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## Social workers' perceptions of team decision-making

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SOCIAL WORKERS' PERCEPTIONS OF  
TEAM DECISION-MAKING

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Jennifer Yvonne Veal

June 2006

SOCIAL WORKERS' PERCEPTIONS OF  
TEAM DECISION-MAKING

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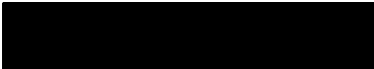
A Project  
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by  
Jennifer Yvonne Veal


June 2006

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## ABSTRACT

The study examined Children Social Workers' (CSWs') perceptions of the effectiveness of a team decision-making (TDM) meeting on permanency plans with foster youth. TDM meetings are multidisciplinary teams that work collaboratively with the birth parents, the CSW and other service providers in an effort to provide the best living arrangement for a child in the least restrictive, least intrusive way. Data was collected from 10 CSWs from Los Angeles County Department of Children and Family Services (DCFS) specialized alternative services. The study identified four themes that emerged as a result of the interviews they are: 1) the importance of how TDM reduces the timeframe youth are in foster care, 2) TDM viewed as a positive experience, 3) the importance of providing a permanent and temporary home and 4) the challenges of a TDM.

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I would also like to thank my father, Dr. Zeno Veal for helping me immensely during my educational endeavor. Dad, your prayers, your encouraging words, and your countless ways of helping me with Jordan were a blessing.

## DEDICATION

This research project is dedicated to my entire family you guys have been an inspirational and a pillar of encouragement to me in counts ways. Dad, I love you and I thank you for believing in my dream. Jocilyn and Auntie I could not have done this without you. Finally, to my daughter Jordan, I want you to know that you can achieve any dream if you put your mind to it.

This research project is also dedicated to the memory of my mother, Bernice E. Veal. I love you mom and your legacy continue.

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## CHAPTER ONE

### INTRODUCTION

#### Problem Statement

Every year, over a half million children in California come to the attention of child welfare officials through reports of suspected child abuse or neglect (Reed & Karpilow, 2002). Most of the reports are made by phone calls to either the local Emergency Response (ER) 24-hour hotline crisis line or to local law enforcement officials. California law defines specific areas of child abuse and neglect as: physical, sexual, emotional abuse and neglect (general and severe) (Reed & Karpilow, 2002). On any given day, 131,000 children and youth are involved in the child welfare system; 92,000 live in foster homes, relatives' homes, and residential care facilities (Reed & Karpilow, 2002).

Seven out of every 10 children in the child welfare system are in foster care. As of April 1, 2002, there were 91,951 children in foster care in California; many children cycle through the foster system more than once and experience multiple placements (Reed & Karpilow, 2002). The number of children in foster care has led

child welfare officials to develop individual plans and intensify permanency through reunification with birth parents, relative care, adoption and/or long term foster care. In October 2002, the Los Angeles County Department of Children and Family Services (DCFS) placed 780 children into foster care and moved over 1,400 children from one placement to another (Department of Children and Family Services, 2003). Thirty-five percent of children who entered foster care in 2000 remained in care for 12 months and experienced three or more placements (Reed & Karpilow, 2002). In addition, of those who entered foster care in 1999 and remained in care for 24 months, 48 percent had experienced three or more placements (Reed & Karpilow, 2002).

Child welfare departments have developed specific programs that target foster youth that do not have a definite permanency plan. There is an urgent need to address foster care youth who have experienced multiple out-of-home placements while in foster care. DCFS mandated a service program geared to identify plans, identify services and move toward permanence through reunification with the birth family, relative care and adoption (Department of Children and Family Services,

2003). As a result of this mandate, Team Decision-Making (TDM) meetings have evolved.

TDM is a team process used to create a collaborative effort between DCFS staff, family, youth, community members, caregivers, service providers and others that have a vested interest in the child in the decision making process regarding that child's removal, placement and reunification (Department of Children & Family Services, 2005). TDM meetings facilitate a network of support for children and the adults who care for them. The objective for a TDM meeting is to provide the best placement possible for a child/ren, while at the same time, providing for the child's safety and well being. When possible, the family and community's strengths are used to form the Safety/Action Plans. A Safety/Action Plan is a written documentation of the collaborative decision made by the participants in the TDM for each child. This will enable the children to remain safe in the home or return home immediately with appropriate services. When this is not possible, plans are made that reflect the least restrictive and least intrusive placement possible for each child. This will keep the

child safe, preserve and nurture the child's family and community connections.

### Policy Context

The most comprehensive policy affecting permanency planning in conjunction with TDM for the DCFS is the Adoption and Safe Families Act of 1997 known as (ASFA). President Bill Clinton on November 19, 1997 signed into law the ASFA Act to help thousands of children waiting in foster care to move quicker into safe permanent homes (Department of Children and Family Services, 2001).

The purpose of ASFA is to redirect, channel and refocus Child Welfare Services to provide a safe, permanent and reliable home for children in foster care. ASFA provides unprecedented financial incentives to states that increase adoptions that are in compliance with the specified time limits written in the Act. Under ASFA, DCFS has undertaken the following actions: outlined conditions for terminating parental rights, given financial incentives for states, and denied federal assistance for child adoption outside jurisdiction status (Department of Children and Family Services, 2002). President Clinton remarked that the new law would speed children out of foster care into permanent families by

setting meaningful time limits for child welfare decisions, and by clarifying which family situations call for reasonable reunification efforts and which simply do not (Department of Children and Family Services, 2002).

As a result of ASFA, DCFS adopted another policy called concurrent planning. Concurrent planning works simultaneously with the ASFA process. Concurrent planning implements services that involve working towards family reunification while, at the same time, developing an alternative permanent plan (Katz, 1999). In addition, concurrent planning creates a multidisciplinary team of court, agency, and the family to achieve reunification by identifying the family members who will commit to legal permanency for the child (Retrieved November 29, 2005, from [http://10.40.72.30/dcfs/concurrent\\_planning.org](http://10.40.72.30/dcfs/concurrent_planning.org)).

#### Practice Context

Social workers, especially child welfare caseworkers, will at some point in their professional career experience and preside over a permanency plan for a child. Before reunification, adoption or even before removal can take place, social workers need to consider all possible programs available that will assist the Children's Social Worker (CSW) in achieving the goal for

a child. One objective of a TDM meeting is to reduce multiple placements for foster children. Working in a multi-disciplinary team with birth/foster parents, community partners and neighborhood liaisons, the TDM staff will create and develop a Safety/Action Plan. In this Safety/Action Plan the permanency plan for the youth will be developed that protects the child and preserves or reunifies the family, if possible.

Social welfare, foster families and society are rediscovering the virtues and benefits of the community (Patti, 2000). The pendulum is swinging back to communities and groups of primary care, prevention, and natural support (Patti, 2000). This way everyone that is concerned about the welfare of the children can give their input, offer advice, support, voice their opinion and be actively involved in the decision making process for the permanency plan.

At the micro practice level, social workers and facilitators through workshops, conferences, and in-services training learn specific skills necessary to engage in effective meetings. TDM facilitators are skilled at organizing and managing a collaborative meeting. Facilitators also use their clinical skills to



gather information. They ask open-ended questions that will trigger and elicit responses. They paraphrase responses to clarify and understand what a participant has already stated. In sum, a facilitator is a neutral party, a non-carrying social worker who's primary concern is to keep everyone on task, identify the concerns, strengths and find ways through a consensus to form an Safety/Action Plan.

At the macro level, advocating, lobbying and identifying the importance of utilizing a TDM are important for its success. Once CSW's implement this service they will understand the effectiveness of incorporating a TDM into the case plan. All counties should include TDM meetings into their curriculum. Implementing TDM in child welfare should yield results that will facilitate permanency planning on foster youth. This way all counties are utilizing the same services and the results on foster care should be consistent throughout the state.

#### Purpose of the Study

The purpose of the study was to examine child welfare workers' perceptions of the effectiveness of a

TDM (TDM) meeting on permanency plans with clients that receive specialized alternative services. The specialized alternatives services primarily include: American Indian Unit, Asian Pacific Unit, deaf services, Medical Placement Unit (services for medically fragile children) and Child Sexually Abuse Treatment Program (services for sexually abused youth). Specifically, the study aims to assess child welfare workers' perception on 1) whether or not social workers perceive TDM meetings help to prevent multiple out-of-home placements; 2) whether social workers believe TDM reduces the timeframe youths are placed in out-of-home foster care and finally 3) whether social workers believe Child Protection Services (CPS) provides the best permanency plan for the child.

