and is trying to come between them. She denies that Louis has ever mistreated Rita.

Child for Whom Placement is Requested:

Rita is a rather attractive child who has a very neglected appearance. She has sunken eyes and a sad expression. Rita states that she is often tired, especially after having to take care of the house and children when her mother is out. Mrs. M. keeps Rita home from school to take care of the other children when Louis is around. Rita strongly resents this. She is close to two girls at school and states that she never has time for her friends. Rita states that she knows Louis does not like her, and feels that because of her mother's relationship with him, that her mother does not like her either.

At home, when Louis is around, or Rita feels things are about as bad as they can be, she runs away, usually to her mother's sister or to her friends in the street. She states that she feels close to her friends and enjoys the quiet there is in her aunt's home. The aunt recently had a baby and Rita, who resists caring for her own sibs, enjoys caring for her cousin. Her mother feels that if she likes caring for her cousin, she shouldn't mind caring for her own brothers and sisters.

In school, Rita has not been doing well. She is disrespectful of the teacher and uses profane language when other children are present. The teacher feels that she has a real problem in accepting anyone in authority, and resents being told what to do. The teacher reports that Rita attends school intermittently, and is not sure if she is home or truanting. She is quite far behind in her class work, and may not be promoted. The teacher states that Rita often attends school in dirty clothes, and without having bathed. She gets along poorly with her classmates, except for the two girls "who are just like her." However, the teacher states that in the few instances where Rita has gotten involved in school work or a class project she applies herself well, can be a leader, and seems to be quite capable.

Developmental History:

Rita was an out-of-wedlock child who was not planned and was born when her mother was 20. Pregnancy and delivery was normal. Rita was enuretic until the age of 7, and her mother stated that she was always giving her trouble. She did not talk, and her mother reports, until she was four years old. She had the usual childhood diseases, and appears to be in good health.

Psychological:

Because of the trouble Rita was having in school, she was tested about one year ago, when she was in the fifth

grade. She had an IQ of 106 on the WISC but because of certain high scores and the suspected neglect, it was believed that the test did not measure her adequately. Projective tests indicate much fantasy and a problem with her concept of herself as a female - there seems to be much rejection of the female role. Nevertheless, she shows considerable ego strength and a high degree of organization which suggests that her problem is largely the working out of characterological development. There is a strong drive level with a strong individualistic trend which, if channeled correctly could make Rita a child with superior potential.

Psychiatric: None

Casework Activity:

After the initial appointment, to which Mrs. M. did not come willingly, she failed to meet two other appointments. Because of the possibility of abuse, the worker decided to make a home visit.

Mrs. M. stated continually that Rita was the cause of all her problems, that if she had not left the children that day, nothing would have happened. She was obviously still very angry at Rita, but seemed embarrassed over the fact that she had come to the agency.

She still stated that she wanted Rita removed from the house, to someplace where she could "learn respect." She did state, however, that Rita had not missed school since the last time we spoke (approximately 1 week), but she was still not taking care of the children when she and Louis went out. She stated that it seemed like every time "I walk out, she walks out" and that she doesn't know what she is going to do. She stated that she asked Louis to "talk to Rita" because they were now having problems, since she could no longer trust Rita with the other children. She kept saying "I can't lose Louis, he is the only thing good that every happened to me. I'd rather kill Rita than lose Louis."

Efforts of the worker to aid Mrs. M. in focusing on Rita's situation and her reactions and the reasons for them have been completely unsuccessful. She kept saying "she is going to make me lose him. I don't care what he is, he cares about me." Mrs. M. was never able to focus on the possible causes of Rita's behavior.

It was evident to this worker that Mrs. M's narcissism, combined with her low frustration tolerance, low self image and tremendous dependency needs which have gone unfilled has led to chaotic home conditions where the children

have had to fend for themselves with a lack of any emotional warmth. However, it seems that there are enough controls in the home so that the children would not be abused, although there is present the possibility of physical and emotional neglect.

