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The Relationship Between Parental Involvement and the Reunification of Youth in Foster Care

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THE RELATIONSHIP BETWEEN PARENTAL INVOLVMENT
AND THE REUNIFICATION OF YOUTH IN FOSTER CARE

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Submitted in partial fulfillment of
The requirements for the degree of
Master of Social Work

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MINNEAPOLIS, MINNESOTA

2000

MASTER OF SOCIAL WORK
AUGSBURG COLLEGE
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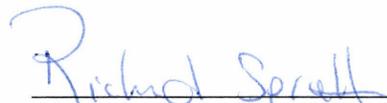
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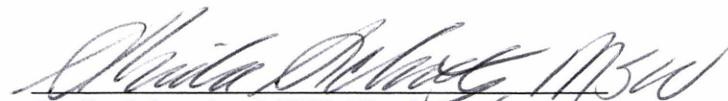
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ABSTRACT

THE RELATIONSHIP BETWEEN PARENTAL INVOLVEMENT AND THE REUNIFICATION OF YOUTH IN FOSTER CARE

METHODOLOGY: SECONDARY ANALYSIS

GRETCHEN K. WELCH

MAY 2000

This is a quantitative secondary data analysis which researched the effects of parental involvement on youth in foster care within a private non-profit treatment foster care agency. The study was intended to educate the agency and their foster parents on the significance of parental involvement with youth in foster care to successfully achieve each youth's initial placement goal of reunification. According to current laws, reunification is considered the preferred permanency plan for foster youth. Existing data used from the agency consisted of surveys from foster parents and social workers concerning 344 youth between the ages of 12 and 19 years old placed in the agency's foster homes. Findings supported past research which indicated that an association existed between parental unsupervised visiting and the reunification of youth in foster care. A statistically significant association was found between treatment team reviews and reunification according to social worker surveys, however, an association did not exist between other forms of parental contact and reunification. These findings are substantial to the social work field as they stress the importance of maintaining parental visiting as a means to facilitate reunification.

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CHAPTER 1

Introduction

Statement of the Problem

Children continue to be placed in foster care despite child welfare reform initiatives at the state level. The number of children in substitute care has increased over the past 10 years, with present estimates indicating 500,000 children in foster care (Denby, Curtis, & Alford, 1998). Children are entering foster care at a younger age and are staying longer. Recent estimates suggest that as many as one out of four children will remain in care until late adolescence (Courtney, 1996). Not only is the foster care system overwhelmed with the number of children placed in foster care, but also by their numerous and expensive special needs. Various studies indicate that up to 40% of foster children endure physical disabilities and 60% suffer from moderate to severe mental health problems (Courtney, 1995). In addition, recent surveys of child welfare agency personnel indicate that alcohol and drug abuse is a serious problem for one-third to two-thirds of the families coming into contact with child welfare agencies (Courtney, 1995). Children of color are especially vulnerable to out-of-home placements (Courtney, 1995; Denby et al., 1998; Jenkins & Diamond, 1985). Out of 31 states from which data was available, Denby et al. (1998) found that children of color made up nearly 57% of the children in foster care. In addition, poverty has been identified as a contributing factor in families where children have been placed in substitute care (Courtney, 1994; Dore, 1993; Jenkins & Diamond).

Goerge (1990) refers to foster care reentry and multiple foster care placements as “drift”. The term can be used to identify the foster care system’s inability to resolve

problems that led to placement or developed when the child was in placement. Drift occurs when the chance of quick reunification is poor and foster care is no longer temporary (Goerge, 1990).

Background of the Problem

The decision to terminate parental rights is a serious one and is treated as such in juvenile law and child welfare policy. The child welfare system functions with the intent to keep children with their biological families whenever possible. Since most states have accepted federal foster care reimbursements they function under the Adoption Assistance and Child Welfare Act, which mandates reasonable efforts to preserve or to quickly reunify children in foster care with their biological families (Cahn & Johnson, 1993; Pub. L. No. 96-272). The child welfare system recognized a child's developmental timeline and the length of time a child could potentially remain in the system. In 1997, the Adoption and Safe Families Act was signed into law to address these timelines and advocate for permanency for children in foster care (Pub. L. No. 105-89).

Research Questions

While current legislation illustrates the importance of family reunification, the literature reviewed identifies contact with parents as a crucial component of the reunification process. This study addresses the following research questions:

- What are the types of parental involvement with youth in foster care?
- How do different types of parental involvement with youth in foster care influence the likelihood of family reunification?

Summary

The next chapter will review literature, which relates to the issues of parental involvement and family reunification. In addition, the history of foster care and youth in out-of-home placements is discussed. Since there has been limited research in this area, this chapter will identify gaps in the literature that make the present study necessary.

The following chapters will identify the theoretical framework, which guides this research, the method in which the research was conducted, the findings of the study, and a discussion and conclusion of the research.

CHAPTER 2

Literature Review

Over the past 10 years the number of children in foster care has increased, with current estimates indicating 500,000 children in care (Denby et al., 1998). Children are entering foster care at a younger age and are staying longer (Courtney, 1995; Courtney, 1996). These foster children are faced with additional problems including multiple foster care placements and foster care reentry as they drift in the system (Benedict & White, 1991; Courtney, 1995; Goerge, 1990). The ability to form lasting bonds with caregivers is reduced when foster children experience too many separations or remain in impermanence for a significant period of time. Their capacities to maintain lasting ties are impaired when they are separated from the persons they consider family for too long (Cahn & Johnson, 1993). This literature review will explore the history of the problem, the background of family reunification, and the impact of parental involvement on children in foster care, in addition to examining family reunification models.

History of the Problem

The first efforts made by the American child welfare services were in response to the many abandoned and orphaned children in the large cities during and after the Civil War. Prior to the development of formal child welfare organizations, private charitable groups responded to the problems of homeless and needy children through industrial schools, orphanages and "orphan trains". Children were removed and transported from the dangerous streets of urban areas to live with farm families in the Mid-West where they could benefit from hard work, country life, and a religious upbringing (Berry, 1997).

Charles Loring Brace established the Children's Aid Society and developed the "placing-out system", or foster care, as an alternative to institutional care and orphanages. The Children's Aid Society placed more than 92,000 children from large city streets and orphanages to family farms in the Mid-West between the period of 1853 and 1890 (Lindsey, 1994).

The "placing-out system" was not strictly for abandoned and orphaned children. In the late 1800's, Indian children were removed from their families and placed on farms to learn the value of work and become "civilized". During their placement, the children were forbidden to speak their native language or practice their customs. Their Indian names were even replaced by Christian names. With the recognition of the loss of Indian culture as a result of removing their children, the Indian Child Welfare Act was passed in 1978, reaffirming tribal authority (Cross, Earle, & Simmons, 2000).

The focus of child welfare services changed as the population of orphans declined from 750,000 in 1920 to 60,000 in the mid-1950s. While the number of orphans decreased, the population of children in foster care and institutional care increased. Not all children placed in foster homes were orphaned or abandoned. The emphasis on the role of the parent began to surface. Parents needed to be financially, physically, mentally and morally able to bring up their children. As a result, children were being removed from families who were "too poor or too vicious" to care for them (Berry, 1997). The public child welfare system began to take responsibility for the welfare of children as a result of the New Deal and the Social Security Act of 1935. By 1950, foster care became the major service provided by the child welfare system (Lindsey, 1994).

In the early 1960s, the term “battered child syndrome” was introduced by Henry Kempe and his colleagues, which increased the foster care population even more. The term outlined the identification of child abuse of young children who were seen by physicians with broken bones, unusual injuries or injuries that were not explained adequately by parents or caregivers. Kempe recommended that physicians be required to report child maltreatment. This led to the Child Abuse Prevention and Treatment Act of 1974 mandating all professionals working with children to report suspected child abuse. This resulted in some of the highest numbers of children removed from their families and placed in foster care during the twentieth century (Berry, 1997).

Background of Family Reunification

Preserving the family has been a national policy priority since 1980 with the enactment of the Adoption Assistance and Child Welfare Act, also known as PL 96-272. This law focused on timely action and “reasonable efforts” to support children in their own homes or return them to their own homes as soon as possible when placed in foster care (Courtney, 1994; Wells & Whittington, 1993). The law emphasized planned efforts to reunite foster children with their families whenever possible. The law recognized a lack of permanence for children placed in substitute care. Child welfare professionals believed that many children were being placed needlessly and, that once placed, children were likely to remain in care indefinitely, possibly drifting from one placement to the next. The purpose of the law was to make permanency a possibility for these children. A successful family reunification was deemed the most preferred form of permanence (Courtney, 1995).

PL 96-272 addressed the importance of family involvement with reunification in an indirect manner. Child welfare agencies were mandated by the law to assure children were placed in close vicinity to the parents, presuming it would assist in facilitating family contact. The law also required that safeguards be applied to procedures regarding decisions that would affect family visitations (Proch & Howard, 1986; Pub. L. No. 96-272).

Permanency planning is currently in the forefront of the child welfare system advocating for fast and permanent placements for children in foster care, whether with their biological family or a substitute family. In November, 1997, President Clinton signed into law the Adoption and Safe Families Act. This law fundamentally changes our nation's approach to foster care. The law places the safety and health of children as the "paramount concern" in placement decisions. It clearly states that foster care provides a safe refuge for children, but it is a temporary environment. The law will help children out of foster homes into permanent families by establishing timelines for child welfare decisions. The timelines will clarify which family situations may justify reasonable reunification efforts, and which do not (Katz, 1999; Pub. L. No. 105-89).

As a result of this law, child welfare services are using a dual planning approach to establish permanency for children in foster care. Reasonable efforts are being made to reunify the child with the biological family concurrently with efforts to place the child with a legal guardian. Katz (1999) described the concurrent planning model as a "discipline that takes into account every placed child's long term prospects from the first day of placement" (p. 79). An important component to concurrent planning is parental visiting. Reasonable efforts are made to initiate frequent parental visiting, even with a

parent who is unresponsive or ambivalent. By promoting visiting, the child welfare agency will acquire confirmation of the parent's motivation resulting in either faster reunification or an early decision regarding an alternative permanent plan (Katz, 1999).

Parental Involvement

The literature revealed several factors which affect family reunification when children are in foster care including age, race, length of stay, caseworker service, kinship placement, and parental contact (Benedict & White, 1991; Cantos, Gries, & Slis, 1997; Goerge, 1990; Hess, 1988; Proch & Howard, 1986; Usher, Randolph & Gogan, 1999). Keeping children who are placed out of the home connected with their own families is the first step to preserving the family after a child has been placed in substitute care. Maintaining and strengthening attachment between children in foster care and their parents is a must for reunification. Family visiting is the primary mechanism preserving and strengthening parent-child attachment during out-of-home placement (Proch & Howard, 1986). Available research suggests that parental involvement with children in foster care is important for two reasons. First, children who have frequent contact with their parents are more likely to be returned to their parents' care than are children who have infrequent or no contact. Second, the psychological well-being and developmental progress of children in placement are enhanced by frequent contact with their parents (Thorpe, 1974; Thorpe, 1980; Weinstein, 1960; Fanshel & Shinn, 1978).

Parental and Family Visiting

The importance of parental and family visiting and the correlation with shorter foster care stays was cited in the literature reviewed (Benedict & White, 1991; Cantos et al., 1997; Hess, 1988; Proch & Howard, 1986). Benedict and White (1991) conclude,

“where parents visit regularly, there is clearly interest and commitment to the child that may be translated into a positive outcome” (p. 56). Children who are visited frequently in foster care by their parents are more likely to be discharged to their own homes than those not visited or visited infrequently (Cantos et al., 1997).