Understanding the permanency plan for this project, the researcher was specifically interested in the social workers' perceptions and opinions of the effectiveness of a TDM meeting on specialized alternative services in the permanency plans. The study examined the meeting to see whether or not the TDM meetings are instrumental, beneficial and served the purpose in achieving and providing the best permanency plan for the client.

With over 18 offices in the Los Angeles County DCFS, the Covina Annex building was one of two sites that provides specific units that concentrate with specialized alternative services. The Covina Annex site serves youth that are: medically fragile, of Native American descent, Asian-Pacific descent, hearing impaired and children who have been sexually abused. Los Angeles County DCFS population serves foster care youth from aged newborn to 18 years old. Finally, it serves foster youth residing in the Los Angeles County metropolitan area from all ethnic demographic backgrounds and all levels of socioeconomic status.

The study employed a qualitative research design, with in-depth interviews with CSW (I, II, III) and supervisors that are employed by the Los Angeles County DCFS. An interview schedule was developed to conduct face-to-face interviews with 10 CSW's. Social workers were asked to participate in a 40-minute interview answering 18 open-ended questions. Questions were asked based on the CSWs' perceptions of the effectiveness of TDM on specialized alternative services on a permanency plan. The researcher used a qualitative approach. This allowed the CSW's to elaborate and discuss the

advantages, the disadvantages and the benefits (if any) of a TDM meeting in specialized alternatives services with a client. The project examined child welfare workers' perceptions and their opinions on the effectiveness of TDM meetings.

#### Significance of the Project for Social Work

The findings of the study contributed to social work knowledge base regarding TDM meetings. Knowledge that can be gained from these meetings includes reviewing and discussing actions needed to reduce risk, preserving the family unit, examining safety concerns, discussing placement issues and the availability of kinship, reaching consensus, creating/developing a Safety/Action Plan and finally developing a permanency plan. The study aided to increase knowledge on TDM meetings by examining social workers views on TDM. The study also assisted administrators and key informants on whether to use or not use the TDM on informed decisions. The Department of Children and Family Services (2002) noted that children in foster care in need of a permanent home have become a pressing social welfare issue. Identifying CSW's perceptions on the effectiveness of TDM in specialized

alternative services on permanency planning is important. It is important because of the growing numbers of foster care youth that are likely to experience multiple out-of-home placements.

The study helped contribute to generate knowledge on social workers' views on the impact of TDM meetings on foster care and permanency planning. This knowledge may be beneficial in the planning, implementing and evaluating stages of the generalist intervention model. Foster care youth, permanency planning, specialized alternative services, and TDM meetings could be greatly affected by the results of the research.

On the policy level, the findings of this study helped introduce legislation to mandate TDM meetings for all foster care youth involved in permanency planning. Agencies should adhere to the provisions of the legislation to implement a TDM within the first three months after a case is received. This adherence will help increase permanency placements in the state of California. In addition, policymakers should adhere to the values of TDM by utilizing the services and implementing the TDM program on a full-scale, long-term range.

On a practice level, the research results should be used to encourage other agencies to implement the TDM with foster care youth on permanency planning. This will demonstrate different perceptions on the effectiveness of TDM on foster care youth. In addition, the research findings will likely be used by family law judges, attorneys, mediators and social work supervisors to encourage or require social workers to set up a TDM meeting for every foster youth working on a permanent placement plan. Particularly, when voluntary settlements have not been forthcoming and/or seem unlikely, the results could persuade family law judges to make TDM a requirement for social workers that are unable to reach an agreement regarding a permanent home for a foster child.

Finally, the results will likely be used to provide direction to child welfare professionals in terms of empirically supported interventions for foster care youth and their permanency planning case in specialized alternative services. More precisely, the findings may be used to educate social workers on effective TDM techniques for facilitating and communicating with parents (birth, foster), community representatives, on

ways in which they can increase permanency in foster care youth by implementing a TDM program.

CHAPTER TWO  
LITERATURE REVIEW

Introduction

Chapter two consists of a discussion of current and relevant literature on TDM meetings, foster care youth and permanency planning. This chapter is divided into a section on current policy issues, a section on foster care and permanency planning, a section on neighborhood-based approaches, and finally a section on theories guiding conceptualization.

Concurrent Planning Policy

Seven out of every 10 children in the child welfare system are in foster care (Reed & Karpilow, 2002). In 1980, Congress passed the Public Law 96-272 (Adoption Assistance and Child Welfare Act of 1980) to encourage better permanency-planning efforts nation-wide; the need for such legislation was indisputable (Katz, 1990). The need to provide policies to address youth in foster care was significant. The Adoption and Safe Families Act of 1997 (ASFA) was passed to reduce the time period (from 18 to 12 months) for the scheduling of the permanency hearing. The act defines parental conduct that showcases



the need for reunification efforts, and cites concurrent planning as an appropriate practice (Katz, 1999). In an effort to place foster children in a stable, secure, and safe permanent home, the DCFS devised plans to assist in achieving this goal.

Katz (1990) employed a model program within a private child agency that combined two types of methods known to improved permanency planning for foster children. One method showed ways to improve permanency planning through: reduce caseloads, early case planning, intensive services to parents, contracting with parents, and emphasis on parental visiting. The second method consisted of: a two-pronged casework approach, Foster-Adoption Placement, and Open Adoptions. The study explored 39 at-risk foster children that met the criteria for the model program. The goal was to provide foster children with permanent homes in an effort to reduce multiple placements. Most of the children achieved adoption by foster parents through the model design. The results supported the thesis that, for the small sample size, both the program design and case management resulted in timely case resolution and early permanency for abused and neglected children in foster care.

Katz (1999) examined the advantages and disadvantages of concurrent planning among foster care youth. Concurrent planning is defined as working towards family reunification, while at the same time, developing an alternative permanent plan. Katz discussed developing alternative permanent plans (concurrent planning) for foster youth. Concurrent planning was designed to accommodate young clients that experience any type of physical, sexual, emotional abuse and/or neglect. Implementing concurrent planning into a foster youth permanency plan can dramatically decrease and minimize the trauma and psychological harm to children that experience multiple out-of-home placements.

Barth (1999) examined the goals of child welfare services to include child protection, family continuity, and achievement of legal permanency so children can end their involvement with child welfare services and have a lifetime family. Barth suggested family continuity includes: birth parents, extended family members, relatives and neighbors. Also one of the goals is to determine a method to assist in creating stable, secure and safe permanent homes for foster children. The study identified when children cannot be returned home to their

biological families, it recommends that child welfare practitioners emphasize and advocate for family continuity in the permanency plan. Family continuity provides the opportunity to maintain contact with the biological parent while preserving the family with extended family members. The study explores the rationale for expanding family continuity and observing long-term outcomes and how these outcomes will generate social benefits.

Hawkins and Bland (2002) reported that children in substitute care (e.g. group homes, hospitals, foster parents, and small family homes) were rapidly growing, while the numbers of foster homes are steadily decreasing. Kinship care (the placement of children who are in state custody with their relatives) has quickly become the permanency planning option of choice. The study measured a three-year kinship care program evaluation from Comprehensive Relative Enhancement Support and Training (CREST). The results showed the (CREST) project enhances relative caregivers functions and reduces the cost of care.

Barr (2004) examined cognitive factors, attitudes and views that influence decision-making around different

proceedings for adoption. The results of the study showed that when making an important decision on a permanent plan a myriad of factors need to be considered before making a decision on adoption. The study concluded that certain issues need to be considered: the age of the child, the implications of contact with birth parents/families, resource implications and the impact for the child/ren for further disruption.

#### Community Approaches to Children Services

Children's connections to family, relatives, friends, schools, neighborhoods and faith-based organizations are fundamental to foster youth well-being, stability and permanent placement. Instituting a multi-disciplinary team who has a vested interest in the welfare of a foster child can aid the child. This way all the participants can provide a network of support for the child and the adults who care for them (Department of Children & Family Services, 2003). Members of one's family and community add value to the process by serving as natural allies to the family and as experts on the community's resources (Department of Children & Family Services, 2003).