In discussing alternatives to placement, Mrs. M. stated that perhaps if the worker would just talk to Rita and convince her to take care of the other children and do as Louis said that "things would be all right at home." Yet, directly after stating this she said that when Rita does not do what she is supposed to in the house, from caring for the children to getting dinner and cleaning up, she was ready to "throw her out and make her stay in the street so she would realize how good she had it."

CASE D

INTAKE SUMMARY: JAMES KING

FAMILY:

Mr. K.	Father	M	33	8th grade	truck driver
Mrs. K.	Mother	F	28	1 yr. high school	--
James	*	M	11	5th grade	--
Sandra	Sister	F	10	4th grade	--
Susan	Sister	F	8 $\frac{1}{2}$	3rd grade	--
Jack	Brother	M	6 $\frac{1}{2}$	1st grade	--
Sarah	Sister	F	5	kindergarten	--
Joshua	Brother	M	3	--	--
Joseph	Brother	M	1 $\frac{1}{2}$	--	--

Source of Referral:

The Kings' were referred by the local Community Mental Health Clinic where they had previously lived. When problems became "out of hand" Mrs. K. called the CMHC where she had once been an in-patient.

Presented Problems:

The King family came to this agency describing James as an unmanageable child. At that time Mrs. K. complained of James' lying, truancy, and frequent fights among his siblings. He would steal candy and toys from neighborhood merchants. Mrs. King stated she was at her "wits end" and did not know what would happen if she did not receive some help with James.

Mrs. K. describes James as a "split personaility." He is sometimes good. Most times, however, he is very, very bad.

Description of the Family:

James is the oldest of 7 children born to Mrs. King. Neither James nor the youngest child were fathered by Mr. King. Mrs. King is of Protestant parentage; Mr. King is a Catholic. Mr. King is presently employed as a truck driver. The family receives supplemental welfare.

The King family has lived in the top floor of a two family house in a working class community for the last 9 months. They have a large 6 room apartment. The children share two bedrooms according to sex. The girls all have beds. The younger boys sleep on mattresses. James sleeps on the floor.

Mrs. King, age 28, is a depressed, anxious, obese woman who is unable to cope with her family situation. She is overwhelmed by the children and has little insight or knowledge of child rearing. She is unable to give affectively to the children. James in particular seems to be rejected.

Mr. King, age 33, was born and raised close to where the family presently lives. He spent two years of his adolescence in jail for car theft. He is described by his wife as having an explosive temper, and she states he has beaten James and herself on numerous occasions. Presently, Mr. King is employed as a truck driver. He also does almost all the cooking in the family.

Because of suspected abuse and neglect, the Bureau of Child Welfare was involved with this family.

Mr. and Mrs. King have had marital difficulties since the beginning of their marriage. One separation occurred two years ago. James was conceived before the marriage, fathered by another man. Mr. K. was aware of this. Mr. King is not aware, however, that the youngest child, Joseph, was fathered by another man, a friend of his who was living with the family for several months. Mrs. King has also recently admitted that she has been prostituting during the day.

Mrs. King attempted suicide last April. She states that her problems with her husband and children were too much for her. She was hospitalized for several days until her husband removed her against medical advice. The entire family then moved to Colorado to be near Mrs. King's parents. The King family stayed for six weeks and then returned to New York because they "couldn't make it in Colorado."

James and Sandra, the two oldest children are given much responsibility for helping with the younger children and with the household chores. Mrs. King sends all the children, except for the two youngest, out of the house by 7:30 A.M., with no supervision, so that they will not scuff the floors, nor bother her. They are not permitted inside regardless of weather until 4:00 P.M. when Mr. King arrives home. Joshua and Joseph are restricted to the sofa and high chair respectively so they will not dirty the house.

The oldest 4 children fight frequently. James in particular is quite jealous of his siblings. He tries to play with their toys since he has none of his own. Mr. and Mrs. King state that James is too old to play and has to help his mother instead.