In 1965, Fanshel and Shinn conducted an empirical study in which they examined a sample of 659 children who entered foster care in New York over a five-year period. The study researched details such as frequency with which fathers and mothers visited, limitations imposed by the agency, conditions preventing the parents from giving themselves the opportunity to visit, and whether the child visited his/her parent(s) at home. They found that 38% of the children in placement six to nine months were visited very little or not at all. As the children’s length of time in care increased, so did the percentage of unvisited children. Sixty four percent of children who had been in care five years or more were not visited or visited very little. The study also revealed that 66% of the children who were not visited soon after placed in foster care were still in placement five years later, compared to 28% of those children who were visited the maximum number of times.

Though the findings in this study were significant in associating parental visiting and reunification, there were limitations in the sample that affected the representation of the population. The sample was restricted to children who were not physically or emotionally disabled or who were not behaviorally challenging. Children who entered state hospitals, institutions, or training schools were not eligible. In addition, only children ranging between birth and 12 years old were considered eligible for inclusion in the study (Fanshel & Shinn, 1978). With the current trends in foster care pointing to

multiple placements and foster care drift, including children who have been placed in more restrictive environments prior to foster care is important to this research.

Researching the effects of children over 12 years old is also significant as it is related to Pub. L. 105-89. The law includes the notion of long term foster care for children over eight years old in situations where parent's rights have been terminated and relative placement is not an option (Pub. L. No. 105-89). Limitations were also present in the variables identified in the study. Though the variable parental visiting is important in assessing parent-child relationships while a child is in foster care, other aspects of parental involvement such as phone calls, letters, and parent's involvement in their child's school functions should be explored and related to family reunification.

In the literature reviewed, parental visiting was found to be influenced by agency policy and practice. In a study conducted by Proch and Howard (1986), findings indicated that most of the parents who had a visitation schedule developed by the agency complied with the plan. Approximately 68% of mothers who were scheduled to visit more than one time per month did so. In 39% of the cases in which no visits were scheduled and parents were expected to initiate contact, the mother visited less than once per month. The same pattern emerged when fathers were identified as the primary visiting parent. In 87% of the cases, agency staff encouraged visits but did nothing to assist in making the visits workable for parents. Visits were denied in 9% of the cases in which agency staff did not give a reason, refused to scheduled visits based on the parents work schedule, or asked the court to decrease the frequency of visits. Denying visits was also used in a small number of cases to punish the parent for not following through with agency requirements (Proch & Howard, 1986).

The study conducted by Proch and Howard (1986) indicated the importance of agency services to facilitate parental visiting, as parents were more likely to visit with a scheduled plan developed by the agency. The previous study conducted by Fanshel and Shinn (1978) reflected the significance of parental involvement immediately after placement to keep that family connected and reduce the length of stay. As a result, the studies explain the importance of immediate agency involvement to develop a scheduled visiting plan so children in foster care can see their parent(s) immediately after placement and reduce the risk of a longer stay.

Child Well-Being

Not only was the correlation between reunification and parental visiting identified in the study conducted by Fanshel and Shinn (1978), the research also revealed that parental visiting was an important determinant of the children's over-all well-being while in care. The study found that frequently visited children displayed greater improvements in intelligence scores and in measures of emotional adjustment, received higher scores in measures of responsibility and agreeableness, and were reviewed positively by school teachers.

In 1955, Weinstein (1969) finished one of the earliest studies in child welfare that directly measured child well-being. He interviewed 61 children in out-of-home placements ages 5 to 14 years old to identify factors that had an impact upon the children's well-being. A colleague of Weinstein's designed the "Scale of Total Well-Being" specifically for the study, which operationally defined "child well-being" as the child's resiliency and coping ability assessed by caseworkers. Thorpe (1974; 1980) duplicated and expanded Weinstein's study by interviewing 121 English children in out-

of-home placements, their social workers, and 47 biological parents. Both Weinstein and Thorpe found low overall levels of resiliency and coping, but noted that higher levels of child well-being were related to a clear understanding of the reasons for placement and consistent contact with biological parents (Altshuler & Gleeson, 1999).

Though parental visiting has been cited as beneficial in the above studies, the results obtained in the study conducted by Cantos et al. (1997) suggests that its effects may be somewhat more complex. The study explored the effects of parental visiting on emotional and behavioral adjustment of children in care. The findings indicated that visiting may minimize the amount of externalizing or acting out behaviors exhibited by children in care, however, the extent of the internalizing behaviors (i.e. withdrawal, depression, anxiety) exhibited may depend on the degree of adjustment the children have made to their placement. When children are happy and comfortable with their foster care placements, visiting may increase their level of anxiety. Ambivalence and guilt over their positive feelings for their placement may be at the core of the anxiety, especially if there is a distant or adversarial relationship between the biological parents and foster parents (Cantos et al., 1997).

Other Factors Influencing Reunification

Parental involvement is not the only factor that influences the reunification of children in foster care with their biological family. The literature reviewed cited other factors that contribute to reunification (Benedict & White, 1991; Courtney, 1994; Courtney, 1995; Proch & Howard, 1986; Turner, 1984; Usher et al., 1999).

In 1994, Courtney published the results of a study on family reunification among foster children in California. The investigation was based on a random sample of 8,741

children or approximately 10 percent of the children who entered foster care in California for the first time between January 1988 and May 1991. He found that the occurrence of family reunification was affected significantly by several factors including the child's age, AFDC eligibility, race and ethnicity, and type of out-of-home placement. The results indicated that infants, AFDC eligibles, African Americans, and children placed with relatives returned home at a slower rate than older children, non-AFDC eligibles, non-African Americans and those placed in non-relative homes (Courtney, 1994).

The issue of agency policy and practice as well as the availability of community services was cited in the literature as another factor affecting reunification (Proch & Howard, 1986; Turner, 1984). High instances of longer foster care stays and foster care reentry were evident in families with the greatest number of problems receiving the shortest duration of case management services while the children were in care and the least services following the children's return home. Likewise, families receiving few community services either while the children were in care or following the children's return home exhibited little improvement in existing problems making out-of-home placements likely. Additional and more creative use of community services while children are in care may increase the frequency with which biological parents show improvement in existing problems, increasing the likelihood of reunification (Turner, 1984).

Family Reunification Models

Emphasis has been placed on preventing out-of-home placements rather than reunification because family preservation programs are considered less expensive and pose fewer difficulties. The fact remains that a growing number of children need foster

care. Consequently programs that continue to work with parents when their children are in care are important and necessary (Landy & Munro, 1996).

In recent years, increased attention has been given to the planned process of reconnecting children with their families using intense family-based services. Walton (1998) conducted a study using a sample of 120 cases (62 experimental and 58 control) selected randomly from a sample of 185 children. The study's emphasis was on the early return home of children in foster care to initiate the attachment and reunification process. The study was based on a modified version of Homebuilders in which services were tailored to meet the needs of family members (Walton, 1998). Homebuilders is an intensive in-home family crisis intervention and education program intended to prevent the unnecessary out-of-home placement of children in state-funded foster care, group care, corrections institution or psychiatric hospitals (Kinney, Haapala & Booth, 1991). In the study, services were provided for 90 days to allow sufficient time for children to visit their homes and practitioners to develop reunification plans. Services were geared for the family not just the child. These services consisted of on-call 24 hours a day, seven days a week, crisis intervention services staffed by caseworkers. Caseworkers visited the families numerous times a week and spent longer amounts of time with the family as situations demanded. Treatment plans were tailored to the specific needs of the family and offered flexibility and comprehensiveness. Findings concluded that more families who received the experimental services were reunified (96.5%) than were families who were in the control group (32.1%) (Walton, 1998).

To examine the long-term effects of intensive family based services in family reunification, Walton (1998) developed a follow up plan. The placement and service

histories for the children included in the initial experiment were extracted from Utah's Unified Social Services Delivery System – a state wide multiagency longitudinal computer based information system. The six year follow-up period indicated the differences between the groups were maintained (Walton, 1998).

Limitations of the study resulted from using only data available through Utah's Unified Social Services Delivery System. Service information was sufficient for analysis as long as the cases were open to the Division of Children and Family Services (DCFS). After DCFS closed a case the records were not longer available, thus affecting reliability and validity (Walton, 1998). Despite the limitation, the results from the study were encouraging as they support the effectiveness of intense family based services in reunifying families.

Landy and Munro (1996) researched a reunification program in which foster parents became the extended family rather than the substitute family. The concept of the Shared Parenting project was developed to encourage family reunification by having foster parents act as models and teachers to natural parents. The approach was viewed as a way to support parents in improving parenting skills and the functioning of their families to allow children to return home quickly and avoid further placements. Results of the study need to be reviewed with caution. Few of the families met the original criteria of having a child in care and giving parental consent for the program which was required to enter the Shared Parenting model resulting in a small sample size. In 4 out of 13 cases (31%), family reunification occurred. Multiple risk factors such as history of abuse, poor education, lack of support, chemical dependency, and living in a violent neighborhood were present in the families at all levels including the individual, family

interaction, and society. Taking the risks into account, 31% could be considered a significant number. The number and types of risks that characterized the families may require a range of complex and intensive outreach and long-term services to significantly improve their level of functioning and to allow their children to safely return home (Landy & Munro, 1996).

Perhaps the most effective way of using intense family-based services for family reunification is at either end of the service continuum as indicated in the studies reviewed. These services may adequately be used after out-of-home placement as reported in Walton's (1998) study or upon the initial referral to child welfare agencies (Walton, 1997; Wells & Tracy, 1996).

Gaps in the Literature

Though there is little research available on parental involvement of children in foster care, the literature explored in this chapter highlighted two major themes regarding the effects on children: (1) there is a strong correlation between parental visiting and reunification, and (2) parental involvement heightens the well-being of children in foster care. In addition, the literature also pointed out the importance of agency involvement and support to the family for visiting. Proch and Howard (1986) stress that if the goal of parental involvement is to maintain parent-child attachment essential for reunification, more agency support is needed. Though these are substantial findings, the research may not be relevant to the ever-changing foster care system. The new legislation stresses timely permanence for children in foster care based on a time-line. Parents will need to prove commitment by their involvement in a quick and frequent manner, and child welfare agencies will need to facilitate that involvement.

As research involving other forms of parental involvement was not found in the literature, this study examined additional variables, which have not previously been used in the literature related to parental involvement. These variables included letters, phone calls and participation in conferences for the child. The research examined additional types of parental involvement in relation to the likelihood of reunification.

Summary

In conclusion, we know that preserving and reunifying the family is a national priority based on federal child welfare legislation. We also know that this process needs to take place in a timely manner. Permanency planning for children in foster care is currently the focus of the child welfare system, emphasizing family reunification as the ideal plan. The enactment of PL 105-89 changes our nation's approach to foster care. Foster homes will be used strictly as safe havens for children, not as a permanent situation. Concurrent planning will attempt to reunify children with their family and, at the same time, develop an alternative plan. Parental involvement is an important component to this dual process, emphasizing frequent and extended visitations. These efforts will likely affect children's length of stay in foster care.

In this chapter, the history of the problem was reviewed and family reunification concepts and effectiveness in relation to children in foster care were discussed. In the next chapter, the theoretical framework related to this study will be presented.

CHAPTER 3

Theoretical/Conceptual Framework

Children placed in foster care continue to face issues of permanence and lost family ties. This chapter will describe the ecological systems theory, specifying aspects of the framework which relate to this research, and applying it to parental involvement and its affects on the likelihood of reunification of children in foster care.