Chahine, Straaten and Williams-Isom (2005) examined New York City's Administration for Children Services (ACS) instituted with neighborhood-based services (NBS) a system through the realignment of all foster care, preventive, and protective services along community district lines. The NBS approach stems from the hypothesis that suggests children placed in their own communities have an increased likelihood of maintaining close and frequent family contact, leading to a more timely and safe return home. With the NBS approach, ACS, with its community partners, aimed to integrate child welfare services with other services systems at the neighborhood level to support children and families through the provisions of culturally competent services in locations that are both familiar and convenient. The results from the study indicated, in order to achieve effective services, workers must develop preventive strategies, identify and intervene with families and children in their communities. Further intervention strategies report the reduction of foster care youth, and children that are receiving preventive services than foster care services in New York City.

Morrison et al. (1997) examined a collaborative strength based approach that worked to meet the needs of urban low-income multiethnic communities. The article concentrated on a neighborhood network that focuses on the developmental needs of youth, residents and other individuals that need services. The results showed that mobilization was enhanced when entities such as public schools and police become part of the network. The finding of the study indicated the efforts of one school of social work (The George Williams College at Aurora University School of Social Work, AUSSW).

#### Team Decision-Making

The purpose of a TDM meeting is:

- 1) a TDM is defined as a meeting, including birth parents and youth, held for all decisions involving child removal/detention, change of placement, reunification and any other permanency plan;
- 2) a TDM meeting is held before the child's detention/move occurs, or in cases of imminent risk, by the next working day, and always

before the initial court hearing in cases of removal;

- 3) neighborhood-based community representatives are invited by the public agency to participate in all TDM meetings, especially those regarding possible child removal;
- 4) the meeting is led by a skilled, immediately accessible, internal facilitator, who is not a case-carrying social worker or line supervisor;
- 5) information about each meeting, including participants, location, and recommendations, is collected and ultimately linked to data on child and family outcomes, in order to ensure continuing self-evaluation of the TDM process and its effectiveness; and finally,
- 6) each TDM meeting, resulting in a child's removal, serves as a springboard for the planning of an "icebreaker" family team meeting, ideally to be held in conjunction with the first family visit, so that birth parents and foster parent relationships can be initiated (Department of Children and Family Services, 2004). TDM was established to assist

in reducing multiple out-of-home placements for foster care youth residing in Los Angeles County by identifying plans and services in a collaborative effort to move toward permanence through reunification with birth family, relative care and/or adoption.

Prior to the TDM initiative, social workers were viewed as the 'experts' on their prospective case plan for each client. The social workers made all the critical decisions on the client's removal, change of placement, reunification, adoption, and other permanency plans. TDM no longer assumes the social worker is the expert. In TDM the expert is the family in collaboration with other decision makers at the meeting to help decide the best permanent plan for the client/s. Families are the experts on themselves (Department of Children & Family Services, 2003). The values of TDM are to treat families like the experts by: 1) asking questions towards how things can get better; 2) listening to ideas, supporting them if possible; and 3) looking for good intent to every idea and building on that (Department of Children and Family Services, 2002).



## Constituencies Involved in Team Decision-Making

TDM meetings bring people together (social workers, school, birth/foster parents, and others) who are involved with the family to reach a consensus about the care and placement of a child. When families are included in the decision-making, they are capable of identifying their own needs and strengths (Department of Children and Family Services, 2003). A group can often be more effective in making good decisions than an individual (Department of Children and Family Services, 2003). Individuals that would support TDM and define the need are: the birth parents, the children, the extended family and non-relative supports, the current caregivers (kin, foster), caseworker/supervisor, the community partners, the service providers, other public agency staff, the TDM facilitator and the attorneys.

Involving community partners in the TDM in the collaborative effort provides a continuity of connectedness among everyone that has contributed to the welfare and safety of the individual youth. In order to sustain a child's relationship with family, services should be family centered, community and neighborhood based (Department of Children and Family Services, 2003).

By including these stakeholders in the TDM meeting, the department is providing the optimal level of outcomes for the foster youth. Everyone present at the TDM meeting is genuinely concerned about the welfare and placement of the child.

Team Decision-Making evolved from the Family-to-Family (F2F) initiative (Department of Children & Family Services, 2003). Family to Family was designed and implemented in 1992 by the Annie E. Casey Foundation. The primary mission of Casey Foundation is to foster public policies, human-service reforms and community supports that effectively meet today's vulnerable children and families. The initiative is based on a family-centered approach that characterizes four main concepts: (1) responsiveness to the individualized needs of children and their families; (2) rooted in the child's community or neighborhood; (3) sensitive to cultural differences; and (4) able to serve many of the children now placed in group homes and institutions (Department of Children and Family Services, 2002). The Annie E. Casey foundation developed a system where networks of foster families are neighborhood based, culturally sensitive, and located primary in the communities where the children

live. The goal is to provide a safe placement for children while keeping them in a familiar comfortable environment without removing them from their community.

#### Los Angeles County and Team Decision-Making

There are over 31,700 children in foster care in Los Angeles County, and 10,000 children have been in non-relative care for more than 24 months (Department of Children and Family Services, 2004). The numerical figures indicate there are overwhelming youth placed in out-of home foster care in Los Angeles County. The study was vital because TDM meetings identified a plan that would assist the mission statement of the Los Angeles County DCFS. The mission of LA County DCFS incorporates collaborating with community partners, provide a comprehensive child protection system in three main ways: 1) prevention, 2) preservation and 3) permanency (Department of Children & Family Services, 2000). The mission of LA County DCFS ensures that children grow up safely, physically, and emotionally healthy, and in permanent homes (Department of Children & Family Services, 2000). The social problem of children in foster care has increased, and this have led the DCFS to mandate and develop individual plans to intensify permanency

through reunification with birth parents, relative care, adoption and/or long term foster care. This study's concern was to address youth in foster care and increase the number of youth placed in multiple out-of-homes placements annually. The study examined the social issues in relation to TDM meetings. The study investigated children social workers' perceptions of the effectiveness of a TDM meeting on permanency plans with clients that receive specialized alternatives services.

When this study was completed, Los Angeles County DCFS CSW's were not mandated to utilize TDM meetings. As of April, 2006, a TDM meeting is now required for all front-end cases only if they are staffed by 120% CSWs. When the study was undertaken many CSW's have not taken advantage of the program and have not made referrals to the TDM facilitators. Many social workers understand the knowledge they gain from incorporating a TDM into a client's case plan. Social workers gather new information, knowledge and observe family dynamics. In addition, CSWs will save valuable time, and energy by attending a TDM and having everyone at the meeting who can contribute to the well-being and safety of the child. The group is better equipped at identifying collectively

the best permanent plan for the child. Whereas not incorporating a TDM has a high probability to prolong a case from closing or having a child placed in a permanent home. CSWs that do not utilize TDM meetings may be oblivious to the results that are achieved from a meeting. Ultimately, CSWs could be unaware of the effectiveness of the program.

Los Angeles County DCFS has a specific division that concentrates on Special Programs (SP) for the department. The Covina Annex site for LA County DCFS focuses on five Special Programs. The SP consists of specialized units for children that are medically fragile (Medical Placement Unit [MPU]), hearing impaired (Deaf Services Unit), American Indian (Indian Unit), Asian Pacific (Asian Pacific Unit) or sexually abused (Child Sexual Abuse Unit).

The American Indian Child Welfare Unit provides culturally appropriate, case management services to American Indian children and families under the legal mandate of the Federal Indian Child Welfare Act ICWA (Public Law 95-608) (Retrieved on November 16, 2005, [http://dcfs.co.la.ca.us/services\\_program/main.htm](http://dcfs.co.la.ca.us/services_program/main.htm)).

The Asian Pacific Program serves the Asian/Pacific Islander communities. The program handles approximately 12 languages/dialects spoken in the target communities. The program's CSWs provide services from the time a case is received from the Child Abuse Hotline until these services are terminated by the LA County department. (Retrieved on November 16, 2005, [http://dcfs.co.la.ca.us/services\\_program/main.htm](http://dcfs.co.la.ca.us/services_program/main.htm)).

The Child Sexual Abuse Program provides group therapy for families where intrafamilial child sexual abuse has occurred. Both parents and the children meet weekly with master's level students, graduates, Licensed Clinical Social Worker (LCSW), Licensed Marriage, and Family Therapist (LMFT) interns. (Retrieved on November 16, 2005, [http://dcfs.co.la.ca.us/services\\_program/main.htm](http://dcfs.co.la.ca.us/services_program/main.htm)).