Mrs. King relates minimally with the children. At the agency she and James sit on opposite sides of the waiting room as if they were strangers. James states he likes his father "wehn he is good to me" and hates him "when he beats me." He and his father occasionally spend time together playing ball.

James speaks very positively of his maternal grandparents who live in Colorado. He expresses a desire to live with them. James' one attempt at running away was an attempt to join his grandparents in Colorado.

Child of Concern:

James is an extremely undersized 11 year old child. He is quite depressed and generally has a dejected expression. Suicidal ideation is evident through repetitive dreams of death and dying, which he has experienced since age 5. Interestingly, these dreams disappeared during the family's six week stay with the grandparents in Colorado. This was the only time that James lived with anyone other than his core family.

James had made one suicide attempt. He attempted to choke himself with some railroad track from his brother's electric train set. The attempt was made in the context of a dispute between the homemaker and his mother. James took the track to his throat in the homemaker's presence, but still turned blue before any intervention took place.

James has a history of difficulties dating back to age 4 when he was hospitalized overnight for eating a bottle of baby aspirin. During the ensuing year, he was discovered on several occasions eating garbage in the alleyway. The family was referred to a local community mental health clinic for treatment, but soon dropped out.

Problems have continued since age 4. James was described by his mother as rebellious and hard to handle both at home and in school. His friends have always been described as those with behavior problems. During the last year he was truanting 2-3 times per week.

James was again taken to the community mental health clinic following an incident where he lied about being mugged in order to cover up his lateness, fearing a severe beating if he did not have an alibi. Despite the recommendation for continued evaluation and possible placement, the family again terminated treatment.

Developmental History:

Mrs. K. states that she had a good pregnancy with James. Labor lasted 12 hours. James weighted 6 lb. 8 oz.

and was 19 inches long. The child ate well but reversed days and nights until the age of 6 months. Mrs. K. described James as very spoiled since her parents and sister always picked him up. At 6 months he always wanted to be held so that she had to "whack him" to go to sleep. Mrs. K. could not remember the ages at which significant developmental milestones were reached, i.e., walking and talking. James was not completely toilet trained until age 5 and soiling continued until this age. Mrs. King stated that they would beat him to help the training.

In School: James has attended four different schools in the last four years because of the family's moving. In the fourth grade he was described to his mother as talking and daydreaming in class. He showed no interest in his work and only wanted to play. Mrs. K. states that the children often were absent since there was an epidemic of lice. The children got them, and she would not send them back until the epidemic was over. This year, James is attending public school and is in the fifth grade, having been promoted on a trial basis because of his frequent absences in the fourth grade. This year, James has often been absent because his mother keeps him home to watch the other children.

Peer Relationships: Mrs. King states James has generally associated with other children who were known to be troublemakers. This year, however, James has no friends and is not permitted to play with the boys on his block. In school this year James has no friends and feels that the other children pick on him because he only has one set of clothes to wear. James has had no group or camp experience. He is not involved in any structured activities. James states he likes to play with toys, but has none. He enjoys sports but has little chance to play. He does not attend the after school center because dinner is served at 4:15 P.M. when Mr. K. arrives home.

Health: Mrs. K. states that James is in good health. He is, however, quite pale, thin and undersized. There is some question as to whether he is receiving an adequately balanced diet. Mrs. K. feeds the children cookies or dry cereal for breakfast and lunch. Dinner usually consists of a macaroni meal. Mrs. K. states that she could easily afford meat, but that the children prefer cookies.

Casework Activity:

Mrs. K. brought James to the initial interview by herself. She explained that her husband was working and wouldn't take off for "this kind of thing." Mrs. K. des-

cribed in very affect laden tones what a "rotten kid" James was. She explained in detail his various misbehaviors but failed to see how each example she offered showed James to be acting in direct response to his parents rules.

Soon, however, the interview changed from a scathing attack on James to a description of her own problems and inability to cope. With very rapid pressured speech Mrs. K. related a rambling account of her poor marital relationship, her various affairs and her inability to care for the 7 children. It soon became clear that her own life was so disorganized that she was unable to provide structure for the children.