Ecological Systems Theory

The ecological systems theory is a framework used in guiding foster care research, as children in foster care are complexly linked to their biological and foster families. In general, children and families depend on outside sources of support to grow normally and lead comfortable lives. The sources of support for children in foster care may be the social worker, agency, foster family, birth family, or other environmental factors. A complete mental picture of the interactions between several elements occurs by focusing not on just the child or family, but on the entire relationship with the environment. The idea suggests that these transactions form the foundation for success or failure in foster care (Milner, 1987).

The ecological perspective addresses the reciprocal transaction between person and environment, and the forces that support or inhibit that exchange. People's problems or needs are found within the transaction between the individual and environment. Interventions should be focused on eliminating the negative transactions and strengthening the adaptive capacity of the individual, increasing responsiveness of the environment which they depend (Green, 1994; Milner, 1987).

Transactions begin by feeding energy or information into the system or individual. Change occurs depending on how the system uses that energy. The outcome, thus, affects the environment. Payne (1991) defines these concepts as input, throughout, and output. Feedback loops entail the entire process of information or energy delivered to the system triggered by its outputs affecting the environment which tell it the result of its output (Payne, 1991).

People are constantly adapting to the changes in their environment. Payne (1991) states that reciprocal adaptation exists when people are able to develop and grow through change and the environment supports that process. People strive throughout their lives to find the best “fit” with their environment based on their needs, rights, wants, capacities as well as the qualities of their environment. If the fit is not good then people may work toward changing themselves, the environment or both. People flourish when they exist in an environment that is responsive to their needs. However, an environment that lacks support inhibits development and growth, resulting in the inability to cope (Germain, 1991; Green, 1994).

Application

In relating ecological framework to successful reunification, the child’s relationship with family members needs to be assessed. There is a definite correlation between the parent-child relationship and length of stay in foster care (Benedict & White, 1991; Cantos et al., 1997; Hess, 1988; Proch & Howard, 1986). Parents of children placed short-term can be expected to maintain frequent parental contact. Frequent and consistent contact will increase the likelihood of the family establishing a homeostatic balance without the child, and will assist the child in maintaining his or her place in the

family. The parent-child relationship is not the only transaction that influences foster care discharge and reunification. The family's interaction with various systems need to be examined, including areas of stress and multiple problems, areas of support or isolation, and the parents' willingness and/or ability to participate in reunification efforts. Families who encounter high stress and multiple problems are also the families with fewer support systems to help them cope with the stress (Milner, 1987).

In using the ecological systems theory to guide this research, the foster care placement is viewed as an environmental element in an on-going transaction with the parent-child relationship. Parental involvement is affected by the transaction with outside sources including social worker and agency involvement, stresses of the family, support systems, and other characteristics of the family. In addition, extended foster care placements and failed reunifications may be the result of negative transaction between parent and child including limited parental involvement. There is not a "goodness of fit" in the transaction as the environment is not responsive to the needs and demands of the process which allows parental involvement. An environment which supports parental involvement can achieve a "goodness of fit" in the transaction between a parent and child.

CHAPTER 4

Methodology

This chapter will describe the procedures used to conduct the research study measuring parental involvement and its affects on the likelihood of reunification of children in foster care. Current laws indicate that trends in child welfare are shifting to permanency planning with the emphasis placed on family reunification.

Research Questions

This study will attempt to answer the following questions: What are the types of parental involvement with youth in foster care? How do different types of parental involvement with youth in foster care influence the likelihood of family reunification?

Results of this study will be used by Professional Association of Treatment homes (PATH) to educate the agency and foster parents on working effectively with birth parents to achieve the initial placement goal of reunification for foster youth.

Research Design

This is a quantitative secondary data analysis study, which analyzed existing statistical data from a private non-profit treatment foster care agency. The existing data were derived from a previous study conducted by PATH, which examined the outcomes of youth in a treatment foster care setting between October 1995 and December 1998. The strength in using secondary data is that they can provide a researcher with a theoretical or historical background in which to examine one's own research interest. Using existing data is a timely and cost effective method to examine data derived from other prominent researchers. The weakness of this design is the question of validity. One has no guarantee that the data collected by another researcher for a particular

purpose will provide a valid measure of the variables in the research at hand (Rubin & Babbie, 1997).

Important Concepts and Units of Analysis

This research study examined the association between the independent variable, parental involvement, and the dependent variable, family reunification of children in foster care. Though current studies maintain that there may be a direct association between parental visiting and family reunification, this study identified additional variables related to parental involvement including phone calls, cards/letters, school conference involvement, and participation in PATH treatment plan review meetings, and examined whether an association exists between the variables among youth in foster care with PATH.

The term youth is operationally defined as youngsters between the ages of 12 and 19 years old, regardless of gender or race/ethnicity, who have been removed from their biological families due to voluntary placements, child protection, or juvenile delinquency concerns.

For the purpose of this study, parental involvement is defined as supervised or unsupervised visits, phone calls, letters or cards, school or other conferences, and PATH treatment plan review meetings.

Family reunification is defined as youth who return to the care of their birth family after discharge from foster care.

Characteristics of the Study Population

This study was conducted within Professional Association of Treatment Homes (PATH), a private non-profit treatment foster care agency which provides services in

North Dakota, Wisconsin and Minnesota. This study focused on youth in PATH foster homes in Minnesota and Wisconsin only. The study examined existing statistical data to answer the research questions. The study population included youth ages 12 to 19 years old, noting but not excluding youngsters with regard to gender and race/ethnicity. The youth placed in treatment foster care with PATH have been removed from their biological families either voluntarily or involuntarily. Each youth in care has a treatment plan, which includes goals and objectives of the placement. The treatment plan is established by the treatment team which consists of the youth, biological parent(s), foster parents, PATH social worker, referring agency social worker or probation officer, and other professionals involved with the youth. For youth entering foster care with PATH, the initial goal of the placement is family reunification. The treatment team works together to establish a plan to meet that goal. The support and involvement of the biological parent(s) is crucial in developing a successful treatment plan.

Sample of the Population

Data were collected from 344 youth between the ages of 12 and 19 years old who were placed in PATH foster homes between October 1995 and October 1997. Three divisions of PATH participated in the study: Wisconsin, Northern and Central Minnesota, and Southern Minnesota. Youth became eligible for inclusion in the study after remaining in PATH care for three months. Initial and quarterly data regarding the youth were collected from the youths' foster parents and PATH social workers. In addition, both the social worker and foster parent completed discharge summaries at the time the youth left care.

Measurement Issues

This researcher is aware of the possibility of measurement errors, reliability, and validity in examining secondary data. When examining data that are already compiled by another researcher, one is limited to those data. Thus, a conclusion may be derived from the data of the original research which is not appropriate for the research at hand.

Problems with validity occur in secondary analysis when existing data do not apply exactly to the research interest. Therefore, measurements may not be valid representations of the variables being examined.

To address reliability, a large sample size was used in this study to increase the probability of the association between variables and reduce random error. Random error can occur when measurement tools are too complex, boring or have too many questions. If this is the case, participants may be likely to complete the tool at random in order to finish it quickly or because they do not understand what they are being asked to do.

In addressing the problem of reliability, one must recognize that it exists. The analysis of existing data depends on the quality of the statistics. One must consider the data collection and tabulation process to evaluate the nature and degree of the reliability problem and its impact on the research. Original tools completed by foster parents and social workers in this study must be accurate for reliable findings. Social workers were trained by their supervisors to use the original tools. Social workers were then responsible for training the foster parents. Training those individuals completing the tools improved overall outcomes and controlled reliability.

The variables in the research questions represent one level of measure. The type of parental involvement, the independent variable, is examined by using a nominal level

of measure with a discrete classification. The dependent variable, family reunification is also defined as a nominal level of measure with a discrete classification as discharge outcomes are identified.

Data Collection Instruments

The data compiled in the PATH Outcome Study were used to examine the research questions in this study. The data were gathered for the study by using several instruments, including initial, quarterly, and discharge questionnaires completed by the child's foster parents and the PATH social worker. In addition, two standardized behavior instruments were used: the Achenbach Child Behavior Checklist (CBCL), completed by the child's foster parents, and the Youth Self Report (YSR), completed by the child.

Quarterly data were concluded in December 1998. A minimum of 15 months of data is available on all youth in the study. Data on child discharge outcomes were collected until all children in the study leave PATH. The primary study surveyed social workers and foster parents. For the purpose of this study, only the foster parent and social worker initial and discharge questionnaires were used.

Data Analysis

SSPS software was used to analyze the existing data from the PATH Outcome Study to attempt to answer the research question. The specific data that were analyzed from the data collection instruments were those questions relating to parental involvement and included: questions 21-26 on the foster parent initial survey, questions 32-36 on the social worker initial survey, and question number 1 on the foster parent and social worker discharge survey. Study demographics were compiled and included the

following variables: age, gender, race/ethnicity, and length of stay. Univariate analysis was used to examine the distribution of responses for one variable at a time to provide a description of the population. Trends in the data set were identified using frequency distributions. Bivariate analysis was also used to examine the relationship between the variable, parental involvement, and the foster parent and social worker perceptions. The association between the independent variable, parental involvement, and the dependent variable, family reunification was tested using the chi-square test.

Protection of Human Subjects

Written permission was submitted by PATH Division Director and Quality Outcomes Director to the Internal Review Board to access the existing data. Approval from the Internal Review Board was not necessary as the study used secondary data. Participants of the study remained anonymous and the information collected was confidential. The statistical data were only identifiable by numerical case codes. This researcher did not have access to case files, names or other identifying characteristics of the youth involved in the study. The collected data remained at the Central MN PATH office until the research was completed, at which time the data were destroyed.

CHAPTER 5

Findings

This chapter reports the statistical results of the research study to answer the research questions. It contains the responses from surveys conducted by foster parents and social workers regarding 344 foster youth between the ages of 12 and 19 years old who were placed in PATH treatment foster homes between October 1995 and December 1998. This chapter will describe the demographics of the youth served, identify the most involved parent, and is organized according to the research questions.

Research Questions

What are the types of parental involvement with youth in foster care? How do different types of parental involvement with youth in foster care influence the likelihood of family reunification?

Demographics

Youth Characteristics

Out of the 344 youth examined in this study, there were 205 males (60%) and 139 females (40%). The youths' age in years ranged from 12 to 19 years with the average age being 15 years, as indicated in Figure 1. Seventy-five percent ($n = 258$) of the youth in the study were Caucasian compared to approximately six percent ($n = 22$) African American and eight percent ($n = 27$) American Indian. Other ethnic groups represented in the study included seven (2%) Hispanic/Latino, 13 (3.8%) Asian American, 15 (4.4%) mixed race, and two (.6%) other. The youths' length of stay in foster care ranged from 91 days to 1300 days with the average length of stay being 397 days.

Figure 1. Age of Youth in PATH Foster Homes

Most Involved Parent

Social worker perceptions. According to the social workers' surveys, the most involved parent was the mothers representing 55% (n = 189), as shown in Table 1. Fathers were the second most involved parent representing 17% (n = 58). Thirteen percent (n = 44) of the mothers and fathers were equally involved. In 25 cases (7.3%), the involvement came from another family figure such a grandparent or older sibling. No family involvement took place during the past three months in 23 cases (6.7%). There were 5 (1.5%) missing responses.

Out of the parents who were identified as the most involved by the social workers, 32% (n = 109) were perceived as very interested in reunification, 37% (n = 126) were perceived as somewhat interested, 14.8% (n = 51) were perceived as not very interested, and 15.1% (n = 52) were perceived as not at all interested. There were 6 (1.7%) missing responses.