The Deaf Services Unit (DSU) provides a full range of public child welfare services (from Emergency Response to Permanency Planning) for abused/at risk deaf children, their hearing siblings and their deaf or hearing parents. The DSU staff represents the deaf, partially hearing, and hearing communities. Sign language interpreters are utilized, as case situations require. (Retrieved on

November 16, 2005, [http://dcfs.co.la.ca.us/services\\_program/main.htm](http://dcfs.co.la.ca.us/services_program/main.htm)).

Finally, the medical placement unit (MPU) provides case management services to children who are medically fragile and/or with special needs as defined by AB636. Medically fragile children have conditions requiring special procedures, equipment, devices and/or ongoing medical care and assessment. The MPU assists parents and caretakers by arranging for the training required to care for these children. Two MPU CSWs function as a central locator of foster homes, small family homes, group homes, and specialized care facilities. (Retrieved on November 16, 2005, [http://dcfs.co.la.ca.us/services\\_program/main.htm](http://dcfs.co.la.ca.us/services_program/main.htm)).

#### Theories Guiding Conceptualization

Only a few conceptual frameworks have been developed to help analyze TDM meetings on foster care youth permanency planning. Empowerment and strength-based approaches are two primary perspectives associated with community practice. Hardina (2002) noted that these approaches provide a generic description of how we should interact with clients, recognizing their strengths and

abilities and valuing their right to make decisions that affect their lives.

### The Empowerment Perspective

Hardina (2002) summarizes the definition of empowerment as the inclusion of disadvantaged members of society in organization or political decision-making by increasing the power of individuals to change those environmental conditions responsible for their problems. Empowerment also refers to the process through which people maintain control over their own lives and communities. Empowerment helps people to take action, develop a sense of responsibility for, and the ability to resolve local problems. Empowerment is the ability of the client to move from dependency to a state of independency through increased self-esteem and knowledge of available resources. A therapist can equip the client to achieve mastery over complex tasks. At the community level, empowerment occurs through the development of service resources and social change strategies, which in turn help individuals gain mastery over their lives (Hardina, 2002).



Empowerment is a key component associated with TDM meetings. The organizer takes great pains to establish the decision-making processes and structures that support and encourage constituent involvement in problem identification, community assessment, goal setting, implementation of strategies, and evaluation (Hardina, 2002).

### The Strengths Perspective

Hardina comments (2002) that the strengths perspective assumes that residents that are low-income and from other marginalized groups have skills, resources, and knowledge that they can utilize to transform their lives. The strengths perspective builds upon clients' strengths (positive attributes/characteristics) to enable them to achieve a desirable outcome or goal. The strengths perspective assumes that people who receive services are also the best "experts" about their own lives (Hardina, 2002). TDM believes that families are the experts on themselves. When families are included in decision-making, they are capable of identifying their own needs and strengths. Finally, TDM meetings uphold that members of the family's

own community add value to the process by serving as natural allies to the family and as experts on the community's resources (Department of Children and Family Services, 2003). In a community organization, residents use networks to establish a process of mutual assistance between those in need and other community residents. Such networks can also be used to facilitate community decision-making.

#### Summary

As demonstrated, from the literature review none of the articles related to the present study. The articles failed to provide examples of CSWs perceptions, views, and opinions of the effectiveness of a TDM meeting on permanency planning on foster care youth in specialized alternative services. In addition, the study also failed to provide examples for youth from specialized alternative services, which include: American Indian, Asian-Pacific youth, the medically fragile child, deaf services and finally sexually abused children. There are numerous studies on policy and youth in foster care, and neighborhood-based services but few, if any, actually

outlines the effectiveness of TDM meetings based upon the CSW's perceptions.

## CHAPTER THREE

### METHODS

#### Introduction

This chapter presents the methodology that was employed in the study. Attention was given to the study design, sampling procedures, the interview instrument, and the data collection measures. The section also discusses issues relating to human subjects protection and confidentiality. Last, the chapter concludes with a description of the qualitative data analysis procedures that were employed in the study.

#### Study Design

The purpose of the study was to evaluate CSWs' perceptions of the effectiveness of a TDM meeting on permanency plans with clients that received specialized alternative services. The specialized alternative services primarily included: American Indian, Asian Pacific, medically fragile children, sexually abused youth, deaf services and American Sign language interpreters. Specifically, the study aimed to assess 1) whether or not social workers perceive TDM meetings help to prevent multiple out-of-home placements;

2) whether social workers believe a TDM reduces the timeframe youth are placed in out-of-home foster care; and finally 3) whether social workers believe CPS provide the best permanency plan for the clients.

The study employed a qualitative design. Grinnel and Urau (2002) state that a qualitative research approach is the "interpretive way of thinking or viewing the world" (pg.31). It was the subjective reality that was being studied. Grinnell and Urau note "the only way to find out about subjective reality from the research participants is to ask them, and the answer will come back in words, not in numbers" (pg.35) The researcher conducted face-to-face interviews with ten CSWs from the Los Angeles County DCFS child welfare agency. It was believed that conducting face-to-face interviews was the most practical means to effectively understand the perceptions of social workers in this context. Face-to-face interviews allowed the interviewer to tailor the questions in such a way to solicit candid responses, as well as achieve greater clarity and understanding on TDM from social worker participants. However, due to time restrictions, budget restraints, and cumbersome transcribing, a small number of social workers were

selected to participate in the study. Twenty participants (Children Social Worker's) were recruited. However, only ten CSWs were utilized for the study.

The study employed convenience sampling to recruit participants. Participants were selected based upon their availability and accessibility. Grinnel and Urau (2002) define convenient sampling as individuals that are available and/or easy to find. Convenience sampling is often appropriate in social work research, for example, when a field researcher is exploring a new setting and is trying to get some sense of prevailing attitudes.

There are some limitations when using a qualitative study. The limitations related to the validity and the reliability of the measuring instrument, the small sample size, lack of representativeness and the generalizability of the study's results.

TDM is a relatively new service. The study examined the perceptions of social workers on the effectiveness of a TDM meeting. The qualitative approach gathered the perceptions from the social workers that have already participated in a TDM and utilized the service. TDM meetings are not mandated and are completely voluntary. Therefore gathering CSWs' perceptions using a qualitative

analysis was critical to the TDM meetings development and effectiveness.

### Sampling

The sample of the study consisted of approximately ten social workers currently employed by Los Angeles County DCFS, who consented to be interviewed. The research project involved social workers' perceptions of TDM meetings. Convenience sampling was employed for recruiting the study participants. CSWs that have participated in a TDM meeting from September, 2005, through the end of February, 2006, were considered eligible to participate in the interview process.

The study employed convenience sampling to recruit participants. One key aspect of the recruitment process was working with Ana Baisley, the TDM facilitator for the Covina Annex office. Ana Baisley, the researcher's field instructor, also supports the project. The TDM facilitator provided the researcher with a list of all social workers that participated in a TDM during the specified time period. Fliers were distributed and placed in CSWs mailboxes of CSWs who had participated in a TDM from September, 2005, to February 2006. Emails were also

sent to the CSWs. To motivate the CSWs to participate, the researcher personally (through word of mouth) invited CSWs to participate in a face-to-face interview.

Distributing fliers, writing emails, and word of mouth all helped to increase the recruitment process of social workers.

The convenience sampling criteria were:

a) participants must be CSWs employed by Los Angeles County DCFS b) they must work at the Covina Annex site and finally, c) they must have participated in a TDM meeting from September, 2005, through the end of February, 2006.

Participation in the research was completely voluntary, even though a small incentive was given to each CSW for participating in the interview. Each CSW that agreed to be interviewed received a two-dollar Baskin's Robbins gift certificate as a small incentive to encourage CSWs to participate in the research project.

#### Data Collection and Instruments

The study collected data by means of interviewing ten children CSW from Los Angeles County DCFS. Each participating CSW works in a specialized alternative



services department unit. The specialized alternatives services primarily includes: American Indian, Asian Pacific, medically fragile children, sexually abused youth, deaf services and American Sign language interpreters. Upon meeting with each CSW a survey questionnaire was distributed. Each CSW had time allotted to read and fill out the questionnaire. The survey questionnaire included demographic information on each participant as well as information on CSWs' perceptions of TDM meetings. The survey questionnaire included the following: age, gender, ethnicity, job title, experience level, and level of education. (Appendix A). After the social worker completed the questionnaire the researcher started the interview.