Mrs. K. seemed annoyed with caring for so many children and consequently deals with them in ways that will limit her involvement with them, e.g., making all the children go to bed by 5:30 P.M. Her daily handling of the children seems to be controlled by this inability to cope. Consequently, she is extremely inconsistent in caring for the children. Although she voices anger at all the children, James, as the oldest, seems to get most of the anger directed at him.

Mr. K. refused to come to the clinic until placement was offered as an alternative treatment plan. He agreed with his wife to placing James "if it would help him" and has not returned to see the worker since.

In early sessions, Mrs. K. would listen to the worker and would state that she would follow the workers suggestions. More recently she has refused to try anything new stating that the only difficulty lies with James, not with her child-rearing techniques.

Psychological Report:

James scored a full scale IQ of 92 on the WISC. However, he approaches cognitive tests in a manner which impairs optimal functioning. He becomes threatened and adopts a defensive stance or lets errors go uncorrected, accepting an inferior performance.

The two key issues for James are control and obtaining satisfaction of affectional needs from others. Getting people to like him is the central dynamic conflict in James' life. At times he seems motivated by nothing else; at other times, as a burnt child does, he will avoid human contact as if people would kill him by their simple touch.

Given James' depression, his push button sense of rejection and his self-punitiveness, James is a boy who needs to be carefully watched.

James' relationship with his parents is so poor and so lacking in warmth, it is difficult to believe he was raised by them. He seems only to want to stay away from them.

James' reality testing can be quite good. But, his judgment is rather quickly impaired by situations involving rejection, punishment or arousal of intense affect. At these times we can expect poor reality testing and a general weakening of controls.

Psychiatric Report:

On examination, James was seen as a small, thin male with facial gimminging. He related openly and speech was coherent and logical. Intelligence was at least average and probably above. Affection varied from depressed to flat with the latter predominating. Suicidal ideation was talked of freely and with appreciable affect. James spoke of concentration difficulties. No disorganization of thinking was noted. No delusions nor hallucinations elicited.

The impression was that of an emotionally and physically deprived child with depression and probable early schizoid pathology.

CASE E

INTAKE SUMMARY: RONALD WHITE

Family:

Georgette	mother	F	26	102 W. 83rd St. --- New York, N.Y.
Ronald	*	M	10	1602 Sterling Ave. 4th grade Brooklyn, N.Y.

Source of Referral:

Mrs. Catherine Smith, Ronald's great aunt, contacted the agency requesting placement for Ronald who has been living with her for the past seven months.

Presented Problems:

Mrs. Smith came to the agency demanding that the agency take Ronald from her, since she was no longer willing to take responsibility for him. Mrs. Smith explained that she has 6 children of her own living at home, and that she is on public assistance and cannot afford to keep Ronald. She stated that she was willing to struggle with him, since he is "blood" but since his behavior is so bad, and he gives her such a hard time when he is in her house, that she will not take care of him any longer.

Mrs. Smith explained that seven months ago, her niece, Georgette White, had to be hospitalized for "nerves." She stated that this was not the first time this had happened, and that since Mrs. White had no one to care for the child, she would take him temporarily. She said that upon release from the hospital, Mrs. White took a room on the west side of Manhattan. However, for the past five months she has had no contact with either Ronald or her aunt. When Mrs. Smith has tried to contact Mrs. White, she has been unsuccessful in locating her, and that when she finally found out where she was living, Mrs. White would not let her into the house.

Mrs. Smith stated that while Mrs. White was in the hospital, Ronald seemed to be alright, and gave her "no more trouble" than her own children. However, for the past 5 months, Ronald has run away on 3 occasions, has been stealing small items with a group of friends in the neighborhood, stays out late at night and has been truanting from school. They have been arguing continually about his behavior, and Mrs. Smith has stated that "even my beatings don't help." She states that she has "tried everything" but nothing seems to work - the child is just "bad."