The social workers' perceptions of the most involved parent's impact on the child over the past three months revealed eight percent (n = 28) had a "very positive" impact on their child. Thirty-one percent (n = 106) had between a "very positive" and "no impact" on their child. The social workers perceived that in 21% (n = 72) of the cases the most involved parent had "no impact" on their child, while 26% (n = 89) had between "no impact" and "negative impact" on their child. In six percent (n = 20) of the cases the social workers perceived that the most involved parent had a "very negative" impact on their child. There were 29 (8%) missing responses.

Foster parent perceptions. Though the foster parents' perceptions of the most involvement parent were similar to the social workers', statistics were somewhat different

(see Table 1). Foster parents identified the most involved parent as the mother in 179 (52%) of the cases. The fathers' involvement was identified in 42 (12%) of the cases and the mother and father were equally involved in 41 (12%) of the cases. Another family figure was perceived by the foster parents as the most involved in 25 (7%) of the cases and no involvement was made over the past three months in 28 (8%) of the cases. There were 17 (5%) missing responses.

The most involved parent's desire for reunification as perceived by the foster parents concluded that 29% (n = 101) were very interested in reunification. Thirty percent (n = 104) were perceived as somewhat interested in reunification, 17% (n = 58) were perceived as not very interested in reunification, and 13% (n = 45) were perceived as not at all interested in reunification according to foster parents. There were 24 (7%) missing responses.

The foster parents' perceptions of the most involved parent's impact on the child over the past three months revealed that 10% (n = 33) had a "very positive" impact on their child. In 21% (n = 73) of the cases the foster parents perceived that the most involved parent had between a "very positive" and "no impact" on their child. The most involved parent was perceived by the foster parents to have "no impact" on their child in 25% (n = 86) of the cases. In 20% (n = 68) of the cases the perception of the foster parents concluded that the most involved parent had between "no impact" and a "very negative" impact on their child, and in six percent (n = 21) of the cases a "very negative" impact was perceived by the foster parents. There were missing responses in 52 (15%) of the cases.

Table 1.

Social Worker and Foster Parent Perceptions of Parental Involvement of Foster Youth in Their Homes

Most Involved Parent	Social Worker	Foster Parent
Mother	189	179
Father	58	42
Equally Involved	44	41
Other Family Figure	25	25
No Involvement	24	28

Interest in Reunification	Social Worker	Foster Parent
Very Interested	109	101
Somewhat Interested	126	104
Not Very Interested	51	58
Not At All Interested	52	45

Impact on the Child	Social Worker	Foster Parent
Very Positive Impact	28	33
Between Very Positive & No Impact	106	73
No Impact	72	86
Between No Impact & Very Negative	89	68
Very Negative Impact	20	21

Types of Parental Involvement

This section of the chapter will answer the first research question: What are the types of parental involvement with youth in foster care?

The placement plan outlined by the referring agency determines the extent of parental involvement while youth are in foster care. Depending on the policies and procedures of the referring agencies, not all the youth in the study were allowed contact with their parents. The cases in which parents who were not allowed contact with their children differed according to the social workers' and foster parents' perceptions. Out of the 344 cases, three (.9%) of the parents were not allowed contact with their children according to foster parent surveys. There were 44 (13%) missing responses. On the other hand, social workers reported that five (1.5%) of the parents were not allowed contact. Eight percent ($n = 26$) of the social workers did not respond. The discrepancy may lie in the social workers' and foster parents' interpretation of the placement plan.

Social Worker Perceptions

In the surveys, social workers identified types of parental involvement. Seventy percent ($n = 239$) of the youth had unsupervised or physical visitations with their parents while nine percent ($n = 30$) had supervised visitations, monitored by a third party, according to social worker perceptions. Social workers identified that in 73% ($n = 250$) of the cases youth had phone calls with their parents and 15% ($n = 52$) received cards and letters from their parents. Social workers also indicated that 39 (11%) of the parents attended school conferences, 174 (51%) attended treatment plan review meetings, and 14 (4%) of the parents were allowed contact but had none. There were 30 (9%) missing responses from each type of parental involvement identified.

Foster Parent Perceptions

As indicated in Table 2, foster parent perceptions of the types of parental involvement the youth experienced while in their homes were similar to those of the social worker. Foster parents identified that 58% (n = 201) of the youth had unsupervised visitations while 10% (n = 33) had supervised visitations. Seventy percent (n = 241) of the youth had phone calls and 17% (n = 58) received cards and letters from their parents as perceived by the foster parents. Foster parents also indicated that 12% (n = 40) of the parents attended school conferences, 48% (n = 166) attended treatment plan review meetings, and four percent (n = 15) of the parents were allowed contact but had none. Sixteen percent (n = 55) of the data was missing from each type of parental involvement identified.

Table 2.

Social Worker and Foster Parent Perceptions of the Types of Parental InvolvementExperienced by the Foster Youth in Their Homes

<u>Types of Parental Involvement</u>	<u>Social Worker</u>	<u>Foster Parent</u>
Phone Calls	250	241
Unsupervised Visits	239	201
Treatment Plan Reviews	174	166
Cards/Letters	52	58
School Conferences	39	40
Supervised Visits	30	33
Allowed Contact But Had None	14	15
Not Allowed Contact	5	3

The Likelihood of Reunification

The next section of the chapter will answer the second research question: How do different types of parental involvement of youth in foster care influence the likelihood of family reunification?

The chi-square test was used to determine if there was a statistically significant association between the type of parental involvement and the reunification of youth in foster care. The results varied depending on the type of parental involvement and the perception of involvement interpreted by either the social workers or foster parents.

Social Worker Perceptions

At the time of discharge, the social workers indicated that 37.5% (n = 129) of the youth returned home after discharge. There was a statistically significant association between the data collected by the social workers regarding the parent having unsupervised visitations with their child while in foster care and the reunification of the child after discharge (see Table 3). The social workers and foster parents had a different perception of the involvement that parents had with their children's treatment plan review meeting. The results from the social worker surveys indicated that there was a statistically significant relationship between the parents' involvement in their child's treatment plan review and reunification [$\chi^2 (1) = 9.99, p < .01$]. The results indicating statistical significance should be viewed with caution since very large samples are likely to achieve statistical significance even if the actual percentage difference between the expected and observed frequencies are small.

The test applied to the other variables from the social worker surveys including supervised visitations, phone calls, cards and letters, and school conferences determined

that there was not a statistically significant association between them and the reunification of children in foster care (see Table 3).

Foster Parent Perceptions

At the time of discharge, foster parents indicated that 36% (n = 124) of the youth returned home. There was a statistically significant association between the data collected by the foster parents regarding the parents having unsupervised visitations with their child while in foster care and the reunification of the child after discharge (see Table 4). The different perception of the foster parents regarding the active participation of parents in treatment plan review meetings lead to test results which indicated that there was not a statistically significant association between parents' involvement in their child's placement staffing and the discharge outcome of reunification [$\chi^2 (1) = 1.19, p > .01$].

Findings from the foster parents' perceptions revealed that there was not a statistically significant association between other variables from the foster parent surveys including supervised visitations, phone calls, cards and letters, and school conferences and the reunification of children in foster care (see Table 4).

Table 3.

Types of Parental Involvement Associated with a Foster Child's Return Home Based on Social Worker Surveys

Types of Parental Involvement	Home (n = 129)	Not Home (n = 154)
Unsupervised Visits	109	100*
Phone Calls	108	111
Treatment Plan Reviews	86	68**
Cards/Letters	26	20
School Conferences	20	15
Supervised Visits	11	13

* $\chi^2 = 8.12$; $df = 1$; $p < .01$

** $\chi^2 = 9.99$; $df = 1$; $p < .01$

Table 4.

Types of Parental Involvement Associated with a Foster Youth's Return Home Based on Foster Parent Surveys

Types of Parental Involvement	Home (n = 124)	Not Home (n = 138)
Phone Calls	104	93
Unsupervised Visits	95	72*
Treatment Plan Reviews	75	65
Cards/Letters	23	28
School Conferences	15	17
Supervised Visits	11	13

* $\chi^2 = 9.01$; $df = 1$; $p < .01$

Summary

Though permanency planning considers the reunification of foster youth with their family as the most desired discharge outcome, both social workers and foster parents indicated that a larger number of youth did not return home after discharge compared to those who were reunified.

The study indicated that social workers and foster parents have different perceptions of the types of parental involvement and the effects parental involvement have on foster youth. The differences in perceptions were reflected in the findings regarding the most involved parents' participation in treatment plan review meetings. The study indicated that a statistically significant association existed between the involvement in treatment plan review meetings and reunification according to social worker surveys. The findings from foster parent surveys indicated that no statistically significant association existed between the participation in treatment plan review meetings and reunification.

Though the study indicated similarities in the perceptions of the social workers and foster parents with regard to unsupervised visiting, a discrepancy was found in the number of cases. The social workers indicated that more youth visited with their parents in an unsupervised setting than as perceived by the foster parents. The study revealed that the findings from both the social workers and foster parents indicated a statistically significant association between physical parental contact with youth in foster care and the discharge outcome of reunification. In addition, social worker and foster parent surveys reflected similarities relative to the other variables. The findings indicated that no statistically significant association existed between the other types of parental

involvement (supervised visitations, phone calls, cards and letters, and school conference involvement) and the discharge outcome of reunification.

The last chapter will include a summary of the findings, discussion, limitations of the study, and implications for social work policy and practice.

CHAPTER 6

Discussion and Conclusions

This study sought to examine the types of parental involvement with youth in PATH foster homes. In addition, it attempted to discover whether parental involvement had a relationship with the reunification of those youth after discharge. In this chapter, a summary of the findings gathered from the statistical analysis and their importance to programming and program policies within PATH will be discussed. An examination of the study's limitations and implications for social work policy and practice will also be reported.

Summary of the Findings

Though the perceptions of the social workers and foster parents differed, some of the findings were similar. Both the social workers and foster parents identified the most involved parent as the mother. The social workers' and foster parents' perception of the most involved parent being somewhat interested in reunification with their child was similar. Differences in perceptions between the social workers and foster parents centered around the impact the most involved parent had on the child. While the findings from the social workers showed that in many of the cases the impact on the child had between a "very positive" and "no impact", the foster parents' findings revealed that there was "no impact" in most cases. Perhaps the difference in the perception of impact on the foster youth was due to the level of investment and attachment. While social workers' relationships with foster youth tend to focus on the placement and emphasize the goals and treatment plan, the foster parents are emotionally invested in the youth. They are constantly available to ensure that the youth successfully overcome a difficult

time in their lives. The foster parents' perception of the most involved parent having "no impact" on their child may be due to their observations of the youth making no progress in the home or not benefiting from the contact. In addition, foster parents may be perceiving "no impact" in order to protect themselves and their investment in the youth residing in their home.

Social workers and foster parents agreed that the most common types of parental involvement are unsupervised visitations and phone calls. There was a discrepancy between the number of cases involving unsupervised visitations as perceived by the social workers and foster parents. This may be the result of a misinterpretation of the youth's placement plan or failure to inform the foster parents of the visitation plan. In addition, parents' involvement in treatment plan review meeting was identified by social workers and foster parents as another form of contact used often by parents. Though the other types of parental involvement (supervised visits, cards/letters, and school conferences) proved some participation; they were not exercised by the parent as often.

Out of the 344 youth, less than half returned home after discharge, according to the social workers and foster parents. The findings concluded that the reunification of those youth might be associated with the physical visiting they had with their parents while in placement. The reunification is not related to the parents' involvement in supervised visits, phone calls, cards and letters, and school conferences as a statistically significant association did not exist. In addition, a statistically significant association was found between the parents' involvement in their child's treatment plan review and reunification according to social worker surveys. This was not the finding in foster parent responses. The different perceptions of the same question resulted in different

findings making the results inconclusive. Though a statistically significant association was found between some of the variables (unsupervised visitations and treatment team reviews) and the discharge outcome of reunification, it should be reviewed with caution since very large samples are more likely to achieve statistical significance when using the chi-square test.