In order to collect the data on CSWs' perceptions, the interviewer used an interview guide comprised of approximately 18 questions. The questions themselves were posed in an open-ended fashion, to solicit the most comprehensive responses from participants. Additionally, the format for the questions were constructed in a way to incline the CSW participants to reflect on the effectiveness of the TDM meeting, to assess whether or not the TDM prevented, reduced or provided the best

permanency plans for foster care youth. In order to collect the data on CSWs' perceptions efficiently and effectively the researcher wrote down their responses on 8 x 11 ½ white paper. Additionally, a tape-recorder was used to collect the information accurately and ensure the interviews were recorded properly. (Please see Appendix B, for a list of questions that appeared on the interview schedule).

#### Procedures

Overall, the data collection procedures involved administering one survey questionnaire, which was comprised of the demographic information, while the other data was the interviewing schedule instrument. Upon establishing a sample eligibility list, the interviewer called and made interview appointments with the CSWs that were willing to participate in the study. The interviewer provided participants with a Baskin Robbins gift card as an incentive for participating in the interview session. Approximately, ten CSWs were interviewed for the purpose of the study. Interviews occurred at a rate of approximately two per week over a five-week period. However, the interviewer allotted three additional weeks

for a total of eight weeks to accommodate any CSW that might have encountered an emergency from the Department. Social workers, for many reasons, might encounter an emergency situation, (i.e. emergency response, immediate investigation, immediate detainment and emergency court hearing). Social workers might even have needed additional time to reschedule their appointment for this study.

The interviews consisted of approximately eighteen questions lasting approximately 45 minutes. Each interview was held at the Covina Annex office for the Los Angeles County DCFS, or at another location agreeable by the study participant and the researcher. Following the interviews, participants were asked if they may be contacted at a later time should additional information become necessary.

The research instrument was reviewed and sent for approval to Los Angeles County DCFS, by the researcher before conducting any face-to-face interviews with the participants. The data collection started on February 15, 2006. Once the interviews were completed, the data analysis and the synthesis of the material took approximately two weeks.

## Protection of Human Subjects

Protection of human rights and confidentiality of the study was a primary concern of this researcher. Every conceivable effort was taken to protect anonymity and confidentiality of all the participants. In order to protect the human subjects involved in the study, at no time were the subjects' names mentioned to connect them with any specific data collections. None of the research material, such as the demographic survey questionnaire and the interviewing schedule guide provided any information that linked the participants to their responses. Names, addresses, spouses, number of children, and any other identifying markers were not present on any documents. Codes were assigned to each participant to match the interviewer's notes to the respective interview. An alphabet letter was assigned to each CSW that participated in the study. That same letter was used on all corresponding documents from each CSW. The code was essential to connect participants with their responses. No associations were made to link the participants' identities and the data recorded from the interviews. This precaution secured the anonymity of each study participant.

Another precaution the researcher took to protect the human subjects was the accessibility of the data. The data was kept confidential by limiting the number of individuals who could review the data. Only three people had access to the data files. The researcher's advisor, Dr. Herb Shon, the researcher's field instructor, Ana Baisley and researcher, Jennifer Veal. The data was locked at the researcher's home in a safe during the study. Once all the survey questionnaires were processed, the interviews were transcribed verbatim and entered into the computer. The original hardcopy of the data will be kept for three years (after June 2006) should someone question the veracity of the research findings. Also, a password was installed on the researcher's personal computer to ensure confidentiality. After three years, the collected data will be shredded.

#### Data Analysis

The data analysis for this study employed a qualitative approach utilizing a coding method analysis technique. The researcher employed descriptive statistics in order to describe the characteristics of the participants. The descriptive statistics included

frequency distribution and measures of central tendency as a way to describe the study participants.

Upon completion of the interviews, face-to-face interviews were transcribed. Second, a coding method was developed to organize the data by specific themes. In addition to the data analysis, phase coding was used to identify categories and assign specific codes to certain categories. A notebook was also used to define and record the coding process on the data. Next, a second phase of coding was developed to identify possible relationships, as well as similarities and differences that may exist within the data set. The procedures previously mentioned facilitated synthesis of the data into a form that was easily manageable and readable for the purpose of the study.

#### Summary

The purpose of the study was to examine CSWs' perceptions of the effectiveness of a TDM meeting on permanency plans with clients that receive specialized alternative services. This chapter serves to present the methodology that was employed in the study. Issues pertaining to the composition of the study are discussed

including: the study design, the sampling procedure, the data collection, the procedure process, the protection of human subjects and finally, the data analysis. A sample of an interview instrument concluded the methodology section. The findings of the study provided supporting evidence on CSW's perceptions of the effectiveness of the TDM meeting, particularly for specialized alternative services. The specialized alternative services primarily include: American Indian, Asian Pacific, medically fragile children, sexually abused youth, deaf services and American Sign language interpreters.

## CHAPTER FOUR

### RESULTS

The qualitative study results are presented in the following order: a) demographics, and b) four categories of patterns and themes that emerged as a result from the interviews.

#### Demographics and Descriptive Characteristics for Entire Sample

The sample for this study consisted of ten social workers from Los Angeles County DCFS. All the subjects participated in the demographics questionnaire.

Table 1 shows the information on the demographic characteristics of the respondents. The subjects that participated in the study ranged in aged: Table 2 shows 50% of the participants were in the "31-40" age category, 30% of the subjects were in the "41-50" age category, and 20% of the participants represented the "51-60" age category. No subjects were represented in the "21-30" and the "61 and older" age group categories. Tables 1 report the gender category. The gender of the participants was largely women: 80% of the subjects were females and 20% of the subjects were males. Subjects' ethnicity was



another question posed in the demographic questionnaire. Table 1 illustrates that 20% of the participants were Caucasian, 40% were African-American, 20% were Hispanic/Latino, 10% were of Asian Pacific Islander descent and 10% identified themselves as Native-American.

Table 1. Demographics Characteristics of the Participants

Variable	Frequency (n)	Percentage (%)
Total CSW participants N=10		
Age		
31-40	5	50.0
41-50	3	30.0
51-60	2	20.0
Gender		
Male	2	20.0
Female	8	80.0
Ethnicity		
Caucasian	2	20.0
African-American	4	40.0
Hispanic/Latino	2	20.0
Asian/Pacific Islander	1	10.0
Native-American	1	10.0
Length in Department (Yrs)		
2	1	10.0
5	1	10.0
6	1	10.0
8	3	30.0
10	1	10.0
12	1	10.0
20	1	10.0
21	1	10.0
Mean Length	7.9	

Table 1 reports that participants were asked to specify how long they have been working for the County of Los Angeles DCFS, and responses ranged from 6 months to 21 years. Nearly one-third of the participants (30%) worked for L.A. County for 8 years. Length in department was 7.9 for the mean by CSW's participants

Table 2. Children's Social Worker Title Position

Variable	Frequency	Percentage
Total CSW (n=10)	(n)	(%)
What CSW title position do you currently hold?		
CSW II	2	20.0
CSW III	6	60.0
SCSW	2	20.0

Table 2 reports that 20% of the participants were CSW II, 60% held the position of CSW III, and 20% were SCSW (Supervisors).

Subjects were asked to identify where they were born, Table 3 shows that 80% stated they were born in the United States of America (USA), while 20% checked off "other country" and filled in Hong Kong or Mexico.

Table 3. Citizenship Status

Variable	Frequency (n)	Percentage (%)
Total CSW's (n=10)		
Where were you born?		
U.S.A.	8	80.0
Mexico	1	10.0
Hong Kong	1	10.0

The remaining seven questions related to the researcher's specialization area, Team-Decision-Making. In this study 80% of the social workers stated their last TDM was completely voluntary and 20% stated it was court-ordered.

About 60% of the participants checked off that "1-3" service providers were in attendance for their last TDM meeting, nearly 30% marked that "7-9" service providers were present and only 10% stated that "10 or more" service providers were present for their TDM meeting.

Regarding the last TDM meeting, 80% of subjects stated that their clients had been in "1-3" out-of-home placements since being in the foster care system. Also, 20% identified that their clients had been moved between, "4-9" out-of-home placements. Further, 60% of the Children Social Workers also reported that the TDM has helped reduce the number of out-of-home placements their

clients had experiences since being in foster care. In addition, 30% of the social workers were "undecided" if the TDM helped or assisted in reducing the number of out-of-home placements their clients have been in. Finally, 10% of the subjects reported that the TDM did not make a difference in reducing the number of out-of-home placements for their clients.