Description of the Family:

Mrs. Smith is a heavy set woman of about 38 years who looks older than her age. She dresses in old, unkempt clothes, and seems to take little pride in her appearance. Her hair is matted and uncombed, her stockings torn. She walks quickly and deliberately, and, despite her unkempt appearance, projects the image of a woman who is a fighter, who knows what she wants and is struggling to get it.

Mrs. Smith lives in a very bad neighborhood in Brooklyn, in a building that has partially been burnt out. She and her 6 children and Ronald have a 6 room apartment that is fairly well kept and clean. This, despite the fact that the building itself is very badly in need of repair, with ceilings falling down and stairs missing in the hallway. The house is sparsely furnished but all of the basic furniture is present. Mrs. Smith has stated that welfare has promised to help her find a new place, but so far has not come up with anything.

Mrs. Smith told this worker that she supplements her welfare check by working in the mornings while her children are in school at a local store, wrapping packages. This has really helped the family out in terms of making it monetarily, but recently, she has been called more and more by the school because Ronald has either been truanting or severely misbehaving in class. She states that her employer has stated that she would have to let her go if she had to miss any more work. Mrs. Smith understands her employer's position, since last week she left twice in the middle of the morning, and has stated that she really needs the job in order to get her family "out of this hell."

Mrs. Smith's 6 children range in age from 7 to 17. All are in school and doing well. There is a real sense of family, with the older children taking care of the younger and helping their mother out. All of the children seem to be angry and upset with Ronald, since he is giving the family a "bad" name, and the other children are ridiculed because of his behavior. In contrast to Mrs. Smith herself, the children are clean and neat, seem well cared for and nourished and take a pride in themselves.

Mrs. Smith has stated that she just cannot deal with Ronald or his mother. She does not want to give up her part time job for him, and cannot take the time to get him the special help he needs, since she has to watch out "for her own." Because Ronald has been so provocative in the home, he is ostracized by the other children, who want nothing to do with him at this point. A number of the children stated that he is driving their mother "crazy" and that they wish he would go and live with his own mother and leave them alone.

Mrs. Smith stated that she took Ronald in when his mother went into the hospital this last time because he had nowhere else to go. She stated that Mrs. White has needed hospitalization before, and it usually was for only 6 weeks. When Mrs. White came out of the hospital this last time, she stated that once she got settled, she would get Ronald. However, this has not happened and Mrs. Smith is afraid that Ronald may stay with her forever. She "never bargained for this" and does not want the responsibility of this extra child. She stated that "if his mother doesn't care" why should she worry about what is going to happen to him. She stated that his presence is disrupting her family and having a negative effect on both her and her children. She insisted that something be done to get Ronald out of the house "as soon as possible" and stated that she was hoping that the agency would remove him immediately. She stated that the last straw was when she finally located Mrs. White last week and told her through the door (since Mrs. White would not see her) that she had to take Ronald back or she would place him, Mrs. White said that she did not care. Mrs. Smith stated that if she didn't care, why should she ruin her life and children's for him.

Mrs. White has been seen by this worker once, in her apartment on the west side of Manhattan. She lives in a very run down welfare hotel. The apartment in only one room and a bath down the hall. It is poorly furnished and filthy. When the worker arrived at 3:00 P.M., Mrs. White was still in her bathrobe.

I explained to Mrs. W. that Mrs. S. was no longer willing to care for Ronald, and that he was beginning to get into trouble in the community and school. She did not react to this, but immediately launched into a long speech about how she was going to get herself a job so she could take her child, and all she needed was time. During this dialogue, Mrs. White poured herself a drink, offered the worker one, finished the drink and poured herself a second drink. It became obvious that Mrs. White had a severe drinking problem. By the time the worker left the interview about an hour later, Mrs. White had consumed about a half a bottle of liquor.