Discussion

Though the differences in perceptions between the social workers and foster parents were surprising, the diverse roles they play in the child's life helps to explain the contrast. The literature stresses the importance of agency and social worker contact with the child and their family to ensure appropriate services and work toward permanence (Proch & Howard, 1986). This may explain the social workers' more positive interpretation of the most involved parent's interest in reunification and the impact the parent has on their child in this study. Foster parent's perceptions may not be as positive due to their investment and attachment to the youth and their desire to protect the youth and themselves.

The findings that revealed no statistically significant association between the types of parental involvement other than visiting were surprising. There are many environmental and biological inhibitors that influence whether a parent can physically visit their child. Other forms of parental involvement such as letters and phone calls may be the only method a parent can stay connected with his or her child. Any means that keep foster children connected with their parents is presumed to positively influence reunification as the parent-child relationship is maintained and there continues to be a place in the family for the youth. The literature reviewed did not report other types of

parental involvement as relevant to reunification, however, many studies conclude that there is a relationship between parental visiting and reunification which was indicated in this research (Benedict & White, 1991; Cantos et al., 1997; Fanshel & Shinn, 1978; Hess, 1998; Proch & Howard, 1986; Thorpe, 1974; Thorpe, 1980).

The findings hold significance in regards to programming and policy for treatment foster care agencies like PATH and support results of prior research. The importance of parental visiting in relation to reunification was reflected in this study as in preceding studies. The current trends in child welfare legislation focus on permanency with reunification identified as the most desired form. Children who are visited regularly in foster care by their parents are more likely to be discharged to their own homes than those visited less often (Cantos et al., 1997). Not only is parental visiting a must for reunification, evidence has been established that it also is an important determinant for children's over-all well-being while in care (Altshuler & Gleeson, 1999; Fanshel & Shinn, 1978; Thorpe, 1974; Thorpe, 1980; Weinstein, 1969).

There is no evidence that supports that other types of parental involvement are associated with reunification. This study attempted to examine other types of parental involvement further and found that there is not a significant association between them and the reunification of youth in foster care. Perhaps this is not the result of parents failing to have frequent or adequate contact with their children. Despite the efforts of parents to be involved with their child who is in foster care, reunification may be contingent on the youth's own progress and behaviors. A parent may be fully involved with his or her child's placement including visiting, but due to the child's behaviors and concerns of safety, reunification is not possible. In addition, other outside factors may be

more likely to decide reunification than other types of parental involvement. Previous studies have identified other outside variables that contributed to a child returning home (Benedict & White, 1991; Courtney, 1994; Courtney, 1995; Proch & Howard, 1986; Turner, 1984; Usher et al., 1999). These variables include agency involvement, age, ethnicity, income, and community support.

As the research states, a child's age is a factor contributed to reunification that was not examined within this study. There is evidence that suggests that children are entering foster care at a younger age and are leaving foster care at a slower rate than older children (Courtney, 1996; Goerge, 1990). A study conducted by Courtney (1994), found that infants returned home at a slower rate than older children. Further research may investigate how parental involvement effects reunification of younger children in foster care.

Past research also indicates that African American children stay in foster care longer than Caucasian children. Research has shown that non-white children are less likely to be adopted and/or returned home to parents (Courtney, 1994). Though ethnicity was noted in this study, it was not associated to parental involvement and reunification and may be a topic for further research.

The ecological systems theory calls attention to the importance of the environment and how an individual relates and fits to their environment. People are constantly changing to adapt to their environment (Green, 1994; Milner, 1987; Payne, 1991). This study indicated that children in foster care are linked closely to their biological families as well as their foster families. In addition, outside resources are necessary for the child and family in order to reunify. Environmental factors contribute

to how well a child and family is doing throughout the placement and whether or not the child is discharged to their own home. Consistent parent-child interaction increases the likelihood of the family adapting to the absent child, and assists the child in maintaining their place in the home (Milner, 1987).

Limitations of the Study

The research in this study focuses on the types of parental involvement in relationship to family reunification. The findings of this study may not account for extraneous variables that one can not control or other services and individuals that youth come in contact with that either hinder reunification or make it more likely. In addition, there may also be unknown biological and environmental factors that the youth have experience that influence reunification which are not measured in this study.

Another limitation included the restrictions of the sample, which affected the representation of the population. The sample was restricted to youth between the ages of 12 and 19 years old, eliminating younger children from the study. With current legislation focusing on dual planning for reunification and adoption for children eight years old and younger, information regarding parental involvement with younger children in foster care is essential.

In addition, the representation of the sample was limited, as missing data were present in most of the responses. The missing data skewed the actual percentages affecting the true representation of the sample.

The question of validity in relation to the use of secondary data needs to be identified as a limitation in this study. There is no guarantee that the original data, which was collected for a particular purpose, provided a valid measure of the variables of this

research. In addition, the secondary data consisted of a very large sample increasing the likelihood of statistical significance when using the chi-square test.

Finally, the varied perceptions of the social workers and foster parents made findings inconclusive. Though these perceptions are important, the perception for those directly involved in the contact said to influence reunification (i.e. the parent), is missing.

Implications for Social Work Policy and Practice

Striving to maintain the involvement youth in foster care have with their families is a program goal at PATH. PATH believes that parents are a vital part of the treatment team, which evaluates the most beneficial outcome for the youth in care. This study reinforced the importance of parental visiting to the reunification process of youth in foster care established by past studies to the foster parents, agency and social work profession. Though other types of parental involvement were not found to be statistically significant, the study defined and related them to the placement process. The findings which concluded that no statistical significance existed between other types of parental involvement (supervised visitations, phone calls, cards/letters, school conference involvement) are a reminder that many other factors, environmental or biological, may be more likely to influence the reunification of youth in foster care.

Conclusion

Despite the limitations of the impact other types of parental involvement had on reunification outcomes, this study confirms the importance of parental visiting and interrelated systems within youth and family's lives in working toward reunification. Parental involvement may not be the only means for reunifying youth in foster care with their family, but rather each youth and family must be evaluated in regards to the systems

that are pertinent to them and then determine the best possible resources needed for the desired outcome.

Further research in this area may address a more qualitative outcome study of the effects of parental involvement of youth in foster care. By using more open-ended, qualitative surveys and interviews, the research may reveal the underlying rationale for particular perceptions of the social workers and foster parents. This research could also investigate perceptions from the parents regarding parental involvement and the reunification process. The open-ended interviews and surveys could be used to develop a better understanding of the obstacles parents face that may interfere with the involvement they have with their child in foster care.

As this study reinforces the findings that parental visiting is a contributing factor to reunification, we now need to focus on increasing visitations. By researching why parents refrain from visiting their children in foster care we may be able to achieve the ultimate permanency goal of reunification.

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Appendix A: Letter of Approval From Director



Professional Association of Treatment Homes
 Central Minnesota Office
 600 25th Avenue South, #104
 St. Cloud, MN 56301
 (320) 529-0862 • Fax: (320) 654-8875

January 3, 2000

Sharon K. Patten, Ph.D., Chair
 Augsburg College Institutional Review Board
 Department of Social Work
 Campus Box 85
 2211 Riverside Avenue
 Minneapolis, MN 55454-1351

Dear Dr. Patten,

The purpose of this letter is to confirm that Professional Association for Treatment Homes (PATH) has given permission for Gretchen Welch to use the existing Outcomes Study data to complete her graduate level research at Augsburg College. It is our understanding that Ms. Welch will be using the data to complete her master thesis, and that she will be supervised by her thesis advisor throughout her project.

Ms. Welch will not have access to identifying information regarding the youth involved in the study. Therefore, participants will remain anonymous.

We are pleased that the Outcomes Study data will be utilized to gain new insight on the foster care system. PATH supports Gretchen's academic goals, and we are looking forward to new and useful information as a result of her study.

Sincerely,

Todd Eric Henry
 PATH Northern Division Director

Shelia Schmaltz
 Quality Outcomes Director

NORTHERN MINNESOTA DIVISION



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Appendix B: Social Worker Initial Survey

PATH OUTCOMES STUDY: SOCIAL WORKER

Initial Survey

Please complete this survey when a child identified for the PATH Outcome Study has been with you for 3 months, answering each question as best you can. The survey should take about 20 minutes.

Child's Name _____
Foster Family's Name _____
Social Workers's Name _____
Today's date ___/___/___ PATH Office _____
Date child entered *current episode* in PATH care ___/___/___

Child Characteristics Including Pre-PATH History

- 1) What is the placement agency for this child? (*Circle one*)
 - a. Child welfare agency
 - b. Probation/corrections department
 - c. Other, please specify _____

- 2) Does this child have a diagnosed (*) disability? Yes___ No___
(*If yes, circle the letter for the appropriate category/ies.*)
 - a. Physical, specify _____
 - b. Learning, specify _____
 - c. Emotional, specify _____

* *Diagnosed by an education, mental health or health professional.*

- 3) **Prior to entry to PATH care**, had this child ever? (*Circle the letter for all that apply.*)
 - a. Committed a crime against a person
 - b. Committed a crime against property, including theft
 - c. Been convicted of a crime against a person
 - d. Been convicted of a crime against property
 - e. Been placed in a juvenile corrections facility

- 4) **During the past three months since being in placement**, has this child?
(*Circle the letter for all that apply.*)
 - a. Committed a crime against a person
 - b. Committed a crime against property, including theft
 - c. Been convicted of a crime against a person
 - d. Been convicted of a crime against property
 - e. Been placed in a juvenile corrections facility

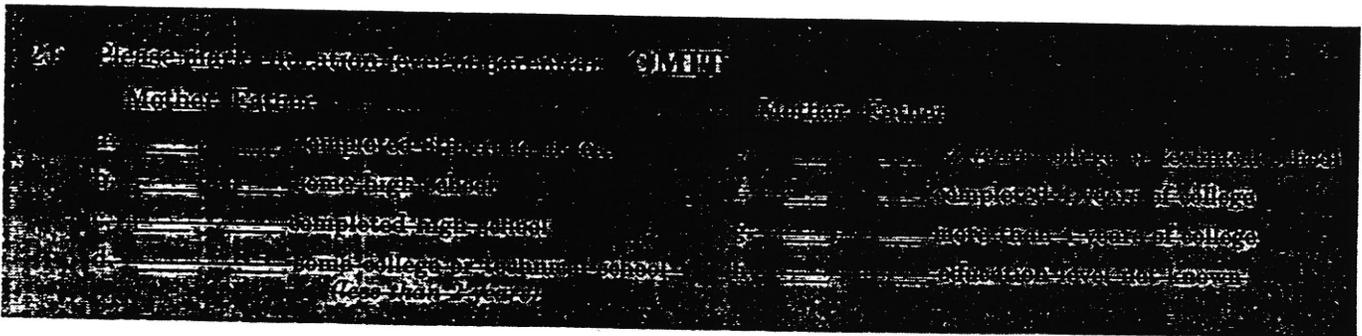
- 5) **Prior to entry to PATH care**, did this child ever run away from home?
Yes___ No___ If yes, number of times_____

- 6) **Prior to entry to PATH care**, did this child ever run away from foster care or another out-of-home care setting (*i.e., group home, residential treatment, etc.*)?
Yes___ No___ If yes, number of times_____