Each social worker that participated works in the specialized services bureau site, 30% of the social workers are from the Medical Placement Unit, 30% represent the American Indian Unit, 30% from the Deaf Services and 10% representing the Asian Pacific Islander Unit.

Over half, 60%, of the participants reported that they believed their last TDM was effective in achieving a permanency plan for their clients. In addition, 10% of the subjects reported that the last TDM was not effective in achieving a permanency plan, and 20% were "undecided" on whether or not their last TDM was effective. Finally 10% of the subjects did not answer this question.

The final question dealt with how many family members, relatives, friends and social support were present for the last TDM meeting. About a third, that is

30%, of the subjects marked off "1-3," 30% marked off "4-6," 20% marked off "7-9," and 20% marked "10 or more" social support systems were present for the participants' last TDM meeting.

The four categories presented are based upon the emergence of patterns and themes derived from the interview questions, which includes: 1) the importance of how TDM reduces the timeframe youth are in foster care, 2) TDM viewed as a positive experience, 3) the importance of providing a permanent and temporary home, and 4) the challenges of a TDM.

#### Categories of Patterns and Themes

##### Team Decision-Making Reduces the Timeframe Youth are in Foster Care

One of the common patterns or themes that emerged encompasses the idea that TDM reduces the timeframe youth are placed in out-of-home foster care. Below are examples of these patterns.

The meeting helped reduce the timeframe for the youth in out-of-home foster care. Well this meeting prevented the need of foster care so you can't get more useful than that.

The meeting helped reduce the timeframe for the teenager in foster care ...The department anticipates the youth will remain in [foster care] for only 6 months.

Another pattern that was surfaced noted that social worker's believed the Safety/Action Plan is a critical component that helps TDM reduces the timeframe youth are in out-of-home foster care.

If everyone at the TDM meeting adheres to the Safety/Action Plan, then the TDM should help reduce the timeframe the client is in foster care. Also, the department (DCFS) as well as the family members supports the Safety/Action Plan.

The client will be in foster care in less time.. I think the TDM will help reduce the timeframe the client is in out-of-home foster care because the Safety/Action Plan was very specific, concise and detailed oriented.

The TDM meeting helped reduce the timeframe the youth is in foster care by establishing a concise, and accurate Safety/Action Plan. The facilitator listed everything that needs to be

completed on the Safety/Action Plan, and the timeframe each item needs to get accomplished, I believe this made a tremendous difference on how long the youth will be in foster care.

#### Team Decision-Making Viewed as a Positive Experience

The second pattern or theme that emerged were the social workers' perceptions on how TDM meetings were viewed as a positive experience especially for the family members. Below are examples of these patterns.

[The TDM] was very positive. The family and everyone at the meeting were motivated. Also, DCFS is considering sending the child back home because the Safety/Action Plan was very positive and realistic.

[TDM] are positive because it gives you an idea of where the family is and what the family needs are.

Some social workers commented that the TDM was viewed as a positive experience as a result of the social support and the network of stakeholders that were present for the meeting.

[The TDM] was positive...the family benefited from the support system that were present at the TDM meeting.

[The TDM] outcome was a very positive experience because it gave an opportunity for everyone to come together as a group and discuss the issues. There was a lot of social support available we had the: therapist, the mother, the father, the foster parents, the service provider, and the child's attorney all present for the meeting.

The best part of the [TDM meeting] was the team effort by everyone present for the meeting.

Another common theme in how the TDM was viewed as a positive experience relates to the concept that some social workers felt the TDM facilitator were supporting them in the meeting.

The [TDM] was positive because I felt like the facilitator and her assistant were my support team, from DCFS. I also had support from my Public Health Nurse, which she had some knowledge about the client's medical conditions that was useful in the meeting.



I liked the TDM meeting because the facilitator felt like a support person in the meeting...it made me feel like I had someone there who saw the same thing as me, who had the same concerns and the same problems regarding the situation.

### The Importance of Providing a Permanent and Temporary Home

Providing a permanent and temporary home for the child was the third predominant theme throughout each social worker's interview. They believe that children need to grow up in safe, physically and emotionally healthy, educated and in permanent homes, congruent with the mission of Los Angeles County DCFS. Many of the workers commented that the TDM was effective in providing a permanent and temporary home for out-of-home foster care youth. Below are examples of these patterns.

I don't know about a permanent home, but [the TDM] was effective in achieving a temporary sound home for the child for now. Possibly later, the child will be returned back to the father in 6 months.

[At the TDM] the group decided to preserve the permanent home.

I think the TDM was effective in achieving a [permanent home], because the group is placing the child back in the mom's home so [the TDM] was very effective.

As I said before, the child has been placed in [this permanent home] ever since birth, the TDM meeting was effective in reaching a decision and finalizing that permanent home.

In this particular meeting, the children are not in foster care and the group reached a consensus that outlined a permanent home is the best thing for [the children].

#### The Challenges of a Team Decision-Making

The fourth and finally pattern that emerged from the social workers' interviews were expressed as the challenges that occurred as a result of the TDM meeting. Below are examples of these patterns.

Some social workers felt that the mother's oppositional behavior and her ability to relapse was another challenge in the TDM meeting.

One of the challenges that occurred as a result of the TDM meeting was a possible relapse on the mom's end. The child is medically fragile

and the mom needs to attend all the medical appointments. This is the only concern I have.

The mother was very oppositional, she continues to use drugs and she doesn't even comply with the drug tests.

Several social worker's stated that the parents were a challenge and they're inability to comply with the Safety/Action Plan that was agreed upon was also a major challenge in the TDM meetings.

The challenge I'm concerned about [at the TDM] if the parents are going to be able to follow through with the Safety/Action Plan... Another [challenge] is that I'm scared the parents would revert back to their old behavior without support.

The challenges that arose from the TDM are the mother's ability to follow-through with the Safety/Action Plan.

One challenge that was prevalent among several social workers was the length of the meeting. Many CSW's stated in their interviews that the TDM was quite lengthy and very time consuming. Below are examples:

The [TDM] meeting was 3 hours. At the TDM meeting there were 3 languages (Deaf, Spanish and English) being translated. The [TDM] meeting took a long time because there were three languages being communicated at one time. The biggest challenge was that [the TDM meeting] was very time consuming.

I think [the TDM meeting] would have change if I told mom the meeting was 2 hours early. The mother was 2 hours late for the meeting. In addition, the meeting itself was 4 hours. But mom was extremely late. The major challenge is that the meeting was a long one.

The [challenge] of the TDM meeting was the time. The meeting was 4 ½ hours. People were late, and the [TDM meeting] convened on a Saturday. I would prefer to have a [TDM meeting] on the weekday. However, due to the family's schedule that wasn't possible.

Another challenge in the TDM meeting was due to the lack of service providers in attendance for the meeting. Social workers commented that for their meetings there was a lack of service providers present for the TDM

meeting. The TDM meetings would have been beneficial to the child and the multidisciplinary group if service providers and/or a community liaison were present for the meeting. Below are examples:

I appreciated the promptness of the TDM meeting, but on the other hand the [DCFS staff] didn't have the opportunity to have other people at the table - like regional center and the school staff to attend the meeting. The meeting was one-sided. It only came from the perspective of the legal guardian and the social worker. The school staff and regional center needed to be in attendance.

One challenge concerning the TDM meeting was the absence of the school staff, the regional center worker, and the therapist. There were a lot of people missing at the meeting, who could have contributed to the overall process.

However, I think there's going to be a follow up [TDM meeting] so I would like to see those people present.

I did not have any service providers at my last TDM meeting. I would have like to have at least

one [service providers] present or I wish we could have manage to have Father Boyle (Homeboy Outreach) present and a Family Preservation worker, but unfortunately that wasn't possible. There were no community partners nor service providers present at the TDM meeting. One challenge is that there needs to be more service providers, more people at the meetings such as the therapist, the children's therapist, a advocate and anyone else who can help assist in providing other resources and services. Basically, I would like to see more service providers present for the meeting.

#### Summary

The study reported the results from the demographic questionnaire. The second half of the results consisted of four categories of patterns and themes that emerged from the interviews questions. The four categories included: 1) The importance of how TDM reduces the timeframe youth are in foster care 2) TDM viewed as a positive experience, 3) The importance of providing a

permanent and temporary home, and 4) The challenges of a  
TDM.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

Chapter five consists of a discussion of the purpose of the study, which includes CSWs' perceptions of the effectiveness of a TDM. This chapter is divided into four sections. A section on discussion issues, a section on the study's limitations, a section on recommendations for social work practice, policy and research, and finally a section concluding and summarizing CSWs' perceptions of TDM meetings.