When we were finally able to focus on the child for a short period, Mrs. White stated that there was no way she wanted this child with her, that she couldn't afford this, that she would need a new apartment and much more money, and that she couldn't do this until she got a job. She stated that she was having trouble with the welfare, they were going to take her off, because she would not go to the office.

The interview was very difficult to conduct, for

Mrs. White often went off on tangents and was clearly not able to focus on the problem at hand. This became worse as she drank more and at times Mrs. White seemed completely incoherent. At other times during the interview, it appeared that Mrs. White was not even aware that the worker was in the room. She would make gestures with her hands and often laugh inappropriately. She seemed clearly unable to cope with her situation or to plan for her child.

A report from the hospital revealed that Mrs. White has been hospitalized 5 times over the last three years. The diagnosis has been schizophrenia, chronic undifferentiated type, and the report made reference to a severe drinking problem. In addition, the report mentions that Mrs. White had been prostituting prior to her most recent admission. She had not been taking her medication and had never come for her outpatient appointments. Her physical at admission this last time reported that she was malnourished and anemic. It appeared that the hospital had stabilized her condition, that she was in remission, and responded well to the medication.

Child for Whom Service is Requested:

Ronald is a heavy set 10 year old child who is overtly hostile and defiant. He continually stated that he did not want to be bothered with the worker, and would never come back to the office. He stated that he would run away if his aunt ever tried to bring him back. He refused to be engaged in any play activities and continually tried to provoke the worker through foul language and gestures. He reacted to the picture of the workers husband on the desk by stating, "man is he ugly." Other than comments such as the one above and occasional cursing, Ronald was silent for the entire interview.

At home: With his aunt, Ronald is described as a hostile, aggressive child who often fights and provokes his cousins and curses his aunt. This, he knows, will provoke the older children into hitting him. He has, on a number of occasions, stolen from his aunts wallet and from the other children. There have been times that he has broken the younger childrens toys deliberately.

At school: Ronald has been truanting a great deal from school, and it is believed that he goes into Manhattan during the day. He has been picked up by the police in the mid-town area on one occasion. When his aunt walks him to school, to make sure he gets there, he is hostile toward the teacher and many of his peers. He often provokes fights and runs out of the classroom. He shows no interest in any sort of school work, and, although in the fourth grade, can barely read. He prints, but has not yet learned how to write in

script, and is also behind in arithmetic. His only friends are a number of sixth graders who are described as being as big a problem as he is.

In the Community: Ronald has been caught shoplifting in the presence of his older friends on two occasions in the last three months. No charges have been brought against him. He has also been involved in glue sniffing and smoking. His aunt reports that he is often out of the house until midnight, and she does not know where he goes. He claims to be part of the Young Lords, a youth gang in the neighborhood, but this is doubted because of his age and size.

Psychological: None.

Psychiatric: None.

Casework Activity:

This worker has seen Mrs. Smith three times in the evening at the office. She insists on Ronald being removed from her house, stating that she has no time to "worry about that child." She sees him as bad, and at this point has given up any attempt to supervise him. She has stated "I want him out, and that's that." She has stated that she simply does not have the time to cater to his special needs with six of "my own" at home. She resents his mother's refusal to see her and discuss the boy, and seems, at this point, to have reached her breaking point with him. As she has stated "I'm just not going to bother."

There has been no further activity with Mrs. White. She has not responded to the letters the agency has sent asking her to call to arrange an appointment. Attempts at home visits have proved fruitless, for Mrs. White has not been home. Calls to the hotel where she lives have gone unanswered, although she is still living there.

APPENDIX H

Rating Scales of Case
Characteristics Used
in Dissertation Research

5. The Emotional and Behavioral Status of the Child -- that is, the degree of psychological and behavioral pathology which the child exhibits.

severe pathology	some pathology	no. pathology
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6. The Availability of the Family to Intervention -- that is, the ability of the major child caring figure(s) to utilize supports which may be provided to them through social agency intervention.

not able to use supports	somewhat able to use sup- ports	extremely capable of using sup- ports
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