- 7) **During the past three months since being placed in your home**, has this child run away from your home and stayed away for at least one night?
 Yes_____ No_____ If yes, number of times_____
- 8) **Prior to entry to PATH care**, did this child ever attempt to harm him/herself?
 Yes___ No___ (If yes, circle the letter for the appropriate category / ies.):
 a. Suicide attempt
 b. Self-mutilation
- 9) **Prior to placement in your home**, did this child have a history of truancy problems? Yes_____ No_____
- 10) Was this child maltreated prior to placement in PATH care?
 Yes___ No___ Unknown___ (If yes, circle the letter for all appropriate category / ies.)
 a. Physically
 b. Sexually
 c. Emotionally
 d. Neglected
 e. Abandoned
- 11) Did any of this abuse happen in a previous substitute care placement?
 Yes_____ No_____ Unknown_____
- 12) Does this child have one or more siblings that have been maltreated?
 Yes___ No___ Unknown___ (If yes, circle the letter for all appropriate category / ies.)
 a. Physically
 b. Sexually
 c. Emotionally
 d. Neglected
 e. Abandoned
- 13) **Primary** reason for the child's placement in substitute care. (Circle one)
 a. Parental abuse
 b. Parental neglect/abandonment
 c. Parent - child conflict
 d. Parental criminal activity
 e. Child's criminal activity
 f. Child's truancy issues
 g. Other, please specify _____
- 14) Prior to entry into **current** PATH care, this child previously had the following out-of-home placements (Please circle the appropriate letter(s) and indicate frequency of prior placements.):
 a. No previous out-of-home placements
 b. Informal out-of-home care with friends or family; not a court-ordered placement. number of times _____
 c. Kinship foster care. number of times _____
 d. Family foster care. number of times _____
 e. Shelter care in family home. number of times _____
 f. Shelter care in group facility. number of times _____
 g. Treatment foster care. number of times _____
 h. Group home. number of times _____
 i. Institutional care (e.g., residential treatment program). number of times _____
 j. Psychiatric hospitalization. number of times _____
 k. Incarceration. number of times _____
 l. Other (please specify)_____ number of times _____

- 15) What is the total amount of time this child had resided in out-of-home care prior to this placement with PATH? Years _____ Months _____
- 16) Please circle the number that best describes the child's living situation immediately preceding this placement with PATH.
- a. Lived at home with parent.
 - b. Lived with family or friends, including kinship foster care.
 - c. Placed with adoptive parent or legal guardian.
 - d. Family foster care.
 - e. *Shelter care* in a family home.
 - f. *Shelter care* in a group home or institution.
 - g. Treatment foster care.
 - h. Group home.
 - i. Institutional care (e.g., residential treatment program).
 - j. Psychiatric hospital.
 - k. Juvenile corrections facility.
 - l. Other (please specify) _____
- 17) Please circle the letter indicating the permanency plan for this child:
- a. Reunification with parent(s)
 - b. Reunification with someone other than parent, please specify _____
 - c. Long-term foster care
 - d. Adoption
 - e. Emancipation to independent living
 - f. Other, please specify _____
- 18) Are any brothers and/or sisters of this child placed in the **same** PATH home as this child at this time?
Yes _____ No _____ If yes, how many? _____
- 19) Are any brothers and/or sisters of this child placed in **another** PATH home as this child at this time?
Yes _____ No _____ If yes, how many? _____
- 20) Are any siblings placed in out-of-home care other than PATH at this time?
Yes _____ No _____ If yes, how many? _____

Child's Family of Origin: (Leave questions blank if you cannot answer them. If you do not know anything about this child's family of origin, then go on to question #27.)



- 22) Child's parents: (circle the letter for all that apply)
- a. Are married to each other
 - b. Are divorced from each other
 - c. Are separated from each other
 - d. Were never married to each other
 - e. Mother married to person other than child's father
 - f. Father married to person other than child's mother

23) Please enter your best estimate of the ages of the child's parents.
 Mother _____ Father _____ Step-mother _____ Step-father _____

24) Parent's racial/ethnic background:

Mother		Father		
a.	_____	_____		Caucasian
b.	_____	_____		African American
c.	_____	_____		Hispanic/Latino
d.	_____	_____		American Indian

Mother		Father		
e.	_____	_____		Asian American
f.	_____	_____		Mixed race/ethnicity
g.	_____	_____		Other

25) Please write down your **best estimate** of the annual household income of the child's family in dollars: \$ _____

26) What percent of the household income of the child's family came from each of the following sources? (*Give your best estimate.*)

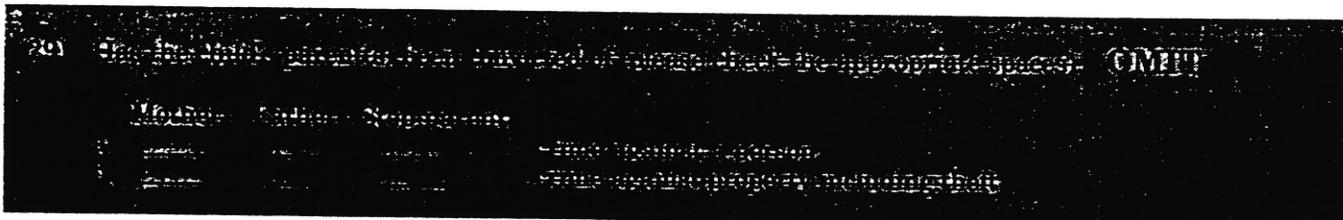
- | | |
|---------------------------------|---|
| a. _____ Full-time employment | d. _____ Public assistance, AFDC, "welfare" |
| b. _____ Part-time employment | e. _____ Other, please specify _____ |
| c. _____ Unemployment insurance | |

27) If the child were to be returned to his/her home now, who is in that household?
 (*Circle the letter for all that apply.*)

- | | |
|----------------|---|
| a. Mother | e. An unmarried partner of his/her parent |
| b. Father | f. Siblings, number _____ |
| c. Step-mother | g. Other relatives, number _____ |
| d. Step-father | h. Other non-family members, number _____ |

28) If child has most recently lived with only one parent, which parent had physical custody?

- a. Mother
 b. Father
 c. Shared physical custody
 d. A nonparent had custody, specify relationship to the child _____



30) Has child's parent been diagnosed (*) with a mental illness?

- a. Mother yes____ no____ if yes, specify _____
 b. Father yes____ no____ if yes, specify _____
 c. Step-Parent yes____ no____ if yes, specify _____

* Diagnosed by an education, mental health or health professional.

The next questions concern the parent most-involved in the child's life at this time:

- 31) Which of the child's parents is most involved in this child's life? *(Please circle the appropriate letter.)*
- Mother
 - Father
 - Both are equally involved
 - Another family figure is most involved, please specify _____
 - There has been no family involvement in this child's life during the past 3 months
(If this is the case, skip to question #37).

Consider your previous answer regarding the most involved parent when answering the following five questions.

- 32) Thinking of the child's family member who is most involved with this child, which description best fits the level of parental involvement with PATH treatment efforts over the past three months? *(Please circle the appropriate letter.)*
- Is very involved with treatment efforts
 - Is somewhat involved in treatment efforts
 - Is minimally involved in treatment efforts
 - Is not involved at all in treatment efforts
- 33) Which description best fits the most involved family member's desire for family reunification? *(Please circle the appropriate letter.)*
- Very interested
 - Somewhat interested
 - Not very interested
 - Not at all interested
- 34) In your opinion, has the most-involved family member's involvement with the child had a positive impact, negative impact, or no impact on the child's overall progress over the past three months? *(Please rate this impact on the following scale. Circle one number.)*
- | | | | | |
|---------------------------------|---|----------------------|---|---------------------------------|
| <i>Very positive
impact</i> | | <i>No
impact</i> | | <i>Very negative
impact</i> |
| 1 | 2 | 3 | 4 | 5 |
- 35) The most involved parent has kept in contact with his/her child in the following manner(s) during the last three months *(Please circle the appropriate letters.):*
- The parent is not allowed contact
 - Unsupervised visits
 - Supervised visits
 - Phone calls
 - Cards/letters
 - School or other conferences
 - PATH quarterly reviews
 - Parent allowed contact but has had none
- 36) How many times has the most involved parent had contact with the child (by phone, letter or in person) in the last month? _____

PATH Foster Home

- 37) Has this foster parent acquired certification through PATH's training program? Yes_____ No_____
- 38) The following list of statements pertains to various aspects of foster placements. Please read each item, decide how descriptive the statement is of this particular placement, and circle the appropriate number. If a particular question is not applicable (e.g., this child has not been in school while living in this home), indicate so by writing "NA" to the right of the question and do not circle a number for the question.

<i>(Using this scale, circle the appropriate number.)</i>				
1	2	3	4	5
Strongly disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Strongly agree

- | | | | | | | |
|----|---|---|---|---|---|---|
| a. | The foster parent(s) spends an adequate amount of time helping the child with schoolwork. | 1 | 2 | 3 | 4 | 5 |
| b. | The foster parent(s) spends an adequate amount of time doing fun activities with the child. | 1 | 2 | 3 | 4 | 5 |
| c. | The child's academic performance has decreased significantly since placement in the foster home. | 1 | 2 | 3 | 4 | 5 |
| d. | The child's behavior in school has become worse since placement in the foster home. | 1 | 2 | 3 | 4 | 5 |
| e. | The foster parents(s) handle(s) visits with the child's natural parents well. | 1 | 2 | 3 | 4 | 5 |
| f. | The foster parent(s) treat(s) the child equally well with regard to the other children in the home. | 1 | 2 | 3 | 4 | 5 |
| g. | Ample affection is shown between the foster mother and the child. | 1 | 2 | 3 | 4 | 5 |
| h. | Ample affection is shown between the foster father and the child. | 1 | 2 | 3 | 4 | 5 |
| i. | The child seems to enjoy spending time with the other children in the home. | 1 | 2 | 3 | 4 | 5 |
| j. | The foster parent(s) adequately takes care of the medical and other needs of the child (food, clothing, appointments, etc.) | 1 | 2 | 3 | 4 | 5 |
| k. | The foster parent(s) is able to deal effectively with difficult behaviors exhibited by the child. | 1 | 2 | 3 | 4 | 5 |
| l. | The foster parent(s) shows an attitude of acceptance toward the child regardless of his or her behavior. | 1 | 2 | 3 | 4 | 5 |
| m. | The child appears to have adapted well to the family structure. | 1 | 2 | 3 | 4 | 5 |
| n. | The foster parent(s) is receptive to and aware of the child's individual needs. | 1 | 2 | 3 | 4 | 5 |

Characteristics of Other Services Provided to the Child and Family

- 39) During the past month, how many times did you meet with or have phone contact with this child? _____
- 40) During the past month, how many times did you meet with or have phone contact with this child's family? _____
- 41) During the past month, how many times did you meet with or have phone contact with this child's public agency social worker? _____
- 42) In the past month, or during the most recent time that this child attended school, did the child participate in any special education programs? Yes _____ No _____

43) In the past month, what services has this child received? (If a particular service was received, please circle the appropriate letter(s) and, where indicated, enter the frequency of the service **during the past month.**)

<u>Service</u>	<u># of times in last month</u>
a. Individual psychotherapy	_____
b. Group psychotherapy	_____
c. Substance abuse treatment	_____
d. Health care services	_____
e. Psychological/psychiatric assessment	_____
f. Personal care attendant	_____
g. Other service, please specify _____	_____

44) In the past month, what services have this child's parents received? (If a particular service was received, please circle the appropriate letter(s) and, where indicated, enter the frequency of the service **during the past month.**)

<u>Service</u>	<u># of times in last month</u>	<u>Unknown</u>
a. Family therapy	_____	_____
b. Marital therapy	_____	_____
c. Individual therapy	_____	_____
d. Group therapy	_____	_____
e. Parenting classes	_____	_____
f. Substance abuse treatment	_____	_____
g. Help with housing	_____	_____
h. Other service, please specify _____	_____	_____

45) Over the past three months, the overall behavior of this child has improved, not changed or worsened in the following areas. (Please circle the appropriate number or "NA" if the question does not apply.)