#### Discussion

The study aimed is to assess CSWs' perception on TDM meeting, specifically 1) whether or not social workers perceive TDM helps to prevents multiple out-of-home placements; 2) whether social workers believe TDM reduces the timeframe youths are placed in out-of-home foster care and finally 3) whether social workers believe Child Protection Services (CPS) provides the best permanency plan for the child.

The results described in the previous section identified four themes or patterns derived from the



interview questions, which includes 1) the importance of how TDM reduces the timeframe youth are in foster care, 2) TDM viewed as a positive experience, 3) the importance of providing a permanent and temporary home, and 4) the challenges of a TDM.

Team Decision-Making Reduces the Timeframe Youth are in Foster Care

CSW's reported one of the common themes that emerged from the interviews was how TDM reduces the timeframe youth are in foster care. Many CSWs' identified by incorporating a multidisciplinary team of family members, service providers, community partners and DCFS staff will helped reduce the timeframe youth are in foster care. The researcher findings were similar to Barth (1999). Who found that by incorporating family continuity (birth parents, extended family members, relatives and neighbors) helps end children's involvement with child welfare. Furthermore, Chahine, Straaten and Williams-Isom (2005) also identified that communities wherein there is an increased likelihood of maintaining close and frequent family contact leads to a more timely and safe return home, which also supports this study's findings that CSW's perceived that TDM meetings reduced the timeframe

of foster care youth. Even though the literature did not mention TDM meetings, the basic philosophy of incorporating community partners and involving family continuity was very applicable and similar to this study's findings.

#### Team Decision-Making Viewed as a Positive Experience

The second theme dealt with CSWs' perceptions on how TDM meetings were viewed as a positive experience. After administering the questionnaire instrument the researcher was extremely surprised when all the participants reported they viewed TDM as a positive experience. All ten CSWs confirmed this same experience. Some CSWs viewed TDM as a positive experience as a result of the participation and collaborative effort of family members and community stakeholders. This finding may reflect CSWs' perception that with increased family participation and collaboration comes increased family investment in the child's well-being and perhaps more positive outcomes as the result. Additionally, Morrison et al. (1997) supported and extended this view by including non-family partners such as public schools and police and their contribution to the "family" network. Chahine, Straaten

and Williams-Isom (2005) also supported the findings, that illustrates child welfare services along with other services systems (neighborhood and community partners) support children and families through the provisions of culturally competent services in locations that are familiar and convenient.

#### The Importance of Providing a Permanent and Temporary Home

CSW's identified that providing a permanent and temporary home was another important factor for TDM meetings. This finding is in keeping with the Los Angeles County DCFS mission statement that it is to provide a comprehensive child protection system through three types of interventions: 1) prevention, 2) preservation and 3) permanency (Department of Children & Family Services, 2000). The CSWs also reported that permanency and a temporary home would help reduce the number of multiple placements that their clients would experience. This finding is congruent with Katz's (1990) study that describes the goal of child welfare as providing foster children with permanent homes in an effort to reduce multiple placements.

## The Challenges of a Team Decision-Making

CSW's that participated in the study expressed many challenges that might occur during a TDM meeting such as: the mother's oppositional behavior and the inability of the parents to comply with the Safely/Action Plan. Katz (1990) found that there are many challenges to improving permanency planning for foster children. In an effort to reduce those challenges Katz combined methods used to improve permanency planning which consisted of reduced caseloads, early case planning, intensive services to parents, contracting with parents, emphasis on parental visiting, Foster-Adoption Placement, and Open Adoptions.

Another challenge during TDM meetings was the lack of services providers in attendance. The Los Angeles County DCFS states that children's connections to family, relatives, friends, schools, neighborhoods and faith-based organizations are fundamental to foster youth well being, stability and permanent placement (Department of Children & Family Services, 2003). Therefore, if service provider's and community partners are absent from TDM meetings it poses a challenge for everyone involved. Given this DCFS mandate, this author is uncertain as to why this problem exists. It is due to continued heavy

caseloads of CSW's, competing responsibilities, poor coordination, lack of reminders and/or poor communication, etc.? This phenomenon requires further study to elucidate the reasons why this mandate ostensibly is not being adhered to by CSW's.

#### Limitation

Sample size, sampling, and data collections and concerns of confidentiality by respondents were the areas of concern the researcher identified as the limitations of the study. Finally, the researcher noticed a trend among the participants regarding their reluctance to restrict their answers to the most recent TDM meeting.

This study consisted of 10 face-to-face interviews with CSWs who work in the specialized alternative services of Los Angeles County DCFS. Although a good deal of verbatim data were collected from the respondents via open-ended questions, had this sample been larger this study may have yielded a wider range of responses than those collected. For example, might there be some CSW's who view TDM meetings less favorably? And, what would the bases for those perceptions be? Therefore, sample size

was one limitation to this study, and future studies should strive to include a larger "n" for these reasons.

Secondly, as discussed above, the sample was represented by eight female and two male CSWs. For future studies, in addition to increasing the size of the sample, it would be useful to also include a more diverse sample of respondents, in terms of ethnicity, race, gender, age, sexual orientation, number of post-BASW and/or post-MSW years of experience, whether the MSW also has an LCSW license, etc. For example, this sample was represented by Caucasians, African Americans, Hispanics/Latinos, Asian Pacific Islander and Native Americans. Perhaps by employing an alternate, snowballing sampling methodology, a more ethnically/racially representative sample could have been targeted and studied. This would be my second recommendation for future research.

Thirdly, a larger and more inclusive sample would perhaps better lend itself to hypothesis testing and use of statistical analysis to uncover underlying relationships between any number of independent variables and dependent variables. This level of statistical sophistication would be possible after more qualitative

research is conducted, content analysis of data is performed, and cultural domains uncovered to serve as study variables for analysis.

The researcher observed a common trend among the respondents which was their reluctance to restrict their answers to the most recent TDM in which they participated. All the questions on the interview instrument were asked based upon the CSWs last TDM meeting. However, many CSWs did not want to restrict their answer and apply the questions to their last TDM meeting. Many of them wanted to answer the questions in relation to a TDM meeting of their choosing, or simply one that was a more memorable experience.

Another limitation of the data collection came in the form of the recruitment phase. Some participants were guarded when asked to participate in the study. They questioned the audiotaping as the primary collection instrument and were concerned about confidentiality and rights of privacy. Participants consisted of both CSW's and SCSW's and some were reluctant and reserved in their forthcoming about their responses. Many of the participants were scared and hesitate of being tape-recorded. One participant throughout the entire

interview kept staring at the tape-recorder and saying, "I shouldn't say this, I don't want to get in trouble and I don't know who's going to hear this."

There was an observable difference among CSWs and SCSWs regarding being tape-recorded. The CSWs were scared, but the SCSW's were extremely fearful of what might happen to them if someone recognized their voice. The SCSW's did not want anything that would jeopardize a promotion in employment with Los Angeles County DCFS. The researcher honestly believes the tape recorder presented some challenges for the CSWs. It appeared some CSWs and SCSWs were inhibited to discuss openly and candidly on the TDM process, without being fearful of environmental consequences such as being reprimanded, placed on front-line duty and/or given higher caseloads by administrators and supervisors.

#### Recommendations for Social Work Practice, Policy and Research

Understanding CSWs beliefs and value systems on their perceptions of TDM meetings in specialized alternative services has been a remarkable, exciting and revolutionary experience. Further research in the area of social workers' perceptions and attitudes can play a



vital role in the area of TDM. As a result of this study, the researcher proposes the following recommendations for social work practice, policy and research: 1) the necessity to incorporate mandatory TDM meetings for all front-end, (initial placement), disruption and reunification placements; 2) recruitment and hiring full-time TDM facilitators that do not have caseloads; 3) provide inclusive and intense educational training for all CSWs employed for Los Angeles County DCFS, and finally 4) require TDM facilitators to become re-certificated every 2-3 years. All four recommendations may help contribute to more positive outcomes from TDM meetings throughout Los Angeles County.

### Conclusions

The purpose of this study was to examine CSWs' perceptions of the effectiveness of a TDM meeting on permanency plans with clients that receive specialized alternative services. The specialized alternative services primarily include: American Indian Unit, Asian Pacific Unit, deaf services and Medical Placement Unit (services for medically fragile children).

The study identified four themes that emerged as a result of the interviews they are: 1) the importance of how TDM reduces the timeframe youth are in foster care, 2) TDM viewed as a positive experience, 3) the importance of providing a permanent and temporary home and 4) the challenges of a TDM.

The results of the study are significant to the emergence of TDM meetings. One of the goals of the TDM program is to reduce multiple out-of-home placements on foster care youth. The study provides CSWs the opportunity to be informed on the benefits of incorporating a TDM meeting with a case plan. The results provide an accurate account of fellow CSWs' and SCSWs' perceptions and their opinions on the TDM meeting experience. The material in the study and the different testimonials of fellow peers might stimulate and persuade other CSWs and SCSWs in Los Angeles County DCFS to consider utilizing and implementing a TDM for all initial, disruptions and reunification placements.

The implications for TDM meetings in social work practice are promising. The basic tenet of the social work profession is to provide for a child's safety, well-being and placement. This is accomplished by

providing an arena with different collaborators (birth parents, community partners, DCFS staff, foster parents, caretakers) to discuss ways of securing a permanent placement for a child in the least restrictive, least intrusive way possible. Therefore, in social work practice CSWs need to be aware of the lifelong benefits of involving the communities, family support systems, and service providers into multidisciplinary teams. At the micro practice level, social workers and facilitators through workshops, conferences, and in-service training learn specific skills necessary to engage in effective meetings.

APPENDIX A  
DEMOGRAPHICS SURVEY

**A Study on Children Social Workers (CSW) Perceptions on the Effectiveness of  
Team Decision-Making Meeting Among Foster Care Youth**

**PART I. BACKGROUND**

In this section, I would like to ask you a few questions about yourself. Please write or circle your answers. [*Clear instructions or introductory comments*]

A1. What CSW title position do you currently hold?

1. ( ) CSW I
2. ( ) CSW II
3. ( ) CSW III
4. ( ) SCSW
5. ( ) Other (Please specify) \_\_\_\_\_

A2. What age category do you represent?

1. ( ) 21-30
2. ( ) 31-40
3. ( ) 41-50
4. ( ) 51-60
5. ( ) 61 or older

A3. What is your gender?

1. ( ) Male
2. ( ) Female

A4. What is your ethnicity?

1. ( ) Caucasian
2. ( ) African American
3. ( ) Hispanic/Latino
4. ( ) Asian/Pacific Islander
5. ( ) Native-American
6. ( ) Other (Please specify) \_\_\_\_\_

A5. How long have you been working for Los Angeles County  
Department of Children and Family Services?

Please specify \_\_\_\_\_ (Months/ Years)

A6. Where were you born?

1.  U.S.A.
2.  Other Country (Please specify) \_\_\_\_\_

A7. On your last TDM case, was the team decision-making meeting court-ordered or voluntary?

1.  Court-ordered
2.  Voluntary

A8. On your last TDM, how many service providers were in attendance for the meeting?

1.  1-3
2.  4-6
3.  7-9
4.  10 or more

A9. From your last TDM meeting, how many out-of-home placements was your client placed since being in the foster care system?

1.  1-3
2.  4-6
3.  7-9
4.  10 or more

A10. On your last TDM, do you think it helped reduce the number of out-of-home placements your client experience?

1.  Yes
2.  No
3.  Undecided

A11. On your last TDM meeting, what specialized program does your client receive services from?

1.  Medical Placement Unit
2.  American Indian
3.  Asian Pacific
4.  Child Sexual Abuse
5.  Deaf Services

A12. Based on your most recent TDM experience do you think the TDM was effective in achieving permanency planning?

1. ( ) Yes
2. ( ) No
3. ( ) Undecided

A13. How many family, relatives, friends, and social support were present for the your last TDM meeting?

1. ( ) 1-3
2. ( ) 4-6
3. ( ) 7-9
4. ( ) 10 or more

Thank you for participating in this survey questionnaire

APPENDIX B  
INFORMED CONSENT



## Informed Consent

The study in which you are invited to participate is to examine Children Social Workers' perceptions of the effectiveness of a team decision-making (TDM) meeting on permanency plans with clients that received specialized alternatives services. The study is being conducted by Jennifer Veal who is a student in the Master of Social Work Program at California Sate University, San Bernardino. Ms. Veal is under the supervision of Dr. Herb Shon, Assistant Professor of Social Work. The study has been approved by the Dept. of Social Work Sub-Committee CSUSB Institutional Review Board.

In this study you will be asked to participate in a personal interview at the Covina Annex building on your perception of team decision-making meetings. The interview should take about 35 to 40 minutes to complete. All of your responses will be held in the strictest of confidence by the researcher. Your name will not be received with your responses. You may receive the results of this study upon completion after September 16, 2006 at the Pfau Library at California State University, San Bernardino.

Your participation in this study is totally voluntary. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may refuse to answer any questions you don't want to answer and still remain in the study. The agency will not know about your participation.

When you have completed the interview you will receive a debriefing statement describing the study in more detail. In order to ensure the validity of the study, we ask that you not discuss this study with other participants. There will be no major foreseeable immediate or long-term risks to participants who are interviewed in the study.

If you have any questions or concerns about this study, please feel free to contact, Dr. Herb Shon at (909) 537-5532.

I acknowledge that I have been informed of, and I understand the nature and purpose of this study. I freely consent to participate as indicated by my mark below. I acknowledge that I am at least 18 years of age.

Mark: \_\_\_\_\_

Date: \_\_\_\_\_

APPENDIX C  
DEBRIEFING STATEMENT

## Debriefing Statement

This study you have just completed was designed to investigate child welfare workers' perceptions on the effectiveness of a team decision-making (TDM) meeting on permanency plans with clients who received specialized alternative services in the Los Angeles County Department of Children and Family Services. The study examines how social workers perceive TDM meetings.

Thank you for participating in this study. Your participation and contribution to this study are greatly appreciated. If you have any questions about the study, please feel free to contact Assistant Professor Dr. Shon at (909) 537-5532. If you would like to obtain a copy of the group results of this study, please refer to CSUSB Pfau Library or Los Angeles County Department of Children and Family Services Research Department.

To ensure that participants do not influence the results of the study, please do not discuss the nature of this study to other potential participants.

APPENDIX D  
INTERVIEW QUESTIONS

## **Interview Questions**

### **A Study on Children Social Workers (CSW) Perceptions on the Effectiveness of Team Decision-Making Meeting Among Foster Care Youth**

1. Is this your first time utilizing a Team Decision-Making meeting?
2. If yes, were you reluctant in the beginning to refer a case to TDM? Why or why not?
3. If no, when was the last time you used a TDM? Was the outcome a positive or a negative experience for you?
4. When did you decide that a TDM would be beneficial for your last client?

#### **PART II. PROBLEM ANALYSIS**

5. TDM experiences can differ from case to case. How would you describe the experience of your last TDM meeting in comparison to another TDM meeting?
6. Think about your last TDM experience. Can you please describe your overall impression of the interaction between the birth parents, foster parents and the children (if they attended)?
7. Based on your last TDM experience, can you explain how the TDM meeting yielded results that will reduce the timeframe of your client in foster care?
8. Think about your most recent team decision-making meeting. What specific ways was the TDM effective in providing or not providing the appropriate resources?

9. Based on your last TDM meeting, how would you describe the effectiveness of the TDM in identifying the problem?

### PART III. SAFETY PLAN

10. Can you describe the safety plan that was implemented during your most recent TDM meeting experience?
11. Based on your last TDM meeting, do you feel it was effective in achieving a permanent home for the foster care youth? Why or why not?
12. Can you please describe how the consensus was reached at your last TDM meeting?
13. Think about your last TDM. What challenges might you possibly foresee in the case plan as the CSW?

### PART IV. SATISFACTION

14. Looking back in retrospect, what were some of the advantages and strengths of having a meeting with your last TDM case?
15. Thinking about your last TDM meeting, is there anything you would change about the meeting? What would that be? Why or why not?
16. Overall, can you please describe your satisfaction with the entire team decision-making process based on your last TDM meeting?
17. Based on your last TDM experience, what did you like best about the TDM meeting?
18. What did you like least about your last TDM meeting?

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