	<i>Improved</i>	<i>Not changed</i>	<i>Worsened</i>	
a. Truancy	1	2	3	NA
b. Substance use/abuse	1	2	3	NA
c. Relations with adults	1	2	3	
d. Relations with peers	1	2	3	
e. Relations with school authorities	1	2	3	
f. Relations with family of origin	1	2	3	NA

Thanks for your help!!!

Appendix C: Foster Parent Initial Survey

PATH OUTCOMES STUDY: FOSTER PARENT



Initial Survey

Please complete this survey when a child identified for the PATH Outcome Study has been with you for 3 months, answering each question as best you can. The survey, including the Child Behavior Checklist, should take 30 to 40 minutes. **The same person should complete this survey and all quarterly reports for this child!**

Name of child _____
Name of foster parent filling out survey _____
Today's date ____/____/____ PATH Office _____
Date this child's <i>current</i> stay in your home began ____/____/____

Child Characteristics Including Pre-PATH History

- 1) Does this child have a diagnosed (*) disability? Yes___ No___
(If yes, circle the letter for the appropriate category / ies.)
 - a. Physical, specify _____
 - b. Learning, specify _____
 - c. Emotional, specify _____

* Diagnosed by an education, mental health or health professional.
- 2) **Prior to entry to PATH care**, had this child ever? (Circle the letter for all that apply.)
 - a. Committed a crime against a person
 - b. Committed a crime against property, including theft
 - c. Been convicted of a crime against a person
 - d. Been convicted of a crime against property
 - e. Been placed in a juvenile corrections facility
- 3) **During the past three months since being placed in your home**, has this child? (Circle the letter for all that apply.)
 - a. Committed a crime against a person
 - b. Committed a crime against property, including theft
 - c. Been convicted of a crime against a person
 - d. Been convicted of a crime against property
 - e. Been placed in a juvenile corrections facility
- 4) **Prior to entry to PATH care**, did this child ever run away from home?
Yes___ No___ If yes, number of times _____
- 5) **Prior to entry to PATH care**, did this child ever run away from foster care or another out-of-home care setting (i.e., group home, residential treatment, etc.)?
Yes___ No___ If yes, number of times _____
- 6) **During the past three months since being placed in your home**, has this child run away from your home and stayed away for at least one night?
Yes___ No___ If yes, number of times _____



- 7) **Prior to entry to PATH care**, did this child ever attempt to harm him/herself?
 Yes___ No___ (If yes, circle the letter for the appropriate category/ies.):
 a. Suicide attempt
 b. Self-mutilation
- 8) **Prior to placement in your home**, did this child have a history of truancy problems? Yes___ No___
- 9) Was this child maltreated prior to placement in PATH care?
 Yes___ No___ Unknown___ (If yes, circle the letter for all appropriate category/ies):
 a. Physically
 b. Sexually
 c. Emotionally
 d. Neglected
 e. Abandoned
- 10) Did any of this abuse happen in a previous out-of-home care placement?
 Yes___ No___ Unknown___
- 11) Are any siblings placed with this child in your home at this time?
 Yes___ No___ If yes, how many? _____
- 12) Are any siblings placed in another PATH home at this time?
 Yes___ No___ If yes, how many? _____
- 13) Are any siblings placed in out-of-home care other than PATH at this time?
 Yes___ No___ If yes, how many? _____

Child's Family of Origin: (Leave questions blank if you cannot answer them. If you do not know anything about this child's family of origin, then go on to question #27.)

- 14) Please mark education level of parent(s):
- | | | | | | |
|--------|--------|---|--------|--------|-------------------------------------|
| Mother | Father | | Mother | Father | |
| a. | ___ | ___ | e. | ___ | ___ |
| | | completed 8th grade or less | | | 2 years college or technical school |
| b. | ___ | ___ | f. | ___ | ___ |
| | | some high school | | | completed 4 years of college |
| c. | ___ | ___ | g. | ___ | ___ |
| | | completed high school | | | more than 4 years of college |
| d. | ___ | ___ | h. | ___ | ___ |
| | | some college or technical school
(less than 2 years) | | | education level not known |

- 15) Please enter your best estimate of the ages of the child's parents.
 Mother _____ Father _____ Step-mother _____ Step-father _____

- 16) Parent's racial/ethnic background:
- | | | | | | |
|--------|--------|------------------|--------|--------|----------------------|
| Mother | Father | | Mother | Father | |
| a. | ___ | ___ | e. | ___ | ___ |
| | | Caucasian | | | Asian American |
| b. | ___ | ___ | f. | ___ | ___ |
| | | African American | | | Mixed race/ethnicity |
| c. | ___ | ___ | g. | ___ | ___ |
| | | Hispanic/Latino | | | Other |
| d. | ___ | ___ | | | |
| | | American Indian | | | |



- 17) Please write down your **best estimate** of the annual household income of the child's family in dollars: \$ _____
- 18) What percent of the household income of the child's family came from each of the following sources? (*Give your best estimate.*)
- | | |
|--------------------------------|--|
| a. ____ Full-time employment | d. ____ AFDC, public assistance, "welfare" |
| b. ____ Part-time employment | e. ____ Other, please specify _____ |
| c. ____ Unemployment insurance | _____ |
- 19) If the child were to be returned to his/her home now, who is in that household? (*Circle the letter for all that apply.*)
- | | |
|----------------|---|
| a. Mother | e. An unmarried partner of his/her parent |
| b. Father | f. Siblings, number _____ |
| c. Step-mother | g. Other relatives, number _____ |
| d. Step-father | h. Other non-family members, number _____ |
- 20) How much contact do you have with the child's parents or other adult relatives from the child's family of origin?
- a How many **hours in the past month** have you spent with an adult member of the child's family of origin? _____ hours
- b How many **phone contacts in the past month** have you had with: ____ Mother ____ Father

The next questions concern the parent most-involved in the child's life at this time:

- 21) Which of the child's parents is most involved in this child's life? (*Please circle the appropriate letter.*)
- Mother
 - Father
 - Both are equally involved
 - Another family figure is most involved, please specify _____
 - There has been no family involvement in this child's life during the past 3 months
(**If this is the case, skip to question #27.**)

Consider your previous answer regarding the most involved parent when answering the following five questions.

- 22) Thinking of the child's family member who is most involved with this child, which description best fits the level of parental involvement with PATH treatment efforts over the past three months? (*Please circle the appropriate letter.*)
- | | |
|--|--|
| a. Is very involved with treatment efforts | c. Is minimally involved in treatment efforts |
| b. Is somewhat involved in treatment efforts | d. Is not involved at all in treatment efforts |
- 23) Which description best fits the most involved family member's desire for family reunification? (*Please circle the appropriate letter.*)
- | | |
|------------------------|--------------------------|
| a. Very interested | c. Not very interested |
| b. Somewhat interested | d. Not at all interested |



24) In your opinion, has the most-involved family member's involvement with the child had a positive impact, negative impact, or no impact on the child's overall progress over the past three months? *(Please rate this impact on the following scale. Circle one)*

<i>Very positive impact</i>		<i>No impact</i>		<i>Very negative impact</i>
1	2	3	4	5

25) The most involved parent has kept in contact with his/her child in the following manner(s) during the last three months *(Please circle the appropriate letters.):*

- | | |
|--------------------------------------|--|
| a. The parent is not allowed contact | e. Cards/letters |
| b. Unsupervised visits | f. School or other conferences |
| c. Supervised visits | g. PATH quarterly reviews |
| d. Phone calls | h. Parent allowed contact but has had none |

26) How many times has the most involved parent had contact with the child (by phone, letter or in person) in the last month? _____

PATH Foster Home

(The information you provide in this section, like all information provided via this survey, is confidential and will remain the property of PATH.)

27) Your household currently consists of *(Check / number all that apply.):*

- a. _____ foster mother *(check if applicable)*
- b. _____ foster father *(check if applicable)*
- c. _____ enter the **number** of children of your own (by birth or adoption) who are currently living at home.

Please list the gender and age of each of your children who are living at home:

Gender (<i>M or F</i>)	Age in years	Gender (<i>M or F</i>)	Age in years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

d. _____ enter the **number** of foster children currently living in your home **other than the child who is the subject of this survey.**

Please list the gender and age of each of the foster children living in your home, with the exception of the child who is the subject of this survey:

Gender (<i>M or F</i>)	Age in years	Gender (<i>M or F</i>)	Age in years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

e. _____ enter the **number** of adults living in the home other than the foster parents.



28) Please answer these questions **with respect to the foster child in question**, not any other children you may have in your care. When you think of your current experiences as the foster parent of this child, do you feel...

	<i>Very</i>	<i>Somewhat</i>	<i>Only a little</i>	<i>Not at all</i>
a. Bothered or upset?	1	2	3	4
b. Frustrated?	1	2	3	4
c. Emotionally worn out?	1	2	3	4
d. Worried?	1	2	3	4
e. Tense?	1	2	3	4
f. Satisfied?	1	2	3	4
g. Successful?	1	2	3	4
h. Contented?	1	2	3	4
I. Unsure of yourself?	1	2	3	4

29) The next questions are intended to **assess your perceptions concerning the level of social support you receive** from PATH personnel.

<i>(Using this scale, circle the appropriate number.)</i>						
1	2	3	4	5	6	7
Very strongly disagree	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Very strongly agree

- a. A PATH social worker is around when I am in need.
1 2 3 4 5 6 7
- b. PATH social workers really try to help me.
1 2 3 4 5 6 7
- c. Other PATH foster parents are willing to help me make decisions.
1 2 3 4 5 6 7
- d. I can share the joys and sorrows of foster parenting with other PATH foster parents.
1 2 3 4 5 6 7
- e. I can count on PATH social workers when things go wrong.
1 2 3 4 5 6 7
- f. I can talk about my problems in being a foster parent with other PATH foster parents.
1 2 3 4 5 6 7
- g. PATH social workers really care about my feelings.
1 2 3 4 5 6 7
- h. Other PATH foster parents really try to help me.
1 2 3 4 5 6 7



30) How would you characterize the state of your overall health over the past three months? *(Please circle the appropriate number.)*

- | | | | |
|-----------|------|------|-----------|
| 1 | 2 | 3 | 4 |
| Very good | Good | Poor | Very poor |

31) The next several questions are intended to assess **how decisions are made in your home regarding the activities of the foster child in question**. Please answer the questions with respect to the foster child in question rather than other children you may have in your care.

Please use the following scale in answering these questions:

- 1 - The **child** decides
- 2 - The child listens to the parent(s), but the **child** makes the final decision
- 3 - The **parent(s) and the child** make the decision together
- 4 - The parent(s) listen to the child, but the **parent(s)** make the final decision
- 5 - The **parent(s)** decide

a. In your family, who decides what time this child goes to bed at night?

1	2	3	4	5
---	---	---	---	---

b. In your family, who decides how much time this child is allowed to spend with the opposite sex (same sex for gays or lesbians)?

1	2	3	4	5
---	---	---	---	---

c. In your family, how are decisions made concerning where this child entertains members of the opposite sex?

1	2	3	4	5
---	---	---	---	---

d. In your family, who decides where this child is allowed to go with his/her friends?

1	2	3	4	5
---	---	---	---	---

e. In your family, who decides how this child wears his/her hair?

1	2	3	4	5
---	---	---	---	---

f. In your family, who decides which clubs or social groups this child may join?

1	2	3	4	5
---	---	---	---	---

g. In your family, who decides what friends this child is allowed to have?

1	2	3	4	5
---	---	---	---	---

h. In your family, who decides how much time this child must spend studying?

1	2	3	4	5
---	---	---	---	---

i. In your family, who decides what time this child must come in at night?

1	2	3	4	5
---	---	---	---	---

j. In your family, who decides what clothes this child wears?

1	2	3	4	5
---	---	---	---	---

k. In your family, how are decisions mad concerning how this child spends his/her time?

1	2	3	4	5
---	---	---	---	---

l. In your family, who decides how this child spends his/her money?

1	2	3	4	5
---	---	---	---	---

32) Please enter the average **hours per week** worked outside of the home by the foster parent(s) during the past 3 months: Mother _____ Father _____



33) Have you acquired certification through PATH's training program? Yes _____ No _____

34) The next several questions are intended to assess **your level of concern about this child's behavior**. Note that this is different from the description of the child's behavior that you provide by completing the Child Behavior Checklist (CBCL). The CBCL will describe child behavior problems that might contribute to your level of concern. Please answer the questions **with respect to the foster child in question**, not any other children you may have in your care.

	<i>very often</i>	<i>fairly often</i>	<i>once in a while</i>	<i>never</i>
a. How often does it happen that you are treated without respect by this child?	1	2	3	4
b. How often does it happen that your advise and guidance concerning how this child uses his/her free time is ignored?	1	2	3	4
c. How often do you have to give attention to this child misbehaving?	1	2	3	4
d. How often do you wonder if this child is trying hard enough to prepare for the life ahead of him/her?	1	2	3	4
e. How often does this child not go along with your decisions willingly?	1	2	3	4
f. How often do you feel that your advise and guidance concerning drug use is ignored by this child?	1	2	3	4
g. How often does it happen that your advise and guidance concerning this child's schoolwork is ignored by this child?	1	2	3	4
h. How often do you wonder if this child is headed for the success you want for him/her?	1	2	3	4
i. How often do you wonder if this child might be using too much alcohol?	1	2	3	4
j. How often do you have to give attention to this child for poor use of spare time?	1	2	3	4
k. How often do you wonder if this child is practicing the moral beliefs that you believe are important?	1	2	3	4
l. How often do you have to give attention to this child having the wrong kinds of friends?	1	2	3	4
m. How often do you wonder if this child might be tempted by others to try elicit drugs?	1	2	3	4
n. How often do you feel that your advise and guidance concerning who this child chooses as friends is ignored by this child?	1	2	3	4
o. How often does it happen that your advise and guidance concerning how this child handles his/her finances is ignored by this child?	1	2	3	4



	<i>very often</i>	<i>fairly often</i>	<i>once in a while</i>	<i>never</i>
p. How often does it happen that your advice and guidance concerning this child's relationships with friends of the opposite sex is ignored by this child?	1	2	3	4
q. How often do you feel that your advice and guidance concerning smoking and drinking is ignored by this child?	1	2	3	4
r. How often do you have to give attention to the correction of poor schoolwork by this child?	1	2	3	4
s. How often do you have to give attention to this child failing to get along with other children living in your home?	1	2	3	4
t. How often do you give attention to this child for being careless about his/her personal appearance?	1	2	3	4
u. How often does it happen that your advice and guidance concerning this child's physical appearance is ignored by this child?	1	2	3	4
v. How often do you feel unable to help this child when he/she needs it?	1	2	3	4
w. How often do you worry about this child's physical safety?	1	2	3	4

35) In the last week, how many hours have you spent in one-on-one activities (for example: talking, taking a walk, teaching him/her to balance a checkbook, helping with homework) with this foster child? _____ hours

Comments _____

36) In the last month, how many times have you met with this child's PATH social worker? _____

37) In the last month, how many times have you had telephone conversations with this child's PATH social worker? _____

38) Overall, how satisfied have you been over the past three months with the level of support you have received from PATH social workers? (Circle one number).

<i>Very Satisfied</i>		<i>Somewhat Satisfied</i>		<i>Not Very Satisfied</i>
1	2	3	4	5

39) Did you attend a foster parent support group in the past month?
Yes ___ No ___ Check here if it is summer and no group was available ___

40) In the past month, or during the most recent time that this child attended school, did the child participate in any special education programs? Yes ___ No ___



Characteristics of Other Services Provided to the Child and Family

41) In the past month, what services has this child received? (If a particular service was received, please circle the appropriate letter(s) and, where indicated, enter the frequency of the service **during the past month**.)

<i>Service</i>	<i># of times in last month</i>
a. Individual psychotherapy	_____
b. Group psychotherapy	_____
c. Substance abuse treatment	_____
d. Health care services	_____
e. Psychological/psychiatric assessment	_____
f. Personal care attendant	_____
g. Other service, please specify _____	_____

42) In the past month, what services have this child's parents received? (If a particular service was received, please circle the appropriate letter(s) and, where indicated, enter the frequency of the service **during the past month**.)

<i>Service</i>	<i># of times in last month</i>	<i>Unknown</i>
a. Family therapy	_____	_____
b. Marital therapy	_____	_____
c. Individual therapy	_____	_____
d. Group therapy	_____	_____
e. Parenting classes	_____	_____
f. Substance abuse treatment	_____	_____
g. Help with housing	_____	_____
h. Other service, please specify _____	_____	_____

43) Over the past three months, the overall behavior of this child has improved, not changed or worsened in the following areas. (Please circle the appropriate number or "NA" if the question does not apply.)

	<i>Improved</i>	<i>Not changed</i>	<i>Worsened</i>	
a. Truancy	1	2	3	NA
b. Substance use/abuse	1	2	3	NA
c. Relations with adults	1	2	3	
d. Relations with peers	1	2	3	
e. Relations with school authorities	1	2	3	
f. Relations with family of origin	1	2	3	NA

Please complete the attached Child Behavior Checklist, answering the questions with respect to the child's behavior over the last three months. Thanks for your help!!!

Appendix D: Social Worker Discharge Survey

PATH OUTCOMES STUDY: SOCIAL WORKER

PATH Minnesota and Wisconsin Discharge Notice

(To be filled out upon child's exit from a PATH foster home.)

Name of child _____
Name of Social Worker _____
Date of child's discharge ___/___/___ PATH Office _____

1) The following best describes where the child went at his/her discharge from your home.
(Please circle the appropriate letter.)

- | | |
|---|--|
| a. Lives at home with parent. | i. Treatment foster care outside PATH. |
| b. Is emancipated to independent living. | j. Group home. |
| c. Lives with family or friends, including kinship foster care. | k. Institutional care (e.g., residential treatment program). |
| d. Placed with adoptive parent or legal guardian. | l. Psychiatric hospitalization. |
| e. <i>Shelter care</i> in a family home. | m. Incarceration. |
| f. <i>Shelter care</i> in a group home or institution. | n. Child ran away from placement. |
| g. Family foster care. | o. Other (please specify) _____ |
| h. Treatment foster care in another PATH home. | |

2) If the child was placed in an out-of-home care setting *other than kinship care* (e.g., foster home, group home, residential treatment center), or in a hospital or other institution upon discharge from this home, why did this occur? (Circle the letter for all that apply.)

- The child's overall situation had improved to the point where the child could be moved to a conventional foster home
- The child's relationship to other foster children in the home had deteriorated to the point where the child had to be moved
- The child's relationship to one or more of our biological or adopted children had deteriorated to the point where the child had to be moved
- The child's relationship to the foster parent(s) had deteriorated to the point where the child had to be moved
- The child's behavior in the community required that the child be moved
- The child's behavior at school required that the child be moved
- The child demanded to be moved
- Physical health problems of the child necessitated the child's placement elsewhere
- Mental health problems of the child necessitated the child's placement elsewhere
- Physical assaultiveness if the child necessitated placement elsewhere
- Self-destructive behavior by the child necessitated placement elsewhere
- The foster parents decided to stop fostering for reasons unrelated to the child, requiring that the child be placed elsewhere
- The child was moved for another reason, please specify _____

- 3) How do you feel about the decision to move the child to his or her current living arrangement? (If the child ran away from care or was incarcerated, disregard this question and move on to # 4).
(Circle one.)

Strongly agree 1	2	Indifferent 3	4	Strongly disagree 5
------------------------	---	------------------	---	---------------------------

- 4) Overall, do you think **this child's experience** of staying in this home was positive, negative, or somewhere in between? (Circle one.)

Very positive experience 1	2	Mixed experienced 3	4	Very negative experience 5
----------------------------------	---	---------------------------	---	----------------------------------

- 5) Overall, do you think **this family's experience** of this child's stay in their home was positive, negative, or somewhere in between? (Circle one.)

Very positive experience 1	2	Mixed experienced 3	4	Very negative experience 5
----------------------------------	---	---------------------------	---	----------------------------------

Thanks for your help!!!

Appendix E: Foster Parent Discharge Survey

PATH OUTCOMES STUDY: FOSTER PARENT



Discharge Survey

(To be filled out upon child's exit from your home.)

Name of child _____
Name of foster parent filling out survey _____
Date of child's discharge ___/___/___ PATH Office _____

1) The following best describes where the child went at his/her discharge from your home.
(Please circle the appropriate letter.)

- | | |
|---|--|
| a. Lives at home with parent. | i. Treatment foster care outside PATH. |
| b. Is emancipated to independent living. | j. Group home. |
| c. Lives with family or friends, including kinship foster care. | k. Institutional care (e.g., residential treatment program). |
| d. Placed with adoptive parent or legal guardian. | l. Psychiatric hospitalization. |
| e. <i>Shelter care</i> in a family home. | m. Incarceration. |
| f. <i>Shelter care</i> in a group home or institution. | n. Child ran away from placement. |
| g. Family foster care. | o. Other (please specify) _____ |
| h. Treatment foster care in another PATH home. | _____ |

2) If the child was placed in an out-of-home care setting *other than kinship care* (e.g., foster home, group home, residential treatment center), or in a hospital or other institution upon discharge from your home, why did this occur? (Circle the letter for all that apply.)

- The child's overall situation had improved to the point where the child could be moved to a conventional foster home
- The child's relationship to other foster children in the home had deteriorated to the point where the child had to be moved
- The child's relationship to one or more of our biological or adopted children had deteriorated to the point where the child had to be moved
- The child's relationship to the foster parent(s) had deteriorated to the point where the child had to be moved
- The child's behavior in the community required that the child be moved
- The child's behavior at school required that the child be moved
- The child demanded to be moved
- Physical health problems of the child necessitated the child's placement elsewhere
- Mental health problems of the child necessitated the child's placement elsewhere
- Physical assaultiveness if the child necessitated placement elsewhere
- Self-destructive behavior by the child necessitated placement elsewhere
- The foster parents decided to stop fostering for reasons unrelated to the child, requiring that the child be placed elsewhere
- The child was moved for another reason, please specify _____



3) Do you agree with the decision to move the child to his/her current living arrangement? (If the child ran away from care or was incarcerated, disregard this question and move on to # 4). (Circle one.)

Strongly agree		Indifferent		Strongly disagree
1	2	3	4	5

4) Overall, do you think **this child's experience** of staying in your home was positive, negative, or somewhere in between? (Circle one.)

Very positive experience		Mixed experienced		Very negative experience
1	2	3	4	5

5) Overall, do you think **your family's experience** of this child's stay in your home was positive, negative, or somewhere in between? (Circle one.)

Very positive experience		Mixed experienced		Very negative experience
1	2	3	4	5

Thanks for your help!!!

Augsburg College
Lindell Library
Minneapolis, MN 55454

